CHAPTER 5

THE IDIOGRAPHIC RESEARCH: MULTI-MODAL COUNSELLING CASES OF TEN COUNSELLEES SELECTED FROM THE NOMOTHETIC RESEARCH FINDINGS

5.1 INTRODUCTION

The present chapter presents the second, albeit partial, address to the problem statement formulated in chapter one, delimited and initially addressed in chapter four. In other words, the sample group’s life skills needs depicted in Table 4.116 in chapter four form the point of departure here. Ten students, rightly counsellees, will be randomly selected from those students who obtained a score of three or higher in each of the thirty subfields of the said questionnaire. The counsellees will then be counselled multi-modally as a group. The purpose thereof will be to help them manage their identified problems better.

Pursuant to the above-stated matter, it is essential to delimit the problem further in this chapter for the sake of clarity.
5.2 DELIMITATION OF THE PROBLEM

In short, the following questions will be addressed:

* how can positive learning environments be established and promoted for the South African secondary school students?
* what role and function can a school-based guidance play to address the identified problems?
* how can multi-modal counselling interventions help the South African secondary school students manage, and/or cope with, their identified problems better?

5.3 POSTULATES

5.3.1 The importance of positive learning environments

The adage that first impressions are lasting is true for subject teachers, guidance teachers, school counsellors, principals, inspectors and other parties with similar interest in the lives of students and pupils. The central position, function, influence and role of each of the above-stated parties can be reasonably construed as a source of psychological impactfulness from
which students and pupils can learn either to realize and accept themselves or to wallow into perpetual, pitiful self-shame and humiliation. Lazarus reaffirms this aptly: "During the initial interview, multimodal therapists behave similarly to most practitioners who are interested in establishing rapport, in assessing and evaluating presenting complaints, and in determining the best course of treatment" (1981: 45).

The value of a conducive classroom and/or counselling room atmosphere, a friendly but firm and healthy person-to-person relationship, and a deep-seated desire for mutual help and inspirational hope cannot be over-emphasized beyond what has so far been stated.

5.3.2 The practice of a school-based guidance

The previous chapter has, amongst other things, shown that the majority of the sample group students falls far short of life competencies and skills. The same deficiency was also found in respect of previous researches conducted with other South African secondary school students. The relevance of the learning and acquisition of these life competencies and skills is not only highlighted here, but it is also crying out there for practical steps to be taken to prevent, ameliorate and/or minimize this irritating state of affairs.
There is, therefore, a clear, loud and undeniable need for purposeful, goal-directed and effective guidance programmes to be provided for these students by professionally qualified and effectively trained guidance teachers and school counsellors. The truth of the matter lies in effective empowerment of these fully-trained permanent change agents in all South African secondary schools in particular and other institutions in general.

5.3.3 The practical application of multi-modal counselling interventions

Life competencies and skills needs identified and analysed in Table 4.116 in the previous chapter present a cause for concern by all parties that have the students’ concerns at heart. "The aim of multimodal therapy is to reduce psychological suffering and to promote personal growth as rapidly and as durably as possible" (Lazarus, 1981: 13).

The starting point in addressing such deficiencies in life competencies and skills is an utter realization and humble acceptance "that few, if any, problems have a single cause or a unitary cure" (Lazarus, 1981: 13). For example 59.7%, which is about 409, of the sample group students
possibly experience problems pertaining to study methods. A multi-modal assessment of these students’ problem of study methods would focus on the following issues (Lazarus, 1981: 17-18):

* What are the students’ major intellectual interests and pursuits? How do their thoughts affect their emotions? What are their main shouldistic, oughtistic, and mustic statements about themselves?
* What makes them sad, mad, glad, scared? Are they troubled by anxiety, anger, guilt, depression, etc.? How do they behave and act when they feel sad, or mad or glad or scared?
* What actions are getting in the way of their happiness? What would they like to start doing? What would they like to stop doing?
* What would they like to become? How do they plan to become that? Which career options are open or closed for them and in which way are they open or closed?
* What concerns do they have about their health? What are their habits concerning their diet, exercise, and physical fitness? Do they take any medication, drugs, intoxicating drinks, etc. and under what circumstances do they do so?
* How do they describe their self-image and body-image? What are their likes and dislikes about the way they perceive themselves to be? What do they picture themselves doing in the immediate future, in five years from now and in ten years from now?

* Who are the most important people in their lives? What are the significant people in their life doing to them? How do they describe the relationships with, and expectations from, their most important people in their life?

