**Chapter outcomes**

By studying and doing the activities in this chapter you should:
- understand more about the counselling relationship;
- know about the importance of active listening;
- know about the importance of possessing an attitude of respect and acceptance;
- understand the client's internal frame of reference;
- know about receiving voice messages accurately;
- know about receiving body messages accurately; and
- be able to give small rewards and ask open-ended questions.

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**The counselling relationship**

Clients come to counselling in pain, with problems, with decisions, in crisis and in need of support. They need to relate to or become connected to counsellors as a means of working on their concerns. The counselling relationship is defined here as the quality and strength of the human connection that counsellors and clients share.

Lazarus (1993) asserts that the counselling relationship should not be the same for all clients. On the assumption of ‘different strokes for different folks’, he argues for interpersonal and inter-session diversity. ‘Relationships of choice’ are as important as ‘techniques of choice’ for effective counselling. The counsellor should be an authentic chameleon who selects different relationship stances or styles with different clients at different stages of counselling. The counsellor-client relationship is on a continuum extending from a rather formal, businesslike investment at the one end to a close-knit, dependent bonding at the other (Lazarus, 2005a). Counsellors need to decide ‘when and how to be directive, supportive, reflective, cold, warm, tepid, formal, or informal’ (Lazarus, 1993: 404). Counsellors should also take clients’ expectations into account. Too great a discrepancy between counsellor style and client expectation makes positive outcomes unlikely.

Listening and showing understanding skills are central to building quality relationships with clients. In reality, all counselling relationships
can be seen in two ways: as the counsellor's relationship with the client and the client's relationship with the counsellor. Each of these consists of how the counsellor or client actually behaves, how the counsellor or client perceives and feels about their own behaviour, and the perceptions and feelings that the counsellor or client has about the other.

Throughout all three stages, the lifeskills counselling model heavily emphasizes the importance of the counsellor-client relationship. However, unlike in the person-centred approach where the presence of the counselling relationship is considered both necessary and sufficient for client change to occur (Rogers, 1957), here it is considered necessary, but for the most part insufficient or, in many cases, just too slow. Furthermore, Lazarus's view that skilled counsellors adapt their counselling relationships to their clients is endorsed. Within limits, counselling trainees can join with clients in modes of conversation that lessen discomfort and discrepancy: for example, not focusing extensively on feelings either with emotionally inexpressive clients or with those expecting practical solutions.

A simplified but useful distinction exists between counsellors with relationship orientations and those with task orientations. Effective counsellors focus both on relationships and on the tasks of helping clients to develop lifeskills. They go beyond establishing talking relationships, where the relationship overshadows the task, to forming supportive working relationships, where the relationship facilitates the task. Though overstating the point, an analogy may be made with school teaching, where good teacher-student relationships are insufficient substitutes for rigorous teaching and learning. In each of the lifeskills counselling model's three stages, counsellors use relationship skills both for supporting counsellor-client rapport and also for supporting the tasks of that stage. Good counselling relationships strengthen clients as they learn self-support and, in a sense, contain from the outset intimations of their own ending.

**Active listening**

**Defining active listening**

A distinction may be made between hearing and listening. *Hearing* involves the capacity to be aware of and to receive sound. Listening involves not only receiving sounds but, as much as possible, accurately understanding their meaning. It entails hearing and memorizing words, being sensitive to vocal cues, observing body language, and taking into account the personal and social context of communications. However, it is possible to listen accurately without being a rewarding listener. *Active*
up for fear of getting hit if they reveal themselves. Previously they may have received much overt and subtle rejection for disclosing. Good listening helps clients to feel accepted, safe and understood, which in turn helps them to choose to tell their stories and share their inner worlds.

Helping clients to experience feelings

Many clients have been inadequately listened to in the past. Consequently, they may have relinquished, temporarily at least, some of their capacity for emotional responsiveness (Raskin and Rogers, 2005). Active listening can help clients tune into and acknowledge the inner flow of their emotions. The message some clients may require is that it is OK to experience and express feelings. They can become stronger and more centred if they can face and learn to deal with feelings than if they either block them out or only partially acknowledge them.

Gathering information

A facetious remark about a former psychologist colleague of mine was that he had to ask everyone whether they were male or female since he was incapable of gathering information without asking questions. If trainees listen well, most clients collaborate in providing relevant information about themselves. Trainees do not have to interrogate clients. Together they can build a working model of problems and problematic skills patterns. Furthermore, at later stages of counselling, clients provide additional knowledge about how they use their skills in their daily lives. Many beginning trainees question too much and listen too little. However, some ask too few or the wrong sorts of questions.

