WORKPLACE COUNSELLING: IMPLICATIONS FOR ENHANCED PRODUCTIVITY

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Abstract
Workplace counseling is the provision of brief psychological therapy for employees of organizations. Counselling service in most organizations in Nigeria has not received adequate attention. The reason for this is not unconnected with the low level of acceptance of counseling service generally in the country. This paper lucidity attempts a conceptual review of counseling, the difference between counseling and psychotherapy and a review of the five major systems or schools that have exerted the greatest influence on current thinking regarding counseling. It further presents a model of workplace counseling and concludes that increase in work related trauma and stress, accidents at the workplace, harassment and bullying, absenteeism, low productivity/poor performance and labour turnover will be nipped in the bud if counseling service is provided at the workplace.

Key words: workplace counseling, psychotherapy, enhanced Productivity

INTRODUCTION
Every organization exists for a purpose. And, since organizations are made up of people, no successful organization will ever be free from stress among its employees. Infact, no organization has been known to fulfill all the needs of its workers because the needs are many and they never finish. Organisations thus, should be able to deal with stress and all other problems that might militate against enhanced performance. Counselling at the workplace comes as a panacea to solving personal and work related worries. The need for workplace counseling arises due to various reasons in addition to stress. These reasons include : to deal effectively with one’s own emotions, interpersonal problems and lack of team spirit at workplace, inability to meet job demands, over work-load, confrontation with authority, responsibility and accountability, conflicts with superiors, subordinates and management, health problems, family problems career problems, etc. Counselling is a process of helping an individual to help himself.

According Mortensen & Schmuller (1960) Organised counseling practices have a much better chance to help the individual to: (i) increase in knowledge of self; (ii) solve immediate problems; (iii) reduce tensions resulting from frustrations, anxieties, etc; and (iv) improve in the skills and knowledge required to solve his problems. Counselling at the workplace is discussion of an employee’s problem that usually has an emotional content to it in order to help the employee cope with the situation better.

Several factors have contributed to the growth and popularity of workplace counselling. At one level, workplace counselling can be viewed merely as an application of methods of brief, relationship-focused psychological intervention that have been shown to be effective in other settings. A distinctive strength of workplace counselling is that the client is seen by a therapist who is sensitised to the combination of personal and work pressures that the person may present. Workplace counselling is a systemic, as well as individual, intervention. It seeks to improve employee’s mental health. Employees would feel comfortable about themselves and about other people and are able to meet the demands of life. Counselling must lead to increased self-confidence on the part of the client.
As a helping relationship, one goal of counseling is to help an individual to help himself. Thus, the individual would be able to take charge of his life. The individual is equipped with appropriate skills necessary to make wise decisions and alter his behaviors to yield desirable outcomes. The role of counselor now becomes that of helping an individual to arrange appropriate learning experiences that would assist in developing these skills. The counselor should not be judgmental by given the client the feeling that his/her situation is hopeless. Instead, he encourages the client to take appropriate action, the success of which would give the individual encouragement to continue. 

Counselling is not about giving advice or directing a client to take a particular course of action. Workplace counsellors are expected to have an understanding of organizational cultures and workplace factors that might impact on their work. Although counselling is a major component of an employee support service provision, the provider needs to develop an understanding of, and expertise in, a number of related activities including coaching, mediation, trauma-management services and practical information such as debt management, legal advice or benefits information (Hughes & Kinder, 2007).

The introduction of a counselling service may begin to change the way that managers and other staff think and talk about emotional difficulties and personal problems. The acceptability of workplace counselling is certainly linked to shifts in the meaning of work, and the movement away from collective to more individual modes of worker resistance (Wainwright & Calnan, 2002).

**Counseling and Psychotherapy: what difference?**

The difference between Counselling and Psychotherapy lies in the fact that the problems dealt with in counseling are generally less severe than those that are dealt with in psychotherapy. Other writers, do distinguish them. They stress that counseling, in contrast to psychotherapy is concerned with people who are essentially normal, whereas psychotherapy is more concerned with the abnormal.

Counselors work at times with abnormal people, such as the mentally and physically handicapped. They deal, however, as Super points out, with the normality in the lives of these persons rather than with the abnormalities. Counseling, for example, may be directed toward helping a handicapped student make appropriate educational and vocational plans. Counseling is focused largely on the plans individuals have to make to play productive roles in their social environment. “Whether the person being helped with such planning is sick or well, abnormal or normal, is really irrelevant.”

In the opinion of Bordin (1961), the difference between counseling and psychotherapy is more quantitative than qualitative. The counselor, in contrast to the psychotherapist, establishes relatively short relationships with many persons rather than intensive, long relations with a few. This is mainly because the problems dealt with in counseling are more often reality problems (role problems in education, vocation, family etc.) rather than problems of inner conflict. Hence, counseling is more often directed toward helping the individual to identify and develop his person and environmental resources rather than toward helping him to reorganize his personality.