* What bearing do their needs have on their feelings, emotions, behaviours, actions and thoughts? How would they prioritize their needs in five years from now, and in ten years from now? How do they usually satisfy their needs?

* What do they regard as important decision points in their life? What are their beliefs and values in life? How do they take responsibility for themselves?
5.4 SELECTION OF TEN COUNSELLEES

Ten counsellors were randomly selected from a list of raw scores of the questionnaire on life competencies and skills administered to, and processed in respect of, 685 sample group students in the previous chapter. In other words, ten counsellors were randomly selected from the raw scores of those students who obtained a score of three or higher in each of the thirty subfields of the said questionnaire. This is in line with the interpretation of the said questionnaire that "A score of three or higher in respect of a specific subfield, indicates that a testee may possibly be experiencing a problem in this area" (Jacobs, Olivier and Gumede, 1992: side 2). Furthermore, the ten counsellors were helped multi-modally as a small group in respect of each of the first two life skills needs shown in Table 4.116 on page 180, namely study methods and finding and keeping a work.

The methodology used in this study will now be attended to.
5.5 METHOD OF RESEARCH

As indicated above, ten counsellees selected randomly from the raw scores of three or higher on each of the thirty subfields of the said questionnaire were counselled multi-modally as a small group. Their presenting problems were the first two life skills needs identified and presented in Table 4.116. This is mainly due to the fact that it is well-nigh impossible, if impractical, to counsel them as a small group on each of the thirty subfields of the said questionnaire. Again, it is hoped that the impending multi-modal group counselling will confirm either the correctness or the incorrectness of the postulates made.

5.6 MULTI-MODAL GROUP COUNSELLING CASES

For all practical purposes and reasons, it is impractical to counsel the ten counsellees multi-modally as a group on each of the thirty subfields of the said questionnaire. As such, the first two life skills needs in Table 4.116 in the previous chapter were considered.

Note should, however, be taken that the said first three life skills needs are subsumed under two
fields namely, self-management and career planning and development. However, the third subfield of career planning and development will be left out. This is because, in the first place, it has the same name for both the subfield and the field. In the second place, it is because it is closely associated with its sibling subfield, namely finding and keeping a work, which occupies the second position. This, therefore, means that two instead of three life skills needs will be further brought under the spotlight of multi-modal group counselling.

5.6.1 Study methods

As a background information, note should be taken that 59.7% of the total sample group size may possibly be experiencing problems related to study methods. This figure represents about 409 out of 685 sample group students. Furthermore, it is both intriguing and thought-provoking to reflect on the fact that there have been full-time guidance teachers at the five sample group schools from the beginning of 1989 up to date. Again, the relative calm that prevailed upon most parts of the former Republic of Bophuthatswana prior to the March 1994 disruptive eruptions there seems to have rekindled many sample group students’ interest in, and need for, study methods.
Though Axelson (1985: 437) regards Lazarus’ multimodal therapy as "an excellent example of technical eclecticism", the procedures below center directly on Molefe’s (1989) key word, TEACHING, and indirectly on either Lazarus’ (1976 and 1978) BASIC_ID / IB or Keat’s HELPING (1980). In Axelson’s view, the key word is supportive of the underlying assumption of multi-modal counselling approach that, "because individuals are troubled by a variety of specific problems, it is appropriate that a multitude of treatment strategies be used in bringing about change" (1985: 308 – 312).

5.6.1.1 Session one: building rapport

The session started with a warm welcome to, and hand-shaking with, nine instead of ten expected counsellees. The tenth counsellee was absent from school in spite of prior notification. Subsequently, he had withdrawn himself permanently from participating in group counselling.

The small group counselling members consisted of five female and four male students whose ages ranged respectively from eighteen to twenty three and nineteen to twenty two. Their respective mean ages were twenty six and twenty. Their total mean age was twenty point three (20,3).
The room arrangement and seating accommodation were reasonably conducive to an effective participation in discussions. Added to this the name game (Canfield and Wells, 1976) was introduced to facilitate and expedite knowing each counsellee by name.

The purpose of group counselling was explained to them. It involved sharing with them the results of the life skills needs as outlined in Table 4.116 on page 180, as each counsellee was given a copy thereof. A copy of part of the administered questionnaire that outlines only the fields and subfields, as outlined in Table 4.3 on page 124, was also given to them to facilitate their understanding.

They were also briefed on why and how they have been selected from a sample group of 685 students. Over and above this, they were assured of the strictest confidentiality with which group counselling discussions would be treated.

