UNIT 4 COUNSELLING IN THE INDIAN CONTEXT

Structure

4.0 INTRODUCTION

This unit deals with counseling in the Indian context. We start with counseling definition and differentiate it from guidance. We then present the characteristics of counseling and put forward the perspectives of counseling. Then we deal with origin of counseling movement in India in which we present the orgin of counseling from 1938 onwards. Then we move on to discuss changing India and how the role of the counsellor also has changed. The various counseling approaches are discussed . Then we discuss the Primal psychotherapy under which Adlerian therapy, person centered therapy and gestalt therapyare presented. This is followed by brief therapies with a focus on solution focused therapy. Then we discuss the eclectic therapies in which many therapeutic approaches are combined as per the needs of the client concerned. Then we discuss counseling

in India, its relevance and suitability. Then we present the characteristics of contemporary India and discuss the implications of counseling in that context. We also present changing trends in counseling in India.

4.1 OBJECTIVES

After completing this unit, you will be able to:

- Define and describe counseling;
- Differentiate counseling from guidance;
- Elucidate the origins of counseling in India;
- Describe the various approaches to counseling;
- Elucidate brief therapies and eclectic approach in counseling; and
- Explain the counseling and its relevance in the modern India.

4.2 COUNSELING IN THE INDIAN CONTEXT

Counseling in its widest connotation existed in one form or the other from time immemorial. In all cultures the elders not only set the norms of behaviour within that culture but also counselled the youngsters to follow the norms. In India, elders especially parents and teachers thought that imparting counseling in the form of advice and guidance was one of their fundamental, and sacred duty. The often repeated adage, *"Mata, Pita, Guru, Deivam"* (Mother, Father, Teacher, God) reminded the youngsters not only of the agents of counseling but also of the priority as to who should impart counseling at various stages of life.

Ancient epics of India are replete with depictions of counseling. Elders were only too ready to take up the role of counselors and youngsters sought counseling with prompt compliance. Many such incidents could be explained away as mere acts of 'giving advice'. But in most of those ancient transactions it is not difficult to see the scientific practice and ethics of modern counseling techniques. The most widely acknowledged counseling situation in the epics is that of the dialogue between Krishna and Arjuna in the battlefield of Kurukshetra. Whether this dialogue had all the characteristics of modern counseling may have to be answered by committed researchers in this area. Many, often ask questions regarding the relevance and suitability of modern counselling techniques in all cultures. Experts in this field are of the opinion that the culture of India with the above heritage is potentially oriented to the modern techniques of counseling.

4.2.1 Guidance and Counseling

The term guidance denotes explicit directions given by an informed person regarding any subject. An expert in career guidance can impart information regarding different career possibilities. He may also be able to tell us where the careers are open and even the possible openings at the time of consultation. In imparting such information the guidance expert can give considerable information about the career or the job, irrespective of the suitability of the client for the job. However, he has also the option to test the suitability of the client using suitable psychological test.

Counselling, on the other hand is more dynamic. It aims at the solution of clients' problems. Counselling is a much-misunderstood concept. To the laymen it is an occasion where an expert solves the problems of others. Laymen believe that the expert has ready made solutions for all the problems of human beings. On the contrary counselors do not give solution to any problem, they only facilitate the client to such an exdent that they are able to find solution to their own problems. Thus Counselling is a process between the counsellor and the client in which solutions emerge as a joint venture of the two.

4.2.2 Characteristics of Counseling

1) It is a process.

2) Counselling is usually for normal people with problems.

3) It is essentially a dynamic interaction between the client and the counsellor.

4) Client is expected to be frank and forthright in his approach.

5) It is the duty of the counsellor to keep confidentiality regarding the client.

6) Counsellor is to show warmth and sympathy while listening to the client's problems.

7) Counsellor is expected to be non judgmental and non critical.

8) The relationship between the client and the counsellor is expected to be genuine.

9) Counselling usually works at the level of rapport and not at the level of transference.