**THEORETICAL FRAMEWORK**

A theoretical framework is needed for explaining what happens in the counseling relationship and for predicting and evaluating the outcomes. Different schools or systems of counseling reflect in varying degrees certain personality and behaviour theories that have been developed. The theories that seem to be exerting the greatest influence on current thinking regarding counseling are the psychoanalytic, field, organism, phenomenological, and stimulus-response theories. Other theories include Client-Centered, Rational Emotive Therapy and Eclectic Therapy.
1. Psychoanalytic Theories

The psychoanalytic stresses psychological determinism. He views behaviour as goal-directed. He sees the individual as continuously striving for satisfactions which his social world tends to restrict, redirect, or deny. He perceives the motivational forces in human behavior as being both conscious and unconscious, as being emotional in character and as being both conscious and unconscious, as being emotional in character, and as being biologically derived and/or culturally determined.

Freudian Theory. According to Freud, the founder of psychoanalysis, every individual has a certain amount of instinctual energy which is expressed through the two fundamental tendencies of sex and aggression, described as the life or love instinct and the death or destructive instinct. The life instinct, termed the libido, is expressed through primitive, biological, sexual impulses directed toward the external world of people and things and often revealed in strong self-preservation patterns. The destructive instinct may be expressed outwardly through overt aggression or turned inward through self-injury or self-punishment. As a result of internal or external pressure, it may be repressed and cause regression to primary levels of activity.

Repression and regression are central concepts in orthodox Freudian theory. The individual early comes to accept the reality principle: He learns that, to escape censure or punishment, he must adjust to the demands of other. He may adjust by pushing the unacceptable or forbidden impulses into the unconscious. This is repression. Or he may adjust by using a form of response which had adjustive efficiency at an earlier age but which is no longer effective or appropriate in the given situation. This is regression.

By constantly threatening to escape into consciousness, the repressed material creates anxiety, which is a vague, objectless sense of fear, dread, or foreboding. Learning the social mores often involves pain because punishment is a common method of external control. Hence, anxiety may be aroused by emotional organisms as rationalization (giving "good" reasons for the real ones); projection (attributing to another person or thing the blame for one’s own deficiencies or failures); displacement (directing toward one person or thing the feeling aroused by another); reaction formation (expressing an unwanted feeling, thought, or desire in some form other than the real one); retreat through shyness, day dreams, physical withdrawal, and the like; sublimation (substituting achievement of an acceptable goal or desire for an unacceptable one); and compensation (seeking superiority in one area to make up for inferiority in another). Both normal and abnormal people use these mechanisms. Use becomes neurotic when it is highly exaggerated, excessive, or stereotyped, that is, clung to in spite of the fact that use is inappropriate and not helpful in dealing with anxiety.

Freud stressed the genetic approach. He taught that the causes of all present behavior can be found in prior emotional experiences, that a person’s significant adult psychological patterns are the products of his earlier adaptive experiences. He found the individual’s personality dependent upon development through certain stages from birth to adulthood. He described these states as fixed and universal. During infancy (approximately the first five years of life) the individual is controlled by the “pleasure principle.” He seeks immediate and complete satisfaction of his wants and is mainly concerned with physical activities and sensual satisfaction. He makes strong demands for live, care, and attention. His basic attachment is to the mother. The latency stage (roughly from the fifth to the twelfth year) is marked by repression, reaction formation, sublimation, and identification with the parent of the same sex. The third, the pubertal, stage is marked by sexual maturation and increased interest in erotic activities.

The classic psychoanalytic method utilizes free association (free-flowing, uninhibited talk) to help bring repressed material into consciousness and thereby to uncover early emotional traumata. Freud held that anything which comes to a client’s hidden (unconscious) goals. In transference the client displaces on the analyst the role of the parent or another person who has been the object of his ungratified wishes. By encouraging the outpouring of repressed feelings and desires and by interpreting the client’s behavior and dreams, the
analyst helps the client to bring into consciousness material from even deeper levels of repression.

Otto Rank described the neurotic person as one who has not discharged through the beneficial catharsis of childhood the primal anxiety evoked by birth. Because birth creates the basic infantile need for shelter, safety, and someone to cling to, Rank saw in the birth trauma the prototype of all situations arousing anxiety. He found that the neurotic needs a type of therapy that permits him to experience rebirth-to form a new ego ideal through progressive development of the will and the expression of individuality. He perceived psychotherapy as a socializing process directed toward helping the client exchange immature, dependent attitudes for attitudes of independence, responsibility, and initiative.