They were, furthermore, invited to feel free, open, relaxed and to contribute actively during the discussions. It was pointed out to them that it was not necessarily the counsellor-counsellee "relationship per se, but rather the role of the relationship as a foundation" (Corey, 1991:299) for fruitful counselling efficacy.
It is interesting to note that one counsellee who asked about the importance of relationship in this matter was answered by his female counterpart. The answer thereof echoed Lazarus and Fay’s statement (quoted in Axelson, 1985: 316) that "the relationship is the soil that enables the techniques to take root". Equally important was that factors such as respect, physical attentiveness, frequent use of gestures, helpful guessing of what the particular counsellee was about to say, etc. began to emerge. All these observations, according to the researcher, re-affirm Lazarus’ maintenance (quoted in Corey, 1991: 299) "that unless clients respect their therapist, it will be difficult to develop the trust necessary for them to engage in significant self disclosure".

Upon one counsellee’s request about the length of group counselling, as prompted by the researcher’s suggestion of forty-five sessions, another counsellee voluntarily stated that it would depend on the progress made by group members.
According to the researcher’s understanding of Lazarus (quoted in Axelson), the counsellees’ verbal interactions were reminiscent of some of the common characteristics of highly successful counsellors namely, "a genuine respect for people, flexibility, a non-judgemental attitude, a good sense of humor, warmth, authenticity, and the willingness to recognise and reveal their shortcomings" (1985 : 436).

Upon further information that, due to other practical considerations, group counselling would be restricted to study methods and finding and keeping a work, one counsellee remarked that solutions to these two problems appear to be the gateway to better living, functioning and choosing.

As the session was rounded off, the counsellees were reminded of the time and venue for the next session. They were also requested to think and bring whatever problems come in the way of their effective studying for further sharing and discussions within the group setting. Furthermore, they were given, briefed on, requested to complete and to bring along Lazarus’ (1976 : 219 - 231) adapted life history questionnaire during the second meeting.
5.6.1.2 Session two: an in-depth identification of possible sources of counsellees’ study problems

The second session took off with a brief resumé of the first session including what the counsellees experienced since the last meeting. This exercise seemed helpful in further easing whatever tensions, fears and anxieties that might have been in the counsellees’ minds.

This was followed by counsellees’ brainstorming of any possible causes of their study methods’ problem. Their answers were written unchanged on the chart. Almost all the counsellees gave three or more answers. According to Lazarus (quoted in Axelson, 1985: 436) the counsellees’ active contributions to the firm “relationship with variables such as motivation, co-operation, interest, concern, attitudes, perceptions, expectations, behavior, and reactions to the counselor” facilitated and expedited the following as the most important sources of their ineffective study methods:

* counsellees’ lack of clear difference between reading and studying;

* counsellees’ tendency to draw up an unrealistic individual study time-table;
* counsellees’ habit-forming of continual studying without pauses, note-taking and reviewing;

* counsellees’ lack of suitable place of study, especially at home;

* counsellees’ other equally important house-hold responsibilities;

* counsellees’ negative attitude towards careers in the technological field.

In line with multi-modal homework assignment tendency, each counsellee was requested to suggest at least two possible solutions to each of the five above-stated sub-problems. They were also requested to bring their written responses to the next session’s meeting for further discussion and sharing.

Towards the end of the session, counsellees commented very generally about their impressions of the adapted life history questionnaire.
5.6.1.3  **Session three: further diagnosis and the adapted life history questionnaire**

The third session started with the sorting out and discussions of possible solutions to the previous five sub-problems. In brief, through group work their five responses were as follows in respect of each sub-problem:

**Differences between reading and studying**

* Reading may be done for fun, whilst studying is always purposeful;

* reading, unlike studying, requires less concentration;

* reading can be done continuously, whilst studying should be continual with short pauses for rest, note-taking and recalling;

* reading can be done without much organization of one’s material whilst studying involves organization, self-discipline, time and self-management; and

* reading can be done without studying, but not vice versa.
Drawing of a realistic individual time-table

* Subjects that are less demanding need less period of studying;

* subjects that are more demanding need more period of study;

* maintenance of a balance between study time and time for other responsibilities at home;

* an agreement about study time needs to be reached and observed between the student and his family members; and

* making allowances in the time-table for upsets caused by unforeseeable circumstances, and for leisure time.
Continual studying without pauses, note-taking and reviewing