10) Client's conscious motives are explored rather than the unconscious motives.

4.2.3 Perspectives of Counseling

The perspective of Counseling may change from counselor to counselor. There are differences in training, clients and settings, and even goals. But the basic perspective of counseling remains the same, through with different emphasis. The best examples are the three different definitions of counseling given by Good (1945), Pepinsky and Pepinsky (1954) and Wrenn (1951). Good defined counseling as the "...individualised and personalised assistance with personal, educational, vocational problems, in which all pertinent facts are studied and analysed, and a solution is sought, often with the assistance of Specialists, school and community resources, and personal interviews in which the counselee is taught to make his own decisions".

According to Pepinsky and Pepinsky, "Counseling is a process involving an interaction between a counselor and a client in a private setting, worth the purpose of helping the client change his/her behaviour so that a satisfactory resolution of needs may be obtained". To Wrenn, "Counseling is a dynamic and purposeful relationship between two people in which procedures vary with the nature of students' needs, but in which there is always mutual participation by the counselor and the student with the focus upon self-clarification and self-determination by the student". All these definitions have common base but are different in their emphasis. The difference among the three definitions stems from the fact that they have three different orientations.

Hann (1953) identifies one group as the social welfare advocates with ideographic interest. The second group is more medically oriented and the thirds group consists of people with student personnel administration and has great interest in measurement. Along with the differences it is worth noting the commonalties. Common to all these perspectives are the notions that,

a)   counseling is aimed at helping people make choices and act on them,

b)   counseling is a learning process, and

c)   counseling enables personality development

A recent and much accepted definition is:

"Counseling denotes a professional relationship between a trained counselor and client. This relationship is usually person-to-person, although it may sometimes involve more than two people. It is designed to help clients to understand and their self determined goals through meaningful resolution of problems of an emotional or interpersonal nature" (Burks and Stefflre, 1979).

The merit of the definition by Burks and Steffler is that it is sufficiently theoretical and at the same time reasonably operational.

Counseling is not a novel institution in India. The first counselor was Lord Krishna himself and the Bhagawad Gita embodies the finest principles of counseling for all lands, all ages and all times. The Gita or the song celestial explains how Arjuna, whose mind was in great conflict, was helped to overcome this conflict through an insight into him. Arjuna's conflict was one of "mine and thine", that is between Sva and Para. The conflict was solved through self-understanding or through self realisation. One has to act in accordance with his Swadharma. Man should act in accordance with the demands of his situation and his duties in life. Self realisation understood in the context of Gita is not the same as what we understand by Rogerian or Existential sense. Man has to realise his inner nature, that is, his spirituality which reveals oneness with the ultimate. This helps to overcome the illusory difference between the Atma and the Parmatma. In the pursuit of the higher spirit, man is concerned with freedom, freedom to obtain self realisation. In modern times the word freedom is used in a different sense. Its connotation is limited to action, speech, religious faith as well as freedom to find its fullest expression of one's potential. In this sense of the term, we are immediately concerned with material existence and the physical world.

Indian society came to be much maligned by Varnashram dharma. The society century after century, become more rigid in its dogmatic adherence to it. There was no opportunity for social mobility. The Indian society became highly traditionalistic and conventional. The Vedic prayer lost its significance in the degeneration of the during the the colonial period in India. Freedom and independence have been substituted with dependence.

The youth in India even today is dependent on adult members for such important decisions as the choice of residence, choice of a job and choice of a marital partner to mention a few. The important sources of behaviour change namely industrialisation, urbanisation; mass media communication and the like have battered the traditional social conventions and institutions and have made several dents on them.

Compared to 19th century Western society, contemporary Indian society is more radical and provides enormous choice of opportunities for individual choice of action. The kind of counseling assistance sought for and provided in the western world is not necessarily applicable to the Indian society. However, counseling is as much needed in India as it is elsewhere in the world.