The therapist's chief function is to help the client discover and use his creative tendencies, to help him accept himself, develop self-confidence, and achieve creative adjustment. To be able to establish a relation that has value in itself rather than merely as a means to an end, the therapist must genuinely respect the client and have faith in his capacity to "will"—to initiate and control constructive activity. Experiencing respect in his relations with the therapist helps the client learn to win respect in his relations with others.

Like Adler, Karen Horney stressed the importance of environmental and cultural factors in the development of behavior. She saw the individual's personality as evolving from his total childhood experiences and as being dynamic and not relatively fixed by adulthood. "All of us," she wrote, "retain the capacity to change, even to change in fundamental ways, as long as we live.

She too perceived the basic anxiety as stemming from the child's helplessness and defenselessness. Because during childhood the individual cannot compete with those who are older, wiser, or stronger than he is, he early comes to see the world as "potentially menacing." In seeking safety in a threatening world, he is motivated by three fundamental tendencies: (1) to move toward others, a tendency that has its roots in love and the need to belong; (2) to move against others, a tendency that has its roots in a striving for power and prestige through aggression; and (3) to move neuroses are explained in terms of disturbances in these three fundamental aspects of interpersonal relations. When, for example, the tendency followed is inappropriate to the situation or when a tendency becomes fixated and is used compulsively, difficulty arises.

2. Field Theory

Field theory was developed under the leadership of Kurt Lewin, who perceived behavior as the result of a dynamic force system that is in a constant state of change. According to this theory, the individual is a whole configuration of forces operating toward or away from an environment which also is a configuration of forces.

The environment is differentiated into the psychological and the objective. The first (termed "life space") includes the individual's needs, past experiences, potentialities to action, and the behavior possibilities perceived by him. The possibilities not perceived or not recognized by him are not a part of his psychological environment. They belong to the objective environment (termed "foreign hull of the life space"). Although not a part of the individual's life space, the objective environment is not without its influence or effect. A state's educational code, for example, may lie outside a boy's life space but affects it insolar as it helps to determine the quality of the instruction and guidance received by him at school.

Behaviour is viewed from the frame of reference of the person that is behaving. The forces directly producing his reactions are consciously experienced as restlessness or urges toward particular goals. They can be inferred by others from the presence of tension in the individual and from the movements he makes toward or away from objects and situations.

The individual's behavior is determined essentially by the value of the goal objects in his life space. This is the "principle of valence." Valences are determined by the kinds of needs that the objects reacted to fulfill for the individual from the point of view of the individual.
They are positive or negative in keeping with whether the objects meet his present needs or threaten him with harm or injury.

The course of an individual toward a goal may be through physical barriers, such as the distance a boy must run or the fence he must climb in order to retrieve a ball. Or it may be through psychological barriers, such as the prejudices a minority group member may have to overcome in order to become a public official in his community. Frustration of a need may lead to random or ill-directed activity. When frustration is chronic or overly severe, the most likely result is angry attack or fearful avoidance.

Lewin postulated two kinds of causation: (1) historical-previous events that cause a particular event to occur, such as events in the individual’s home and school experience, and (2) systematic-relationships or properties of the individual’s life space at the time the event occurs. Only systematic causation, Lewin said, is dealt with in scientific study and analyses. His insisting that behavior depends on the present rather than the past or the future has evoked strong criticism of his theory from psychologists who believe that prediction of future events requires a historical frame of reference.

While Lewin did not write about counselling problems directly, some of his writings on group dynamics, resolution of social conflicts, and reeducation indirectly bear on the subject. In these writings Lewin stressed that change in an individual’s concepts, perceptions, and sentiments requires change in his culture or a new set of values from his point of view. This in turn requires, among other things, creation of an atmosphere of spontaneity and freedom of choice. “The objective sought will not realized as long as the new set of values is not experienced by the individual as something freely chosen.” If he complies from fear of punishment rather than from the dictates of his free will and conscience, reeducation will not be achieved. “Acceptance of the new set of values and beliefs cannot usually be brought about item by item” when the individual feels strongly loyal to the old values and hostile to the new.

Lewin stressed that “as a rule, the possession of correct knowledge does not suffice to rectify false perception” and that change in sentiments do not necessarily follow changes in cognitive structures.” Reeducation may be only at the level of verbal expression and never reach the level of conduct. Moreover, it may increase the discrepancy between the real self and the ideal self “and thus give the individual a bad conscience. Such a discrepancy leads to a state of high emotional tension but seldom to correct conduct. It may postpone transgressions but is likely to make transgressions more violent when they occur.”