* Each student was coached on how to study according to his concentration period to facilitate pauses for brief rests, note-taking, reviewing and recalling;

* handouts on how to study effectively were given and explained to counsellees (Hamblin, 1988: 23 – 24);

* the use of (Hamblin, 1988: 44 – 55) "SQ3R" for survey, scan, read, recall and review was explained, and handouts were given, to counsellees;

* strategies of managing both themselves and their time were shared with counsellees; and

* counsellees were able to see study as an enduring hard-work and sacrifice.
Lack of suitable place that is conducive to learning

* Use of classrooms after school hours was considered as a viable alternative to this sub-problem;

* forming smaller study groups of three or so to meet at venues that are conducive to study, either at home or at school was also discussed and accepted;

* regular visits to the nearby national library was accepted as very practical;

* liasing with ministers of religion for time slots in the use of church buildings was considered implementable; and

* requests for similar time slots in community centres and tribal authority halls were thought as possible alternatives.

Other equally important house-hold responsibilities

* Sharing of these responsibilities on more or less equal basis was discussed. In instances where both parents are either physically away due to work commitments or
are physically present, but are non-committed, consideration of each sibling's age in relation to the expected duty was also discussed;

* where possible regular family council meetings (Keat, 1980) held in free and relaxed conditions were also suggested for the sake of giving direction, clarity and guidance to one another;

* the issue of physical child-abuse was discussed lengthly. Finally, group members accepted maintaining a balance between being prepared for adulthood and being over-loaded with house-hold chores;

* use of flexible time-table for the execution of these responsibilities was also accepted; and

* the importance of starting happy family unit within each group member's home appealed to almost all group members.

Now, a thorough exploration of how the adapted life history questionnaire (Lazarus, 1976 : 219 - 231) was completed would be undertaken in the next session.
5.6.1.4 Session four: counsellees’ information from the adapted life history questionnaire

This session took off with few minutes’ discussions of what counsellees experienced since the previous meeting. After sharing their experiences, the information pertaining to the first nine aspects of the adapted life history questionnaire was gained through their co-operation and active participation. The said nine aspects outlined fully in Appendix B, which appears on pages 280 – 295, are:

General
Clinical
Personal data
Occupational data
Menstrual history
Marital history
Family data and Self-description.

Each of these nine aspects will be attended to as follows:

***General

All the counsellees supplied relevant information such as their full names, addresses, religion, etc. Only six counsellees gave their telephone numbers. Three did not have telephone numbers. Concerning their places of residence, the small number per
family unit was three and the big number was six in a house. One counsellee stated that seven of his family members share a single room. Eight counsellees are single. The only married counsellee was the only one who had changed religion from Roman Catholic church to Nederduitse Gerefomeerde Kerk in Afrika.

***Clinical

Notwithstanding the vast differences between clinical and counselling psychology within the South African education context as against the blurred differences in American counsellor education programme (Herr and Cramer, 1988), the following observations emerged from the completed questionnaires:

* One counsellee is reportedly using one panado tablet thrice daily due to continual headaches. This is in spite of several visits to either the clinic or hospital about this matter.

* Five more counsellees reported suffering from continual headaches, stomachaches and dizzy spells. Usually they resort to panado tablets or aspirin or any pain-killers, if the need arises.

* The other one reported that his headache subsided as soon as he stopped studying.
Several points need further exposition with regard to the three previous health and mental conditions of the seven counsellees. Firstly, according to Table 4.116 in chapter four mental health is ranked life skill need number twenty three by 17.8% of 685 sample group students. This percentage is equivalent to 121 students. Secondly, healthy lifestyle is ranked life skill need number twenty eight by 12.8% of the said sample group. This represents about 87 out of 685 sample group students. Thirdly, the said life skills questionnaire was administered to these students during February 1994. Fourthly, the adapted life history questionnaire was completed during May 1994. It, therefore, seems logical to state from a clinical-cum-counselling point of view that:

*** the March 1994 unrest situation in and around Mafeking-Mmabatho areas where these counsellees reside could have had disruptive effects on the health of these seven counsellees,

*** whereas the nine counsellees’ main presenting problem is study methods, one clear evidence of the advantage of approaching counsellees’ problems multi-modally cannot be gainsaid at this stage, and
alternatively, it is possible that these seven counsellees may be some of the 87 and/or 121 students in need of help in healthy lifestyle and mental health respectively. Now as a sequel to this possibility, the disruptive effects of the March 1994 unrest situation, coupled with lack of medical attention and normal food supplies during that tumultuous period, might have precipitated the deterioration of their somewhat unstable health and mental conditions.