4.2.4   Origin of Counselling Movement in India

The origin of the counseling movement in India should be naturally traced to the beginnings of psychology in India. It was at the Mysore University in south India that the first Chair in psychology was endowed. Perhaps less than a year or so before this, the Calcutta University started a department of psychology with a lecturer as the in charge Head of the Department.

For more than two decades since then psychology did not make much of headway at the other universities in India. During the mid 1940's Patna University, started a department of psychology, closely followed by one started at the Banaras Hindu University, the Lucknow University and the others. However, much of the progress manifested in the opening of new departments came about during the 1960's. The various departments have since been preparing students for post graduate degrees in psychology with its emphasis on experimental approach.

Alongside this movement applied psychology came to be established as an independent department or section of the existing departments of psychology. The applied psychology section of the Calcutta University was established in 1938 and the department of psychological services at Patna University in 1945. However, counseling psychology or its forerunner, vocational guidance did not figure as an important service at universities where psychology was offered. First in Calcutta and later in Bombay, voluntary private agencies came to be established to provide guidance on a modest scale. In Calcutta the guidance movement became associated with David Hare training college. In Bombay, Batliboy and Mukherjee started, in 1941, a private agency known as Batliboy Vocational Guidance Bureau. The founders of this bureau who came from Calcutta had some years of experience since they worked at the Calcutta Bureau. The Batliboy bureau ran for 6 years, after which it stopped functioning. However during this period it rendered valuable service to the community. It successfully conducted for the first time, a short term orientation course in guidance for teachers. This was the forerunner of all the later training courses conducted for career masters at several places in India (Khorshed, 1963).

Counseling was recognised as an important service in India as early as 1938 when Acharya Narendra Dev committee underlined the importance of counseling and guidance in education. The guidance and counseling were considered to be new and emerging forces that were vitally important to the education system. The same vigor was not seen in the 1980's and 1990's and interest in guidance and counseling diminished. Evidence of this decline of interest was seen in the number of research literature available for review. Despite all this, the recent past has seen a significant increase in the demand for counseling services at the national level. Counseling was also identified an essential service by the national framework curriculum in 2005 by the NCERT ((National Council for Educational Research and Training). The strongest attention for counseling has arisen from the school sector. During its 2001 National conference, the CBSE resolved that it would be mandatory for all its schools to have trained school counselors.

Training opportunities have become available over the past few years and range from full time post graduate degree programs to certificates and diplomas. Post graduate degrees are offered by a small number of university departments of psychology, education and social work. NCERT, Government of India offers a post graduate diploma in guidance and counseling. Private organisations offer post graduate diplomas and certificates in specific branches of counseling. Certificate courses are available through distance education mode. In length these courses range from short 12 day certificate and diploma courses to full time 2 year post graduate courses. Students have the option of specialising in a specific client group. Some common specialisations are marital therapy, counseling adolescents, career counseling, and educational counseling. The better courses require students to obtain internship experiences in organisations that deliver counseling services. In addition to facing a written examination, a common requirement is for students to submit detailed case reports of a prescribed number of clients they have seen.

The nature and scope of counseling itself remains poorly articulated. At present there is no licensing system for counselors as anyone can become a counselor and there is no system to monitor the skills in a systematic manner.

A recent evaluation of the cultural sensitivity of existing curricula revealed that very little has emerged in terms of Indian models of counseling (Arulmani, 2007). The attempt seems to have been to adopt western concepts with little or no consideration for "discovering" new approaches and validating them for the Indian situation. On a more positive note, an emerging trend is a gradual move towards more varied approaches to counseling. Although these courses are few and far between, they have suitable valuable training objectives to sensitize learners to the possibilities and availability of alternate methods of healing with focus on indigenous and culturally accepted and practiced therapeutic methods.