Creating an influence base

The lifeskills counsellor is a developmental educator actively influencing clients to develop self-helping skills. Active listening is one way trainees can build their influence base so that clients are more likely to listen to them. Furthermore, showing understanding to clients from different cultural groups contributes to perceptions of counsellors as having status and credibility (Sue and Zane, 1987).

Social influence research shows that active listening contributes to clients perceiving counsellors as competent, trustworthy and attractive (Strong, 1978). Some studies indicate that successful counselling relationships start with high agreement, pass through a period of disagreement, and end with high agreement. The middle or disagreement stage results from counsellor efforts to generate change, and client resistance to such efforts (Strong et al., 1992). Building social influence early on increases clients' willingness to accommodate counselling trainees' efforts to generate change.
Helping clients to assume responsibility

Clients who are listened to accurately and supportively are more likely to assume responsibility for working on their problems and problematic skills than those who are not. Active listening may reduce defensiveness and it provides a base for offering well-timed challenges that encourage clients to assume rather than avoid responsibility. Active listening provides a climate in which clients can assume greater personal agency for constructing their actions and meanings (Strong et al., 1995).

This and the next chapter describe 10 basic skills of active listening when counselling. Some of the skills overlap. Each of them requires trainees to make choices. As practitioner-researchers, they can become aware of their choices and evaluate their consequences. The skills are as follows:

- Skill 1: Possess an attitude of respect and acceptance.
- Skill 2: Understand the client’s internal frame of reference.
- Skill 3: Receive voice messages accurately.
- Skill 4: Receive body messages accurately.
- Skill 5: Give small rewards and ask open-ended questions.
- Skill 6: Paraphrase.
- Skill 7: Reflect feelings.
- Skill 8: Use mind skills.
- Skill 9: Manage initial resistances.
- Skill 10: Show understanding of context and difference.

**Skill 1: Possess an attitude of respect and acceptance**

An accepting attitude involves respecting clients as separate human beings with rights to their own thoughts and feelings. Such an attitude entails suspending judgement on clients’ goodness or badness. All humans should be perceived as fallible, and possess lifeskills strengths and weaknesses that may result in good or bad consequences for themselves and others. Fromm (1956) notes that respect comes from the Latin word *respicere*, meaning to look at. Respect means the ability to look at others as they are and to prize their unique individuality. Respect also means allowing other people to grow and develop on their own terms without exploitation and control. Rogers, the founder of person-centred therapy, which heavily emphasizes counsellor acceptance, grew up afraid that if he said anything significant to his mother she would judge it negatively (Heppner et al., 1984).

This does not mean that trainees must agree with everything that clients say. However, they are secure enough in themselves to respect
what clients say as their versions of reality. They do not need to use barriers and filters to protect them from listening to the full range of clients’ messages. These barriers can be internal and external. Internal barriers operate on, distort and filter out certain elements of the messages that are being received. At worst, just about the whole message may be denied or blocked out. External barriers manifest themselves in subtle and not so subtle voice and body cues to others that they should edit what they say.

Barriers to an accepting attitude

Counselling trainees need to be psychologically present to clients. This entails absence of defensiveness and a willingness to allow clients’ expressions and experiencing to affect them. Ideally, they should be ‘all there’ – with their body, thoughts, senses and emotions. Psychological accessibility entails an accepting attitude not only to clients, but to oneself. Put simply, a confident person’s acceptance of self translates into acceptance of others; the reverse is also true.

What are some of the main barriers and filters that prevent trainees from receiving clients loud and clear? All of them are related to their sense of worth and to how much debilitating anxiety they possess. The stronger trainees are emotionally, the less need there is for them to use barriers and filters and the more open they are to others. The following are some of the barriers likely to influence how a person listens.

Anxiety-evoking feelings

Clients can express feelings that trainees find hard to handle: for instance apathy, depression, happiness, or sexual responses. Trainees may feel threatened by feelings directed toward them, such as hostility or liking. Alternatively, trainee anxiety may be evoked by the intensity of clients’ feelings about others, for instance envy of a sibling or grief over someone’s death.

Robyn, 25, who was on a counselling course placement, listened to Anita, 32, pour out her resentment over her girlfriend Ellie’s behaviour. Robyn was uncomfortable when people became angry with her outside of the counselling context. Even though none of Anita’s anger was directed toward her, Robyn started feeling very anxious and wondered whether the session would get out of control.