* Another counsellee reported that since he turned fourteen, he had been given work daily at home. He would subsequently go to sleep feeling very tired. Again, he had been punished daily from six years onwards. Consequently, he reported that he was angry and short-tempered.

Note should be taken here that the issue about physical child-abuse was handled briefly in the previous session. This issue will be dealt with after a thorough multi-modal profile for treatment will have been collaboratively drawn. Refer to pages 218 - 221 for more information.

***Personal data

All counsellees, except one who comes from Stilfontein, live in and around Mafeking-Mmabatho
areas. They were born and grew up there. Common ailments expressed by counsellees here include headaches, stomachaches, eye pains, horrible thoughts, night terrors, no appetite, suffering from appendix, vomiting and unhappy childhood.

Common fears expressed by counsellees include fear of animals such as dogs and cats, escalating violence especially in Kwa-Zulu/Natal, an end to racial discrimination, fear that peace may not prevail and concern over whether or not one will pass standard ten.

***Occupational data

The only information supplied in this regard relates to two counsellees’ wish to become either a social worker, or a nurse, and one counsellee per each of these career options: a lawyer, a diesel mechanic or a chev. Two counsellees stated their indecisiveness.

***Sex information

None of the nine counsellees reported gaining sex information from their parents. In the researcher’s view, this is suggestive of the traditional view by
many African families that sex-related issues are not matters of concern to, and discussions by, teenagers. This view is likely to persist unless it is confronted in a confronting, but not necessarily a confrontational, way. This is one of the ways in which the present rate of teenage pregnancies can be prevented and/or minimized.

Only one reported gaining such information from the clinic at the age of seventeen. Others reported gaining it from friends, television and pictures.

In the light of the foregoing information, this is an irritating state of affairs given the fact that almost all high schools in the former Republic of Bophuthatswana have full-time guidance teachers. Similarly, the picture is disturbing given that life skill need for sex guidance is ranked number four by 47.2% of 685 sample group students. This percentage represents about 323 students. Table 4.116 on page 180 contains more information about this matter. Last, but not least, the number of unplanned for, and not necessarily unwanted, babies is likely to increase unless this matter is given the serious attention it merits.
***Menstrual history

Of the five female counsellees, only two reported being informed by their mothers about this matter at the ages of fifteen and sixteen. It is intriguing to note here that this information was extrapolated by the two female counsellees’ mothers from many other relevant and important issues falling under the rubric of sex information. The other three female counsellees evaded answering this question. They, instead, reported on their menstrual circles whose average duration is three days.

***Marital history

The only twenty-three year-old female counsellee’s marital history is as follows:

* the counsellee is the only daughter in the family,

* the couple knew each other for two years before their engagement,

* the couple has been married for three years,

* the twenty-eight year-old male partner is a police officer,
* the couple has so far a four year-old son, and

* three equally important questions tapping the couple’s areas of compatibility, incompatibility and relationships with the in-laws were left blank.

***Family data

The following information was gleaned from the completed questionnaire in this respect:

* some questions were left blank,

* five out of nine counsellees’ parents, that is father and mother, were still alive,

* two counsellees’ fathers had passed away. The female and the male counsellees’ ages then were respectively eight and sixteen,

* regarding the issue of siblings, only three counsellees reported as follows:

  - the first counsellee has three, fourteen, twenty-seven and thirty-three year-old brothers and and two fifteen and twenty-one year-old sisters,
- the second counsellee has two, twenty-six and twenty-seven year-old brothers and a four year-old sister, and

- the third counsellee has two, nine and twenty-three year-old brothers and fifteen year-old sister.

Regarding information reported by three, out of the actual total of nine, counsellees on their family data the following can be observed:

* the number of ages in between the birth of siblings per first family unit fluctuates greatly from at least one year to at most nineteen years,

* the number of ages in between the birth of siblings per second family unit fluctuates greatly from at least one year to at most twenty three years, and

* the number of ages in between the birth of siblings per third family unit fluctuates from three years to fourteen years.
Note should be taken here that one outstanding flaw inherent in the family data section of the questionnaire was the omission of whether or not these siblings still stay together. Such information, if tapped, would have provided more information in terms of some house-hold responsibilities about which most counsellees complained.

**Self-description**

This aspect consisted of eighteen incomplete sentence stems which counsellees completed as follows:

* Only one counsellee completed all the incomplete sentence stems.