Access to counseling service is a matter of great concern. A survey by Arulmani & Nag, 2006, conducted in 12 different Indian regions revealed that less than 10% of this sample has access to any form of counseling. There is also a lack of clarity regarding the role of a counselor. Referrals to counselors cover the entire gamut of mental needs, ranging from severe psychotic problems to issues such as parenting concerns, childhood disorders, adolescent difficulties and reproductive health (including HIV/AIDS issues). Marital discord, interpersonal problems, scholastic and educational difficulties, stress mediated disorders, substance abuse, counseling for career development, and questions about sexual orientation are other kinds of referrals a counselor might receive.

Self Assessment Questions

1) Differentiate between counseling and guidance.

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2) What are the characteristics of counseling?

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3) Delineate the perspective of counseling.

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4) Trace the origin of counseling movement in India.

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4.3 CHANGING INDIA AND ROLE OF THE COUNSELOR

Finally, the need for counseling in modern India manifests itself against the background of social change, the nature and pace of which are indeed unprecedented. A decade of economic reforms has pushed India towards becoming one of world's fastest growing economies. This in turn has given counseling a new look. The effect of rapid globalising of the world, is increasingly coming under the control of free market economy, has also arrived at the doorsteps of Indian counselor. Economically empowered women for instance, no longer need to silently accept abuse and disregard. Age old values are being questioned. The belief that marriage is a lifetime commitment, for better or for worse is no longer unshakable as it was before. The marital discord is on the increase, as are divorce rates. The Indian middle class student is typically required to put in almost 16 hours of study a day to bear the competition and win a seat in the course leading to a degree in engineering or medicine. Counselors are repeatedly presented with young people who are forced to choose careers that are popular and "in demand" but who soon discovered that their real interests and talents lay elsewhere. Increasing number of young workers show wavering motivation and want a career shift within the first year of working. Aggression and violence being fed by resentment are increasingly obtained in the Indian society. These are all complexities a counselor practicing in India is seeing and facing these days.

4.4   COUNSELING APPROACHES

The approaches of counseling are:

1) **Cognitive Approach**: We define this as any therapy that is based on the belief that our thoughts are directly connected to how we feel. The cognitive therapies include Rational-Emotive, Cognitive-Behavioural, Reality, and Transactional Analysis.

   Therapists in the cognitive field work with clients to solve present day problems by helping them to identify distorted thinking that causes emotional discomfort. There's little emphasis on the historical root of a problem. Rather, what's wrong with my present thinking that it is causing distress.

   Common traits among the cognitive approaches include a collaborative relationship between client and therapist, homework between sessions, and the tendency to be of short duration. These therapies are best known for treating mild depression, anxiety, and anger problems.

2) **Behavioural Approach**: This is based on the premise that primary learning comes from experience. The initial concern in therapy is to help the client analyse behaviour, define problems, and select goals.

   Therapy often includes homework, behavioural experiments, role playing, assertiveness training, and self management training. Like its cognitive therapy cousins it utilises collaboration between client and therapist, and is usually of short duration.

3) **Psychoanalytic Approach**: The original so called "talking therapy" involves analysing the root causes of behaviour and feelings by exploring the unconscious mind and the conscious mind's relation to it. Many theories and therapies have evolved from the original Freudian psychoanalysis which utilises free association, dreams, and transference, as well as other strategies to help the client know the function of their own minds. Traditional analysts have their clients lie on a couch as the therapist takes notes and interprets the client's thoughts, etc.

   Many theories and therapies have evolved from the original psychoanalysis, including Hypnotherapy, object relations, Progoff's Intensive Journal Therapy, Jungian psychoanalytic therapy and many others.

   One thing they all have in common is that they deal with unconscious motivation.

Usually the duration of therapy is long though many modern therapists use psychoanalytic techniques for short term therapies.

4.5   PRIMAL PSYCHOTHERAPY

4.5.1   Adlerian Therapy

Named after its founder, Alfred Adler, it is also called individual psychology. Considered the first "common sense" therapy, the basic premise is that human beings are always "becoming," that we're always moving toward the future, and our concerns are geared toward our subjective goals rather than an objective

past. We are constantly aiming towards what Adler calls superiority. When we have unrealistic or unattainable goals, this can lead to self-defeating behaviours and discouragement which may foster neurosis, psychosis, substance abuse, criminal behaviour, or suicide.