Anxiety-evoking clients

Counselling trainees may feel threatened by certain categories of clients: for example, clients of the opposite sex, seriously disturbed clients, highly
successful clients, very intelligent clients, and clients who hold strong feelings with which they disagree.

Henry, 29, a trainee counsellor, became uncomfortable when faced with Lucy, 24, a sexually active lesbian client. His discomfort arose not from prejudice about lesbians, but because he felt out of his depth in being able to relate to her life experiences. He was aware that his anxiety about coping made it even harder to empathize with Lucy.

Anxiety-evoking situations

Anxiety and threat are present in all counselling situations. The following are some common situations where trainees may feel vulnerable: as a consequence, their own agendas may preclude their fully listening to clients:

- the first few minutes of an initial session;
- when concentrating on developing new counselling skills as well as on the needs of clients;
- when trying to agree on a shared definition of a client’s problem;
- when feeling and thinking that progress is too slow;
- when a client comes late for an appointment; and
- when recording an interview for supervision.

Trigger words, phrases and attitudes

Certain trigger words and phrases raise a ‘red flag’ for a trainee. Each trainee has her or his own emotionally charged triggers. For example, trainees can allow themselves to be triggered by sexist comments, prejudice against gays, cross-cultural put-downs, and racist comments. Trigger phrases can also be ‘You’ messages from clients to trainees – for example, ‘You screwed up’, ‘You don’t understand’, or ‘You’re not helping me enough.’ Positive words and phrases can also trigger feelings that interfere with listening: for example, flattery like ‘Gee, you’re wonderful, Mr Murgatroyd.’

Prejudices

Counselling trainees are not immune to prejudice. For reasons connected with their upbringing, they may tune out when dealing with people who differ from them in age, sex, sexual orientation, culture, race, social class, physical disability or intelligence level, among other possible differences.

Current unfinished business

Unfinished business can interfere with trainees being open to clients. For instance, if they have just come from a heated staff meeting, they may be less ready to listen and accept their next client. When they have just rushed to get to a counselling session, they may not listen
adequately until they have calmed down. Furthermore, they may be thinking about something said earlier in this or a previous session and fail to attend to the present. Not uncommonly, trainees may also have intrusive personal worries that interfere with their listening, for instance marital difficulties.

Presenting a professional façade

Genuineness is an important characteristic for counsellors (Raskin and Rogers, 2005; Rogers, 1957). A difference exists between being genuine and seeming genuine. Some trainees are too concerned with maintaining a smooth professional façade. Their concern with how clients perceive them may prevent them from perceiving their clients accurately. Such trainees are too busy listening to their own needs to accept clients fully. Maintaining a professional façade is especially difficult for trainees when clients directly challenge their professional adequacy.

Pete, 26, a counselling psychology student on placement at his university's student counselling service, worries that clients will see that he is not yet fully competent. He puts on an act, being too friendly and trying to appear too expert. He takes control rather than forming cooperative working relationships with clients.

Emotional exhaustion and burnout

Frequently, counselling trainees possess a combination of a heavy workload, personal commitments, demanding clients, and poor skills at setting limits on their involvement. Freudenberger defines burnout: ’To deplete oneself. To exhaust one's physical and mental resources. To wear oneself out by excessively striving to reach some unrealistic expectation imposed by one's self or by the values of society’ (Freudenberger, 1980: 17). Emotionally exhausted trainees may be less accepting of clients than when they feel well. Their energy level and sense of personal accomplishment are low. Counselling relationships, instead of being positive challenges, can become endurance tests.

Physical barriers

Physical barriers may contribute to trainees being less accepting of clients than desirable. For example, they may be too hot or too cold, they may lack privacy, their room may be dreary, their chair may be uncomfortable, the lighting may be poor, or there may be too much noise.

Patricia, 32, is a nursing student who is required to interview patients assigned to her. There is a shortage of suitable interview rooms. On some occasions the only room available is one that has glass windows facing the corridor. On other occasions Patricia has to interview patients in open wards. Patricia feels distracted by the lack of genuine privacy for herself and her patients.
The above are just some barriers that may prevent counselling trainees from adopting an attitude of respect and acceptance. Undoubtedly, there are others and readers may wish to add to this list.

**Activity 6.1 Assessing barriers to an accepting attitude**

Complete this exercise on your own, with a partner or in a group.