### 3. Organismic Theory

Different versions of organismic theory are represented by Goldstein, Angyal, Maslow, and Lecky. In general, however, the basic features are follows:

The organism consists of differentiated parts which are articulated in a unified whole. The individual is not a dual system of mind and body, nor does he function as a series of differentiated parts. The normal personality is an integrated, consistent, coherent unity. Disorganization is pathological and is usually produced by an oppressive or threatening environment or interorganic anomalies.

The unified whole can be analyzed by being differentiated into its constituent members, but a part abstracted from its whole cannot be studied as an isolated entity. What happens to the part affects the whole, but the laws that govern the whole cannot be found in the parts. The laws governing the functioning of the whole must be discovered before the functioning of any component part can be understood. An invalid’s symptom, for example cannot be explained as the result of an organic lesion or disease but must be considered a manifestation of the total organism. More can be learned about personality through intensive studies of individuals than through intensive studies of separate processes, such as perception and learning.
The sovereign motive that gives direction and unity to the individual’s life is self-actualization. The individual continuously strives to realize his inherent potentialities for growth. Through the choices that he makes he in part determines or creates the self. Given a free choice, the normal person will most of the time choose that which is good for growth. His inner inherent nature is not “evil” or “bad” it is “good” neutral.

If the individual cannot control the environment, he adapts himself to it. He develops into a healthy, integrated personality in a favorable environment. An inadequate environment can limit his growth; a malignant one can cripple or destroy him.

4. Phenomenological Theory

The phenomenologists postulate a “phenomenal world” that is very much like Lewin’s “life space”. An individual’s behaviour is completely determined by everything experienced by him at the moment of action and by the way in which the events in the phenomenal field are perceived by him. Elements that are at a low level of awareness or “unconsciously perceived” come into awareness or consciousness when they are associated with a need. A man, for example, may pick up a nail file and use it to loosen a small screw when a screwdriver is not at hand. The nail file becomes differentiated from the figure-ground matrix and is perceived as a screwdriver rather than a file.

Reality for the individual is the phenomenal field as perceived and experienced by him, and his behaviour is a product of the field as perceived at the moment of action. The field has stability but is not static. It changes with changes in the individual’s needs and with changes in external conditions. Changing needs and changing alterations in the perceptual relations bring changes in behavior. A boy who “hates all grown-ups” needs adult assistance to get out of a bad situation resulting from his carelessness. He receives help from a teacher. The teacher previously perceived as “an old witch” is now seen as “a nice lady.” Changes created in the field created by alterations in the perceptual relations bring changes in the boy’s behavior.

Learning is change in the direction of increased differentiation in the phenomenal field (self, other, experiences, environment, etc.). Things first perceived by the individual as ground emerge into figure, and things previously seen as fixed are perceived as changeable. Learning is taking place in counseling, for example, when a girl begins to see herself not as “all bad” but with strengths and positive traits as well as weaknesses and negative traits, when she begins to differentiate childhood relations with parents from her relations with them as an adolescent or a young woman, when she perceives that a friend is overdemanding in some situations but generous and protective in others, etc.

The “phenomenal self” is that aspect of the private world which the individual refers to as “I” or “me.” His “self-concept” is made up of those characteristics that he reacts to as the “real self” or the “real me.” The self-concept may extend beyond the boundaries of the body to persons and thing identified as parts of the self, such as parents or children, toy or house. A man may react, for example, to damage to his car as though it were damage to his body.

Serious threat to the self-concept leads to adjustment difficulties. A situation that threatens one person may not threaten another. Possible failure in an examination creates tension for the boy who sees himself as a “good student” but not for the boy who know he is a “poor student” and does not care. The individual may defend himself against danger to the phenomenal self by avoiding perceptions that threaten it or by perceiving threat all around him. A student with some particular adjustment difficulty, for example, may deny that he has a problem or may see his problem in every “case” that he hears about.

The individual with an adequate personality hold an essentially positive view of himself, that is, he sees himself as sufficiently adequate for dealing with life. He is able to take his negative aspects in stride. He is able to identify broadly and strongly with others. He feels a oneness with his fellows; he is sensitive to the feelings and attitudes of others. In contrast,
the neurotic individual perceives himself in ways that are essentially negative. He cannot admit all aspects of his experience into the organization of his self-attitudes. He selects some perceptions for admission and denies admission to others.

5. Stimulus-response Theories

Because counseling is a process of learning and relearning, some counselling psychologist draw heavily on learning theories in which drive, cue, response, and reinforcement are basic concepts. A drive is defined as a strong stimulus that impels the individual to act and may be classified as primary or secondary. Primary drives are physiological in nature and include sex and aggression. Secondary drives are learned drives, such as fear and guilt. Cues are indicators that determine when and where the individual will act. Some cue examples are the sound of a bell, the smell of food or smoke, and the sight of a plane schedule.