* The second counsellee completed seventeen incomplete sentence stems.

* Two more consellees did not complete five and six of the said sentence stems.

* In brief, the most number of incompleted sentence stems is eleven, whilst the least number thereof is one.
An analysis of such completed sentence stems revealed, amongst other things, that:

* most counsellees possibly experience problems in describing themselves,

* most counsellees' lives centre on God as the Provider of their needs, a liking for money, hard work, and a wish to be brave and courageous,

* since childhood, most counsellees held dreams of being educated, being patient, and of working hard,

* most counsellees feel proud about themselves and about furthering their studies,

* most counsellees experience difficulties in admitting unpleasant occurrences in their lives; for example, being in trouble, having clashes with others, worry when things go wrong and a dislike for being told lies,

* death, murder, falsehood, criminal offences and other negative aspects of life are described as unforgivable by most counsellees,
both self-image and body image appear to be problematic areas to be described reasonably by most counsellees,

insults, teasing, falsehood, and false accusations appear hurting to most counsellees,

most counsellees’ description of their mothers was very positive,

the only two counsellees described their fathers adverbially as possessive and harsh alternately,

three counsellees expressed anger about the unrest situation, disruptions of education and being teased alternately,

one counsellee expressed the wish to receive presents from a man/woman,

most counsellees associated the issue of growing up with more problems, and many challenges, and

almost all counsellees admitted they could help themselves by not playing with their talents, time and chances.
***Multi-modal counselling approach

As indicated earlier on, the key word TEACHING (Molefe, 1989) forms the cornerstone of the presentation of the profile for treatment of counsellees’ problems, as it is outlined in session five.

5.6.1.5 Session five : profile for treatment of counsellees’ problems

The session started off with a review of their previous experiences, encounters and expectations since the previous session’s meeting. This was followed by the discussions of their multi-modal counselling approach’s section of the questionnaire.

Consequent upon Lazarus’ statements (quoted in Axelson, 1985 : 433) that:

* "the therapist’s personality and style are integral to the therapy process and outcomes",

* "the mechanisms of change cannot be separated from the person who administers the therapeutic procedures", 

* "counselors need to reveal themselves in the relationship with clients", and

* "they can then sift through the responses they receive and make appropriate decisions", the profile in Table 5.1 on pages 218 - 221 was subsequently collaboratively drawn.

With regard to Table 5.1 on pages 218 - 221, it is equally important to note that:

* thorough "diagnosis must usually precede treatment" (Lazarus, 1981 : 17),

* "... when the real problems have been identified, effective remedies - if they exist - can be administered" (Baruth and Huber, 1985 : 199), and

* this approach "... addresses not only individual client’s psychological functioning, but [also] gives equal consideration to ... the environment within which clients experience their problem situations" (Baruth et al, 1985 : 319).
Table 5.1

PROFILE FOR TREATMENT OF COUNSELLEES' PROBLEMS

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<td>Career-related</td>
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<td>Health-related</td>
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<td>headaches and/or stomachaches</td>
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<td>Imagery</td>
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<td>1. Obesity</td>
<td>1. Weight Loss Tips</td>
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<td>1. Physical Fitness</td>
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<td>2. Psychological control of pain</td>
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<td>2. Refer to clinic and/or hospital</td>
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<td>2. Negative self-concept</td>
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<td>3. Horrible thoughts</td>
<td>3. Discovering Pleasant Images</td>
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<td>2. Personal Enrichment Through Imagery</td>
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<td>Interpersonal</td>
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<td>1. Having no friends</td>
<td>1. How to start and end a conversation</td>
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<td>1. Friendship Training</td>
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<td>2. Shy when with other people Training</td>
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<td>2. Communication Skills Training</td>
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<td>Needs</td>
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<td>1. How to grow up and be a mother Training</td>
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<td>2. How to pass matric with an exemption Training</td>
<td>2. Effective Study and Test Taking</td>
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<td>Guidance</td>
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<td>1. How to gain foresight and thinking Training</td>
<td>1. Rational Thinking</td>
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<td>1. Challenging Mis-beliefs taken Beliefs</td>
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<td>2. Coping with daily work at home Training</td>
<td>2. I CAN IF I WANT</td>
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Concerning Table 5.1 on pages 218 - 221, note should be taken here that:

* the "P" in the second column stands for preferences or priorities of the modalities ranked in order of their urgency for the application of treatment procedures,