1. Assess how much each of the following barriers either interferes or might interfere with your possessing an accepting attitude when counselling:
   - anxiety-evoking feelings;
   - anxiety-evoking clients;
   - anxiety-evoking situations;
   - trigger words, phrases and attitudes;
   - prejudices;
   - current unfinished business;
   - presenting a professional façade;
   - emotional exhaustion and burnout;
   - physical barriers;
   - others (please specify).

2. Summarize the main barriers to your adopting an attitude of respect and acceptance for your clients.

**Skill 2: Understand the client’s internal frame of reference**

‘Taking the client's perspective’ is another way of stating the ability to understand the internal frame of reference. There is an American Indian proverb that states: 'Don’t judge any person until you have walked two moons in their moccasins.’ If trainees are to be perceived by clients as receiving them loud and clear, they need to develop the ability to ‘walk in their moccasins’, ‘get inside their skins’ and ‘see the world through their eyes’. At the heart of active listening is a basic distinction between ‘you’ and ‘me’, between ‘your view of you’ and ‘my view of you’, and between ‘your view of me’ and ‘my view of me’. ‘Your view of you’ and ‘my view of me’ are inside or internal perspectives, whereas ‘your view of me’ and ‘my view of you’ are outside or external perspectives.

The skill of listening to and understanding clients is based on choosing to acknowledge the separateness of ‘me’ and ‘you’ by getting inside the frame of reference of the other rather than remaining in one’s own external frame of reference. If counsellors show accurate understanding
of the client’s perspective, they respond as if inside the client’s internal frame of reference. However, if counsellors choose not to show understanding of their clients’ perspectives or lack the skills to understand them, they respond from the external frame of reference. Box 6.1 provides examples of counsellor responses from external and internal frames of reference.

<table>
<thead>
<tr>
<th>Box 6.1 Counsellor responses from internal and external frames of reference</th>
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<tbody>
<tr>
<td><strong>External frame of reference responses</strong></td>
</tr>
<tr>
<td>- ‘Well there were other ways you could have responded to your boss.’</td>
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<tr>
<td>- ‘Let me tell you about a similar experience I had to yours.’</td>
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<tr>
<td>- ‘Everyone economizes on the truth sometimes.’</td>
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<tr>
<td>- ‘You should show you’re in control more.’</td>
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<tr>
<td>- ‘You’re a very angry person.’</td>
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<tr>
<td><strong>Internal frame of reference responses</strong></td>
</tr>
<tr>
<td>- ‘You’re frightened at the news that you have breast cancer.’</td>
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<tr>
<td>- ‘You have very mixed feelings about staying in the relationship.’</td>
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<tr>
<td>- ‘You’re fed up with your mates.’</td>
</tr>
<tr>
<td>- ‘You really love having him staying with you.’</td>
</tr>
<tr>
<td>- ‘You’re feeling scared about getting your exam results.’</td>
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</table>

Often trainees can show that they are working from within their client’s internal frame of reference by starting their response with ‘You’. However, as the statement ‘You should show you’re in control more’ indicates, trainees can make responses starting with the word ‘You’ which are clearly coming from the external frame of reference and are manifestly directive.

Trainees should always consciously choose whether or not to respond as if inside their clients’ internal frame of reference. Think of a three-link chain: client statement/counsellor response/client statement. Trainees who respond from clients’ internal frames of reference allow them to choose either to continue on the same path or to change direction. However, if trainees respond from their external frames of reference, they can influence clients in such a way as to divert or block trains of thoughts, feelings and experiences that they might otherwise have chosen.
Activity 6.2 Tuning into the client’s internal frame of reference

As appropriate, complete parts of this exercise on your own, with a partner or in a group.

Part A: Assess how counsellors respond

Below are some statement–response excerpts from formal and informal counselling situations. Three counsellor responses have been provided for each statement. Write ‘IN’ or ‘EX’ by each response according to whether it reflects the client’s internal frame of reference or comes from the counsellor’s external frame of reference. Some of the responses may seem artificial, but they have been chosen to highlight the point of the exercise. Answers are provided at the end of this chapter.

**Example: Client to school counsellor**

Client: I get really upset that Mum and Dad are going to part and probably get divorced.

School counsellor:

EX (a) What do you think they will do about you?

EX (b) Yes, it’s very common for parents to get divorced these days.

IN (c) You feel very sad that your parents are splitting up, probably for good.

1 **Client to social worker**

Client: I’m worried sick that I won’t have enough dough to look after the three kids properly.