The role of the therapist is to help the client identify mistaken goals, and to help the client do away with self-centeredness, egotism, and isolation, and to develop positive, meaningful interpersonal relationships.

Generally in a long term therapy, the sessions involve the therapist listening and questioning towards the goal of knowing the client as fully as possible, so that the therapist can provide to the client feedback regarding the faulty objectives and behaviours of the client.

4.5.2   Person Centered (Rogerian) Therapy

Founded by Carl Rogers in the 1940's, like Adlerian therapy, a basic premise is that we are all "becoming;" we are all moving towards self actualisation. Rogers believed that each of us has the innate ability to reach our full potential. As infants we are born with it, but because of early experiences, we may lose our connection to it. The self concept we develop in response to our early experiences may tend to alienate us from our true self. In this theory there is no such thing as mental illness. It is just a matter of being disconnected from our self potential. This therapy is often considered the most optimistic approach to human potential.

This often lengthy therapy is based on developing the client therapist relationship. The therapist is to provide the conditions necessary for the client's growth, that is genuineness, unconditional positive regard, and empathic understanding. To be genuine the therapist must strive to be transparent, open, willing to express at opportune times their own identity in the relationship. There is no hiding behind expertise or degrees. Therapists must be constantly doing their own inventory.

Unconditional positive regard is synonymous with acceptance and appreciation of the client who has approached the counsellor for help. Empathic understanding is based on the therapist's ability to see the world through the client's eyes, to move into the client's world at the deepest levels and experience what the client feels. If the process works, the client moves back toward self actualisation.

4.5.3   Gestalt Therapy

This term was first used as the title of a book in 1951, written by Fritz Perls,et.al. The therapy did not become well known until the late 1960's. "Gestalt," a German word meaning "whole," operates as a therapy by keeping the person in what is known as the here and now. Therapists help clients to be attentive to all parts of themselves, that is posture, breathing, methods of movement, etc. Unresolved conflicts are worked out in the therapy session as if they are happening in that moment. An emphasis is placed on personal responsibility for one's own well being through being as aware as possible at all times of one's interactions with the environment.

This is usually a lengthy therapy which is accomplished by the therapist asking questions and suggesting experiments which will increase the awareness and sensitivity of the client to the many parts of the client's total self.

Self Assessment Questions

1) Explain the role of counsellor in changing India.

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2) What are the important counseling approaches? Explain in detail.

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3) Under primal psychotherapy discuss Adlerian therapy.

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4) Discuss Gestalt therapy and compare it with person centered therapy.

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4.6 BRIEF THERAPIES

While most therapy approaches have developed short term versions (often in response to the demands of managed care), one specific model is called Solution focused brief therapy. This short term work is based on

1) Focusing on solutions instead of problems

2) Exceptions suggest solutions, i.e. "We fight all the time." "Think of a time recently when you weren't fighting".

3) Change is occurring all the time.

4) Small changing leads to large changing.

5) Cooperation is inevitable between therapist and client.

6) People have all they need to solve their problems.

The premise is that if one does a step by step process, following these and six other assumptions, the client can find quick solutions to whatever may be facing them. Like the cognitive behavioural therapies, this is short term therapy and usually involves homework and clearly defined goals.

While Solution focused therapy is aimed at short term interventions, it can be successfully used over a longer period.

Not every counseling client is ready to move on in 3 - 8 sessions, it is perfectly feasible to follow the aims of solution focused therapy, on a multitude of issues over many sessions.

For instance, working with a client around their substance misuse issues, the client may well attain their goal of reduction or abstinence, but may need longer term work around regaining self esteem, getting a job/education, re-establishing family links etc.