* both the counsellor and the counsellees collaborated actively in the creation of such preferences,

* counsellees were provided with some of the relevant copies of the radio tape recordings of treatment strategies suggested and successfully used by multi-modal experts such as Lazarus, Keat, and Wolpe for practice purposes at home. Where possible, counsellees were sub-divided into groups of three members per relevant tape recording,

* the other treatment strategies were realized through handouts given for prospective career options chosen by counsellees. Appendix C, which appears on pages 296 - 304, reflects relevant information in respect of an attorney as one example of such career options in respect of which information was retrieved from Career Mentor (HSRC : 1992),
this approach attaches a lot of importance and emphasis on each counsellee’s active participation in, and involvement with, the given homework assignments for its durable results to be realized. Counsellees were duly told about this matter. Nothing is further from the proverbial sayings that practice makes perfect, and that nothing ventured nothing won, and

the problem of study methods has undoubtedly been approached as multi-faceted, multi-layered and in need of a multitude of treatment strategies and interventions (Lazarus, 1976, 1977, 1981; Wolpe and Lazarus, 1966; Keat, 1980; Baruth and Huber, 1985; Axelson, 1985, Molefe, 1989; and Corey, 1991). As an example, the second problem of finding and keeping a work has already been partially addressed so far. More will still be said about it later on.

At this stage, the last two aspects of the life history questionnaire attended to during this session were counsellees’ expectations about counselling, and their description from four viewpoints.
***Counsellees’ expectations about counselling

The nine counsellees’ responses to the five questions tapping this issue were as follows:

* five counsellees did not express any thoughts about the personal characteristics of an ideal counsellor. Four other counsellees’ descriptions included responses such as patient, kind, knows how to handle people, responsible, self-respect, cautious, committed, self-motivated, and independent,

* five counsellees did not offer their descriptions of an ideal counsellor’s interactions with clients. Four other counsellees’ descriptions were the same as above, listen attentively, friendly and lovingly, and help us choose good careers,

* eight out of nine counsellees stated that they thought counselling should do the following for them:
  - advise generally, enrichment, satisfaction and community well-being, help me know myself and my environment, share problems with me and advise on my future, guide me in choosing my career, anything that suits and benefits me, solve my social and physical problems, and help me with method of study,
counsellors’ expectations of the duration of counselling ranged from till I am satisfied to till I die, and

* counsellors thought positively that counselling was about the following:

- anybody who can be an adviser for you, guidance to the community, all about human rights, helping, caring, kind to others’ problems, giving good life, provision of jobs and education, solving people’s problems, to help people with their needs and problems.

***Counsellors’ self-description from four viewpoints

* Only seven counsellors described themselves as assisting, hard-worker, kind, darling person, boyish, someone to be educated and handsome, bad person, tall and slim.

* the only married female counsellor stated that "her" spouse would use the word success as a word-picture of his description of "herself",

* seven counsellors stated that their best friends would use word-pictures such as friendly, fair, gives advice, boyish, to have him till I die, good, tall and short-tempered,
six counsellees stated that someone who dislikes them would use the following word-pictures in describing them:

- proud, pray for him/her, clever, I will like him to change, bad, and as a criminal.

At the end of this session, counsellees expressed the idea that three more sessions would be enough to share their experiences regarding radio tape recordings' intervention treatment strategies, to prepare them for termination and finally to terminate counselling.

5.6.1.6. Session six: discussions on treatment strategies

This session started with the general discussions of how counsellees felt, and what they experienced, about the treatment strategies assigned to them during the previous session. Without getting into any details about the treatment strategies that will be given on pages 227 - 230 in respect of each modality and its outcomes, it is worth-noting that in the words of Lazarus and Beutler (1993 : 384) effective, workable techniques are "those that are founded on empirically derived relationships among client problem, therapeutic procedure, and outcome; and those that outline the processes by which a counselor can reliably select and implement therapeutic procedures".
The nine group multi-modal counselling cases are presented in accordance with the preferences, as outlined in Table 5.1, of the key word TEACHING (Molefe, 1989). However, note should be taken of the overlapping nature of this approach in some of the modalities and the treatment strategies suggested. From the nine counsellees’ experiences, feelings, behaviours, actions and expectations concerning the treatment strategies, the following account was compiled:

Priority A: Health-related matters.