Responses become learned or fixed if reinforced-rewarded. Responses that are not reinforced by reduction in the tension set up by the drive are weakened and may become extinct. Responses that reduce the drive are strengthened or reinforced. The reinforcement may be a primary reward, such as food that satisfies a physiological drive. Or it may be a secondary reward, such as praise, social status, belongingness, relief from anxiety, and the like.

Skinner (1953) uses counselling to illustrate the operant conditioning principle: when a learner is reinforced for correct responses, he tends to make similar responses in the future. By not punishing (not showing shock, disapproval, or the like) and by listening attentively, the counselor reinforces the client’s attempts to talk about his repressed and trouble-making behavior. “Free association (free of the punishment normally accorded illogical or excessive intraverbals is encouraged by a permissive audience.”

Dollard and Miller offer a detailed description of neobehavioral theory applied in psychotherapy. They perceive neurotic behavior as resulting from intense emotional conflict, such as that which occurs when fear motivates an avoidance response which conflicts with a goal-directed response. When the response toward a goal is halted because of fear, the fear is reduced. The avoiding behavior is thus reinforced, but the tension set up by the drive is not reduced. The individual again attempts a goal-approaching act. This again evokes fear, which causes the response toward the goal to be again halted. Because halted the response reduces the strong feeling of fear, the impulse toward the goal is repressed.

Although impulses to act are thus repressed, the unreduced drives remain strong. The individual is disturbed or preoccupied with thoughts motivated by them. Fear and unreduced drives cause him to develop neurotic symptoms in the form of phobias, obsessions, compulsions, and the like, which at time of use may partly reduce fear and drive. In the long run, however, they reinforce them. Since repression keeps the individual from verbalizing his feelings, he cannot label or identify the causes of his neurotic symptoms.

In order that fear not be reinforced but the extinguished instead, therapy must provide a permissive type of situation that is the opposite of the punitive one in which fear, shame, and guilt were associated with certain words and generalized from them to thought. The therapist reinforces the client’s response of talking while anxious by giving him his full, free, exclusive attention, by accepting and not condemning what he hears, by understanding and remembering, by not cross-questioning, by offering tentative rather than dogmatic interpretations, and by displaying calmness and sympathy. Talking freely helps the client to recover his lost memories and to lose his anxiety and fear. Extinction of fear helps him to become creative—to become “conscious of a new power in dealing with the world around him.

Though transference (transferring to the therapist strong emotional learning in dealing with others) the client provides some information that he cannot give directly. Because some
emotional responses transferred to the therapist have never been “labeled” by the client, he
does not talk about them. He may not even be aware that he hates, fears, or pleads and so
cannot label his reactions correctly; but the therapist can.

The client may acquire new verbal units (labels) in three ways: (1) He may hit on them
himself when thinking aloud. The therapist silently verifies them. This is the preferred way.
(2) He may acquire them through the therapist’s selectively repeating things that he, the
client, has said. This method is held advisable when the client gives evidence of being badly
confused. (3) He may acquire them by rehearsal-by repeating or imitating statements made
by therapist. Traditionally this method is termed “interpretation.” It has disadvantages and
is used only when the client seems unable to help himself.

The lifting of repression and the learning of missing labels help the client to achieve the
superior type of adaptive responses permitted by the higher thought process. Restoring the
higher mental processes in turn helps with further fear-reducing discrimination, foresight,
hope, and adaptive planning.

6. Client-Centered Therapy
Client-centred therapy is a type of therapy that is centered in the client. The therapist or
the counselor plays the role of just a helper but a helper on an equal footing. The client is
regarded as somebody capable of deciding on his own. Somebody who can solve his own
problem and somebody who can help accountable for his self.
The client centred therapy is also called non-directive approach. It does not give a directive.
It does not coax. It does not take a decision for the client. Rather, it allows the client to take
his own decision with the counselor or therapist merely providing lead. Assisting the client
to see alternatives and helping him to think about the alternative, review them and in the
end learning him to make his own decision.

The Core conditions in Counselling
Carl Rogers believes that for counseling to be effective, there must be a number of
conditions to be met, (and for therapy to be met).
They are conditions that are according to Rogers would promote a fertility of relationship
between the therapist and the client. In order words, it will improve personal interactions
between the counselor and the counselee; and it will therefore improve the therapeutic
relationship and also accelerate the achievement of a personal oriented therapeutic goals.
The condition according to Rogers will help to ensure that the client doesn’t only take
responsibility and accountability of his action but that he also sees himself as being of
worth.