As the counselor/client relationship develops (leaning toward the person centered), the client may become more and more accustomed to the counselors use of solution focused techniques; the client may adapt techniques for him/herself, i.e.: "Give a hungry man a fish and he eats today, but teach him to fish, and he eats for a lifetime".

4.7   ECLECTIC APPROACH

When therapists are asked their theoretical orientation, this is the answer most often given. This is essentially a common sense approach to helping people by tailoring the therapy to the needs of the individual client.

While this seems like a good idea, there is so much to know to become an adequate therapist in any one of the schools, that it is unlikely that any practitioner knows enough to utilise and integrate the vast complexities of the many theories of therapy.

Instead, if one looks just below the surface, there is probably a primary therapeutic orientation that is simply not strictly adhered to by the therapist. For instance, the therapist may start out as a person centered therapist, but may have found a way to add cognitive or reality therapy techniques to their personal approach. It's probably a good idea to check this out with the therapist.

4.8   COUNSELING THERAPIES

When deciding on an appropriate counselor or psychotherapist, it can be useful to understand the different therapies they may use. Although all can be effective, you may find one approach more appealing than another, or find that some approaches are better for a certain area of counseling or psychotherapy than others.

Psychological therapies generally fall into three categories. These are behavioural therapies, which focus on cognitions and behaviours, psychoanalytical and

psychodynamic therapies, which focus on the unconscious relationship patterns that evolved from childhood, and humanistic therapies, which focus on self development in the 'here and now' situation.

This is a generalisation though and counseling or psychotherapy usually overlaps some of these techniques. Some counselors or psychotherapists practice a form of '*integrative*' therapy, which means they draw on and blend specific types of techniques. Other practitioners work in an '*eclectic*' way, which means they take elements of several different models and combine them when working with clients.

4.8.1   Cognitive and Behavioural Therapies

Behavioural Therapies are based on the way you think (cognitive) and/or the way you behave. These therapies recognise that it is possible to change, or recondition, our thoughts or behaviour to overcome specific problems.

a)   **Behavioural Therapy:** Behavioural Therapy focuses on an individual's learnt, or conditioned, behaviour and how this can be changed. The approach assumes that if a behaviour can be learnt, then it can be unlearnt (or reconditioned) so is useful for dealing with issues such as phobias or addictions.

b)   **Cognitive Therapy:** Cognitive Therapy deals with thoughts and perceptions, and how these can affect feelings and behaviour. By reassessing negative thoughts an individual can learn more flexible, positive ways of thinking, which can ultimately affect their feelings and behaviour towards those thoughts.

c)   **Cognitive Behavioural Therapy (CBT):** Cognitive Behavioural Therapy (CBT) combines cognitive and behavioural therapies. The approach focuses on thoughts, emotions, physical feelings and actions, and teaches clients how each one can have an affect on the other. CBT is useful for dealing with a number of issues, including depression, anxiety and phobias.

4.8.2   Psychoanalytical and Psychodynamic Therapies

Psychoanalytical and psychodynamic therapies are based on an individual's unconscious thoughts and perceptions that have developed throughout their childhood, and how these affect their current behaviour and thoughts.

a)   **Psychoanalysis:** Psychoanalysis was developed by Sigmund Freud and focuses on an individual's unconscious, deep-rooted thoughts that often stem from childhood. Through free associations, dreams or fantasies, clients can learn how to interpret deeply buried memories or experiences that may be causing them distress.

b)   **Psychoanalytic Therapy:** Based on Psychoanalysis, Psychoanalytic Therapy also focuses on how an individual's unconscious thoughts are influencing them. However, Psychoanalytic Therapy is usually less intensive than Psychoanalysis.

c)   **Psychodynamic Therapy**: Psychodynamic Therapy evolved from Psychoanalytic Therapy and seeks to discover how unconscious thoughts affect current behaviour. Psychodynamic Therapy usually focuses on more immediate problems and attempts to provide a quicker solution.