Counsellors who complained about continual headaches and stomachaches reported positively about the useful visits to the clinic. Besides, they also felt that the two tape recordings on deep muscle relaxation training (Lindenberg, 1982 : Tape) and psychological control of pain (Melzack, 1980 : Tape) have helped greatly in teaching them how to do all these exercises. One clear statement from the group was that with further practice, they stand a better chance of being in control of their health states. Furthermore, they also reported favourably about sharing the taped radio recordings as arranged.

Priority B: Emotions.

The group gave positive feedback in dealing with
their emotions such as anger, sadness, loneliness and guilt. In the words of one counsellee, the up and down nature of life demands a reasonable control of one’s emotions which may fluctuate from one state of intense pleasure and pleasantness to the extreme end. The group felt that some tips on how to manage one’s anger, for example by counting nine to zero backwards and pillow-pounding (Keat, 1980), and personal enrichment through imagery exercises (Lazarus, 1982 : Tapes) were very helpful to them.

Priority C: **Thinking.**

The group accounted their positive gains here to the combined efforts of the handouts on effective ways of studying and the tape recording on effective studying and test taking (Griswold, 1981 : Tape). They expressed optimism about the final, forth-coming examinations.

Priority D: **Career-related matters.**

Group members expressed satisfaction about both the retrieved career information from Career Mentor (HSRC, 1992) and the previous discussions on career choices vis-a-vis subject streams during the previous sessions. In brief, group members felt competent about how to choose a career, how to find and to keep a job.
Priority E: **Actions.**

As an overlapping to the previous information regarding careers, group members’ brief positive feedback showed that handouts on an attention-getting curriculum vitae and preparation for successful interview benefitted them immensely. According to the group’s feedback on their problem of laziness, self-motivation and goal-setting as explained to them during counselling were fruitful in eliminating or reducing this problem. Refer to page 67 for the relevancy and applicability of the last two statements in this instance.

Priority F: **Needs.**

The group reported favourably about the positive effects of knowing matric exemption rules, the tape recording on effective studying and test taking (Griswold, 1981 : Tape), and the handouts on effective ways of studying (Hamblin, 1988 : 23 - 24 and 44 - 45).

Priority G: **Imagery.**

Group members’ feedback on I AM LOVABLE AND CAPABLE (Keat, 1980), how to enrich themselves and to discover pleasant images through imagery (Lazarus, 1982 : Tapes) were beyond imagination.
Priority H: **Guidance of ABC.**

Group members realized that what they believe [B] in, and hold onto steadfastly, has far-reaching effects on how they react to both the real and unreal causes, that is *antecedents* [A] as well as how they interpret the results thereof, that is *consequences* [C]. They felt properly guided in this respect.

Priority I: **Interpersonal relationships.**

Group members reported positively that they have acquired sufficient knowledge, information and skills about how and when to start and to end a conversation. They maintained that through this guidance, they are able to maintain friendship with others both within and outside the school situation.

The session was rounded off with agreement among participants that making preparation for termination was necessary. They also agreed that such a session should also attend to whatever experiences they might have gained regarding their further practices with the assigned taped radio recordings.
5.6.1.7  Session seven: preparation for termination

Group members started this session with the discussions of what they considered important issues to facilitate next session's termination. From such discussions, the following points emerged:

***almost all group members expressed some change in their lives since counselling started. They agreed that they gained mostly in how to study effectively and reasonably in how to find and keep a work,

***group members expressed the idea that the time and efforts spent were constructively used,

***some group members requested that tape recordings be given to them for further use beyond counselling time. This matter was resolved by requesting the concerned group members to provide for their blank copies of radio cassettes, and

***finally they were asked to think of how best to terminate counselling, and to bring such suggestions during the very last session.
5.6.1.8 **Session eight : termination**

As requested, a lot of time during this session was spent on group members’ positive feedback on issues already covered so far. In brief, group members felt they have gained so much about study methods directly and indirectly about how to find and keep a job. They felt it was not essential to go through the second problem in similar ways, given the information and knowledge about it so far.

Upon the request about the best way of terminating, group members suggested hand-shaking and wishing one another all the best luck in everything. Finally, possibilities of further contact outside counselling were handled by referring group members to their guidance teacher, if such a need may arise.

5.7 **SUMMARY**

The advantages of group multi-modal counselling approach have been empirically verified and validated over other approaches as a journey through which a plethora of group members’ experiences, views and expectations about a specific problem are explored and sifted, available treatment strategies collaboratively selected and implemented, and a joint assessment of progress made and recorded.

In chapter seven, further attention will be given to the summary of the first six chapters and to the recommendations necessary to round off this study.