(1) The first condition that Carl Rogers most talk about is Accurate Empathy
Empathy is different from sympathy. When you sympathize with somebody, you are trying
to be sorry for that person- you are not feeling his feeling. You are feeling moanful that the
thing has not happened to the person. You are trying to console. Empathy symbolically is
wearing the same show with the other person. In empathy, you are saying that the
condition has occurred but you also feel it the way the person is feeling it. The condition
affects me the same way it affects you.
Accurate empathic understanding therefore is the act of perceiving the internal frame of
reference of another. The act of grasping the person’s subjective world but without losing
your own identity.
The counselor must show empathic to the client. He must show accurate empathic
understanding of the counselee’s conditions. Accurate here, does not mean a mimic
empathy. The client will actually see that you are empathic. This could be in words or non-
verbal communication even in silence, we can still demonstrate accurate empathic
understanding.

One of the main task of the counselor is to understand sensitively and accurately, the
counselee’s experience and feelings as they were revealed during the moment to
moment interaction as counseling progresses. As much as possible, the client tries to sense
the client’s subjective experience. No previous experience, but his experience as he shows it here and now.

(2) The second core condition: Carl Rogers believe that for counseling to be effective, there must be unconditional positive Regard. The counselor must show positive, regard for the client – you must not underrate him. You must respect him the way she is positively. You must not put any condition before you accord the regard to him. In order words, your attitude to him is to express a deep and genuine caring no matter how he or she is. You are told is a thief, yes, you must accord him positive regard without condition. You have to accept the client the way he is; it might be the key to therapy. You communicate to him the attitude that he’s a person. The caring is not contaminated by your **. You do not judge his behaviour as good or had. You warmly accept him and place not stipulation on your acceptance of him. However, your caring shou8ld be non-possessive. That is, you are projecting your own needs to be loved or liked. You are not showing love to him in order that he can love. Rather, you are being neutral, you are doing your professional job the way you should do it. You want him or her to accept what you have shown regard to him in a non-conditional way. The more you show regard, the higher the probability of facilitating change in the individual.

(3) Acceptance is another core condition. In the process of showing positive regard, you accept the client totally, both physically and psychologically.

(4) Another core condition is congruence or Genuineness. Congruence according to Rogers implies that you as the counselor is quite real, you are genuine, you are authentic you are integrated. In order words, you are not just playing a game with the client, you are fragmented in your person. The idea of integration is very important, because when you laugh with him, the laughing must agree with your facial appearance. Integration means agreement between the verbal and the non-verbal communication. The counselor does not show any false front. As much as possible, you are candid and the client must see this in you. Both the inner experience and the outer expression, much relate or match each other. You must express acceptance both verbally and non verbal.

(5) Another core condition is the issue of belongingness before therapy can be effective. You can make the client feel that he belongs, that he’s accepted, that he relate with you to any length. You must make the client feel that he’s wanted. In this way, you facilitating the process of opening-up. To make the client confide in you and be able to relate his experience. Rogers believe that if these core conditions are possible, therapy becomes effective. These conditions allow the therapist to give free room to the client to direct the cause of the counseling so that at the end he takes a decision that he feels best.

**THERAPEUTIC GOAL**

A major goal in Rogerian counseling is to provide a climate of safety and trust in therapeutic setting. The core conditions help the counselor to provide a climate of safety and trust. So that the client by using the therapeutic relationship for purposes of self-exploration can become aware of blocks to his growth. Such a climate of safety and trust help the client to become more open. He demonstrates trust of himself. He’s more willing to be a process rather than being a product. Not just a finished product. His problems are there and he’s more willing of finding solution to the problems. Such a climate helps to train the client to live by internal standard as opposed to external cues to what he ought to do. Through the Rogerian approach is individual clients will learn to be able to see himself more thoroughly so that he can live by his own internal standard, and not depend on external cues.

**7. RATIONAL – EMOTIVE THERAPY (RET)**

RET grew out of dissatisfaction with psychoanalytic therapy. The founder is Albert Ellis who discovered that when individual has emotional disturbances, the therapist or even the client awareness and insight into the childhood experiences do not help to reduce the emotional disturbances that the client has. In other words, insight or awareness of or probing into one’s childhood experiences do not help to reduce these emotional disturbance.
Thus Ellis approach do not agree with Freud approach or the insistence in childhood experiences. Ellis believes that two elementary things are quite important:

1. **Action**
2. **Practice**

In combating irrational and self-indoctrinated ideas Ellis believes that the individual is his own enemy. He believes that the individual person creates his own problem as a result of his irrational, and secondly as a result of his self-indoctrinated fears and idea. In order words, the individual creates problems for himself and eventually his own enemy as a result of self-indoctrinated fears, irrational self-talk. The more irrational thinking you continue to do, the more damage you are doing to your self. Gradually, you are creating an enemy between you and you.