4.8.3 Humanistic Therapies

Humanistic Therapies focus on self development, growth and responsibilities. They seek to help individuals recognise their strengths, creativity and choice in the 'here and now'.

a) **Person-Centered Counseling (*also known as "Client-Centered" or Rogerian" counseling*):** Person-Centered Counseling focuses on an individual's self worth and values. Being valued as a person, without being judged, can help an individual to accept who they are, and reconnect with themselves.

b) **Gestalt Therapy:** Gestalt Therapy can be roughly translated to 'whole' and focuses on the whole of an individual's experience, including their thoughts, feelings and actions. Gaining self-awareness in the 'here and now' is a key aspect of Gestalt Therapy.

c) **Transactional Analysis:** Transactional Analysis is based on the theory that we each have three ego states: Parent, Adult and Child. By recognising ego-states, Transactional Analysis attempts to identify how individuals communicate, and how this can be changed.

d) **Transpersonal Psychology and Psycho-synthesis:** Transpersonal Psychology means "beyond the personal" and seeks to discover the person who transcends an individual's body, age, appearance, culture etc. Psycho synthesis aims to discover a higher, spiritual level of consciousness.

4.8.4 Existential Therapy

Existential Therapy focuses on exploring the meaning of certain issues through a philosophical perspective, instead of a technique-based approach.

Self Assessment Questions

1) Discuss and put forward the brief therapies in counseling.

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2) Explain critically what is eclectic approach to therapies?

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3) What are the techniques involved in cognitive and behavioural therapies?

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4) What are the important features of psychoanalytic and psychodynamic
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5) Differentiate between humanistic and existential therapies.

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4.9 COUNSELING IN INDIA: ITS RELEVANCE AND SUITABILITY

Indian scholars have consistently pointed out that modern western psychotherapy and counseling have had a failure on Indian soil as the development of India has been a largely Euro-American enterprise. Historically, psychology in the west actively distinguishes itself from theology and metaphysics, separated itself from its earlier preoccupation with the soul, and oriented itself instead to the study of human behaviour. It committed itself to logical positivism and chose as its tool the inductive process of logical scientific reasoning.

The discipline of psychology emerged from this framework in direct response to psychological needs that had their roots in western socio cultural milieu. This continues to be the ethos that is founded on materialist individualism: a culture that celebrates the individual's freedom for self determinism.

The notion of cultural preparedness is critical here. The methods of counseling that emerged in the west were created by members of a particular culture in response to needs expressed from within this culture. The approaches in effect were developed by a people and for a people with certain cultural orientations.

One of the reasons for the success of these approaches could be that both the creators of the service and the consumers of the service had been culturally prepared in a very similar manner to offer and partake of the service. They share a similar vocabulary of values and cherish a particular approach to life. A counseling approach that is empirical and individualistic in its orientation, for example, may not find resonance amongst Indians, whose culture has prepared them from over the ages to approach their existence in an intuitive, experimental and community oriented manner. To flourish in the contemporary globalised context, counseling cannot be viewed only solely or even primarily as a western specialty (Savikas, 2007).

4.9.1   Contemporary India

Contemporary India evokes images of a booming technology industry and an economy that is growing at an unprecedented rate. Economic development has triggered tremendous social change. The need for counseling in contemporary India manifests within a social, cultural and economic ethos that this country has not faced before.

4.9.2   Implications for Counselling

Cultural preparedness

Religion and spirituality: Religion and spirituality is the foremost representation of cultural preparedness in the Indian context. The first step for which the Indian culturally is to seek, in times of distress, the emotional ties offered through religion and representatives of religion. The implications of this aspect of cultural preparedness are profound for the development of a relevant counseling strategy. The common western understanding that these traditional approaches are primitive and unscientific reflects a suspicion of methods that are culturally alien. The loyalty of the masses to these methods has been routinely attributed to ignorance and lack of knowledge.