- RET emphasizes thinking
- You can use Action and practice to combat irrational and self-indoctrinated ideas.
- RET emphasizes the belief system.
- It also says that thinking and the belief system are the root cause of your personal problems.
- RET is a Didactic, cognitive and behaviour oriented approach. Didactic in the sense that it leans towards a teaching situation.
- Cognitive in the sense that it uses more of the thinking

**8. ECLECTIC VIEW POINT**

The leading proponent of the eclectic viewpoint is Frederick Thorne. The word “eclectic” means to select, to choose appropriate doctrines or methods from various sources or systems. The eclectic believes that a single orientation is limiting and that procedures, techniques, and concepts from many sources should be utilized to best serve the needs of the person seeking help.

From his knowledge of perception, development, learning and personality the eclectic counselor develops a repertoire of methods and selects the most appropriate for the particular problem and the specific individual.

Eclecticism as perceived by Thorne would require a global evaluation of an individual in respect to his past history, present situation, and future possibilities. This evaluation would utilized methods of understanding personality development contributed by the biological and social sciences. It would require the counselor to possess direct and intimate knowledge of the individual in all his manifestations and activities.

Both affective – impulsive and rational – intellectual concerns are dealt with as they are encountered in the counselee. Eclectic counseling theory and practice are built upon the need for maximizing the individual’s intellectual resources to develop problem – solving behaviour. Maladjustment is believed to result from the client is failure to learn to use his intellectual resources, as he was supposed to do early in life.

Counseling is viewed as a process of reeducation and treatment and is conceptualized as training the individual. If emotions block training, they may have to be resolved but this is not an inevitable step since training may take place under infavourable conditions. “The goal of therapy is to replace emotional – compulsive behaviour with deliberate rational adaptive behaviour based on the highest utilization of intellectual resources”.

Counseling and psychotherapy are conceived of as a learning process. The learning process according to Thorne involves:

(a) Diagnosing the etiologic psychodynamic factors in the disorder in order to formulate the problem to be learned,
(b) Arraigning optimum conditions for learning,
(c) Outlining and guiding the steps of education and reeducation,
(d) Providing opportunities for practice,
(e) Giving the subject in sight into the nature of the process and its result in order to increase motivation and incentive to learn.

**Some Similarities in the Theories**
While there are marked differences in the theories, there are also strong similarities; and the trend seems more toward agreement than disagreement. In all the theories the individual is seen as having to cope with ambivalences and conflicts that evoke anxiety. To understand how he acquires his anxieties, how he builds his defenses or develops his adjustive patterns, and how these patterns can be modified is a major concern in all the approaches. All recognize, although in varying degrees, that motivation cannot be dealt with in terms of physical needs alone but must also be dealt with in terms of social motives— that the individual is molded by both biological forces and the expectancies and dynamic patterns of society. In all these theories increased emphasis is being placed on the psychological environment or world of reality.

The relative importance of the conscious and unconscious determinants of behavior is disputed. There is less dispute, however, regarding the existence of unconscious motives than regarding the conditions under which they operate and the ways in which they operate. Reward or reinforcement, group membership, and early life experiences are generally considered behavior determinants. Disagreement focuses on whether they play major or minor roles. The theorists agree that the past influences present behavior if only through such factors as memories, ideas, and dispositions. They disagree regarding the best way to assess present behavior through seeking detailed information regarding past events.

In all the approaches, counseling is viewed as a learning experience or development process. The process is explained in terms of such global experiences as maturation, individuation, and self-realization. It is assumed that the client brings to counseling problems associated with past experiences and that through the counseling experience he can learn to develop new adjustive patterns. Counseling is described as a process directed toward helping the client achieve change in needs, attitudes, and behavior.

While the methods differ, the basic tools are the same—the counseling talk and the counselor-client relationship. The psychoanalysts and the neobehaviorists emphasize more than do the phenomenologists the importance of interpretive cues, reinforcement, and manipulation of counseling relationship. The phenomenologists focus more on motives and the organization of subjective, private experiences that on explanation of objective, observable events. But in all these theories recognition is accorded, with varying degrees of emphasis, to the importance of client motives and responses, internal experiences, communicable public events, counselor and client talk, counselor reinforcement (if only through attentive listening), an accepting and nonthreatening counseling relationship, the lifting of repression, and the freeing of growth forces.

**Workplace Counseling and Organizational Development**

Research has shown that workplace counseling contributes significantly to organizational growth and development (Henderson, Hotopf & Wessely, 2003; Elliott & Williams, 2010). It is apparent that domestic or personal issues can have a significant impact on work. For instance, with presenting issues such as relationship difficulties, bereavement and addiction, there may be a knock-on effect on work, including deterioration in concentration, increased accidents and higher absence. Similarly, work-related stress, bullying and harassment, work-related trauma, organisational change and work performance can have an adverse affect on home life.

McLeod, (2001) in his research found a positive correlation between provision of counseling and workplace benefits and that organization that ignore the welfare of his employees through counseling may suffer reduced productivity. Corroborating this view, Masi, (2004) found that 18% of employees are affected by personal problem on the job and this can reduce their productivity by 25%. In addition, it was found that workplace counseling helps organization to save money. For instance, in a study conducted by University of Manchester Institute of Science and Technology, it was found that counseling saved the Post Office £102,000 over six months.
Through employee counseling, a firm may gain competitive advantage. It would be able to employ the best hands in the labour market and boost its corporate image. Joshi (2012) opined that organizations that care for its employees are perceived as more meaningful and purposeful.

In addition, a revised and updated review of the evidence base for workplace counselling, commissioned by British Association for Counselling Psychotherapy (BACP) as reported by Mcleod, (2008), analysed the results of 128 studies of workplace counseling published between 1980 and 2005. The findings of the review showed that in organizations that make workplace counselling available, about 6.5 per cent of workers make direct personal use of the service each year and more than 90 per cent of them that use workplace counselling are highly satisfied with the service they have received, would use it again if necessary and would recommend it to colleagues. Furthermore, the result revealed that counselling interventions are generally effective in alleviating symptoms of anxiety, stress and depression and have reduced sickness absence rates in clients by up to 60 per cent. Also, in a study conducted by Elliott & Williams, (2010) on staff of Northern Ireland Fire Brigade (NIFB) it was found that majority of the participant agreed that counseling has led to improved work performance, work attitude and working relationships. It has also assisted in providing safe and healthy working environment, supporting employee through major changes, help alleviating stress, enhance overall welfare package, a kind of support to human resource, protecting organization from litigation, and encouraging workers retention (Friery, 2006).

Workplace counseling offers the employer a service that is valued by employees, has the potential for reducing sickness absence, takes pressure off managers through the availability of a constructive means of dealing with ‘difficult’ staff or situations, and contributes to its reputation as a caring employer (McLeod, (2001).

A MODEL OF WORKPLACE COUNSELLING

Many authors have suggested ways to model workplace counseling. While some have approached this from the perspective of the perspective of inter-relationships between workplace counseling’s directly involved stakeholders. (Coles, 2003; carroll, 1996 and claringbull, 2006). Lammers (1993) for example identified four key stakeholders in a typical therapy-focused workplace counseling intervention with an individual client. These are organization, client, clinical supervisor and counselor. Nevertheless, it is arguable that workplace counseling has many other important direct and indirect stakeholders. Therefore other authors (Carroll 1996) have suggested that workplace counseling might be a task-centred process. Typical of this type of models are the contract models (Hall, 1992; Micholt, 1992) and a task-centred modality (Claringbull, 2006).

The model that has been adapted for this paper is presented in figure 1 below. The model shows a complex interaction between the four stakeholders and the environment. It is a client centred workplace counseling model. The model simply present attempts to try and integrate the demands of the stakeholders and task-centred influences on the workplace counseling process.
The client although a stakeholder is at the centre of the model. Other stakeholder i.e. the organization, counselor and clinical supervisor revolve around the client. The influence of the environment i.e. professional body, workplace politics, social structures and employee Assistance Programme (EAP) have positive effect on the other three stakeholders and ultimately on the client.

**IMPLICATION FOR ENHANCED PRODUCTIVITY**

Workplace counseling can provide a level of informal counseling to workmates in the course of their daily work. At the very least, this boils down to listening to the other person and giving them the opportunity to share their anxieties and fears. The need for workplace counseling, thus, arises because unhappy, anxious or over stressed employees are not going to be able to achieve high performance in their jobs. They may take more time off work for sickness and may even decide to change their job, leading to increased turnover. It is therefore in an organisation’s interests to avoid such uneconomic use of human resources, and the provision of counseling services may be one of the ways of sustaining employee performance, achieving business performance, business targets and showing commitment to employees as individuals.

**CONCLUSION**

The cost of not providing access to counselling in organizations where the performance of particular individuals is crucial to results, or where there are high levels of sickness absence or accidents on the job could be substantial. The costs, both direct and indirect of providing such a service must therefore be weighed against the perceived benefits. Increase in cases of accidents at work, work-related trauma and stress, harassment, bullying, absenteeism, low productivity, poor performance, and labour turnover will therefore be nipped in the bud if counseling service is provided in the workplace.
References

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