Some scholars, have however, attempted to draw a balance and argue that it is the scientists who are not able to transcend boundaries of their education to examine these alternate methods with equanimity. Others have pointed that these are ancient practices filtered over hundreds of years from the collective experience of the community, that in fact have a high degree of efficacy at the practical and everyday level (Kakar, 2003).

Holistic conception of life: Traditional Indian approaches of healing focus on the person as a whole. This would include the physical being as well as the individual's mind, emotions, beliefs, spiritual inclinations, occupational status and all other aspects of his or her existence. It would also include the nature of the individual's linkages with society and the relationship to which he or she is bound.

Ayurveda, the ancient traditional Indian medicine provides detailed descriptions of how emotions are linked to physical illnesses and how health is the function of maintaining the correct balance between the individuals self and the aspects of his or her social interactions (Das, 1974). In the Indian context, an approach to counseling that separates mind from body and individual from family would most likely fail to address the felt need.

Determinism: The philosophic constructs of Karma and Samsara are often described as fatalistic approach to life. The proposition is that the present is determined by past actions could evoke a sense of inevitability. The concept of Karma and Samsara do not negate the concept of free will. The exercise of effort in the present is linked to the future gain and development. Accordingly, the quality of future life could be influenced and shaped by the manner in which one lives one's present life.

This emphasis on personal responsibility offers a valuable pointer to counseling techniques that draw on the client's cultural preparedness.

4.9.3 Changing Trends in Counselling

Duncan, Hubble and Miller (The Heart and Soul of Change) show that the single most important factor of change in counseling is the strength of the therapeutic alliance (30 percent). Other key issues are extra therapeutic factors (40 percent), which are the stage of readiness of change of the client and the setting to which the client returns. Hope and expectancy accounts for 15 percent of change and only 15 percent of change can be attributed to technique.

Thus counsellors who have been practicing cognitive behavioural approaches, DBT, EMDR, etc., have to understand that if they want to be more effective counsellors, they have to focus on their rapport with the client and what the client wants and needs. The single most important question a counselor can ask a client is, "What do you want, and how can I help you get there?"

The counsellor must learn the stages of change. They do not look for motivated clients. The reality is that all clients are motivated, by something. Your task is to find out what motivates them. They have to learn to treat the whole person rather than any specific problem or issue.

Self Assessment Questions

1) What is the relevance and suitability of western therapies in the Indian context?

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2) How is counseling important in contemporary India?

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3) What are the changing trends in counseling in India?

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4.10 LET US SUM UP

Counseling needs in the Indian context emerge against the background of tremendous social change. In addition, the last ten years of economic reform have enhanced the pace of these changes and further transformed life styles. Counseling services are poorly defined and presently anyone at all with little or no training can offer these services. Available counseling services are largely based on Western approaches to psychology. These approaches have been widely criticised as not being relevant to the Indian cultural context. A relevant and culturally valid counseling psychology therefore has remained a fledgling discipline. Psychological thought is not new to India, and ancient traditions present ideas and constructs that are rich in possibilities for application. This paper examines the Western and the traditional Indian approaches and proposes that these approaches could together inform the development of a psychology of counseling that is empirically sound and culturally relevant to the Indian context.

4.11 UNIT END QUESTIONS

1) Describe the changing role of the counselor in the Indian context.

2) Explain the counseling approaches in the Indian Context.

3) What are the various kinds of counseling therapies used in India?

4) What is the relevance and suitability of counseling in the Indian context?

5) What is cultural preparedness? What are the implications of counseling in India?

4.12 SUGGESTED READINGS

Lawrence H. Gerstein, P. Paul Hepner, Stephania Egisdottir, Seung-Ming Alven leung & Kathryn L. Norsworthy (2009). *International Handbook of Cross-cultural Counseling: Cultural Assumptions and Practices Worldwide.* Sage Publications Inc. NY.

Sharma, Ramnath and Sharma, Rachna (2010). *Guidance and Counselling in India.* Atlantic publishers, New Delhi.