Social worker:

(a) You’re extremely worried about not having enough money to take care of your kids adequately.

(b) How much money do you think you will need?

(c) You will be all right so long as you do not let it get to you.

2 **Client to nurse**

Client: I’m delighted that I’m starting to feel well for the first time in a long time.

Nurse:

(a) It can take some time to recover from the illness you’ve had.

(b) The hospital does its best for people like you.

(c) You’re really pleased to start feeling better at last.

3 **Client to career counsellor**

Client: I’m torn between wanting to help other people and making a lot of money.

Career counsellor:

(a) Well, that’s a fairly common situation.

(b) You feel pulled between looking after others and getting rich.

(c) Well let’s think what you might do to achieve both objectives.
Part B: Summarize another's internal frame of reference

Work with a partner.
1. Person A talks for at least two minutes about what she/he considers important in a counselling relationship (person A's internal frame of reference). Person B does not interrupt.
2. When person A finishes, person B summarizes the main points of what person A was saying. Person A does not interrupt.
3. When person B finishes summarizing, person A comments on how accurate person B was in understanding her/his internal frame of reference. Person B can respond to this feedback.
4. Then reverse roles and repeat 2, 3 and 4 above.

Skill 3: Receive voice messages accurately

As the old saying goes: 'It ain't what you say, but how you say it.' When talking, a person's overall communication consists of voice and body framing messages that in varying degrees match their verbal communication, the literal content of what they say. These framing messages are extremely important. Vocal and bodily communication can either correspond to, heighten, lessen or contradict the intention of clients' verbal communication. For instance, if a client, Maria, were to say about her boyfriend 'I'm really angry with Luke', in a monotonous voice and at the same time as looking away, one could not blame a trainee for being confused about how the client really feels.

I mentioned the following five dimensions of voice messages forming the acronym VAPER – volume, articulation, pitch, emphasis and rate – in Chapter 2 in the context of counselling trainees rather than clients. Here the position is reversed and I explore the dimensions as they apply to clients.

Volume

Clients may speak loudly, softly or somewhere in between. They may not speak at a decibel level that is comfortable and easy to hear. Furthermore, they may have the bad habit of fading, letting their voices trail away at the end of sentences. Sometimes they appear weak and unconvincing because they speak too softly. In counselling sessions, it is probably more common to find clients talking too softly rather than too loudly, though this may not represent how they behave all of the time outside the sessions.
Articulation

Articulation refers to the distinctness and clarity of speech. Clients may speak with adequate loudness, but still be difficult to understand. Such clients need to be helped to enunciate words clearly. Heavy accents can be very difficult to listen to, especially if accompanied by poor use of grammar and language. To be better understood socially, some clients may need to consider modifying strong regional or overseas accents. Those with excessively nasal, guttural or throaty voices might consider speech therapy.

Pitch

Some clients speak with voices that are pitched either too high or too low. High-pitched and shrill voices can disconcert. A harsh tone can threaten. Clients’ voices may be higher pitched when they feel anxious.

Emphasis

When communicating major feelings and feeling nuances, clients may become more difficult to understand accurately if they use emphasis in the wrong places. Furthermore, some clients speak with too much emphasis and become difficult to listen to. It is perhaps more common for clients to speak flatly and with too little emphasis, which can contribute to their appearing weak or unmotivated.

Rate

Speech rate is often measured in words per minute and depends both on how quickly words are spoken and on the frequency and duration of pauses between them. Some clients who come to counselling speak very quickly because they are anxious. Their speech rate may become more normal with the passage of time. With highly anxious clients who persist in talking very swiftly it may be a good idea for trainees to speak more slowly in the hope that this will calm them down. If these clients can also speak a little more slowly it may help them to become less nervous and provide them with more time to think of what to say.

How clients use pauses and silences can enhance their capacity to be rewarding talkers. Sometimes clients start counselling by speaking very rapidly and quickly, but then of their own accord use more pauses and silences, which makes them easier to listen to. Other clients speak very little and, even if trainees use good listening skills, they may continue to do so. If clients are silent for a time it may also indicate that they require psychological space both to think things through before speaking and to get more in touch with their feelings. Some trainees find clients’ silences threatening—if so, they may have to work on tendencies to interrupt too soon.
Activity 6.3 Assessing voice messages

1. Act as a counsellor with a partner who acts as a client. Assess her/his voice messages on each of the following dimensions:
   - volume
   - articulation
   - pitch
   - emphasis
   - rate
   - others (please specify)

2. Work with your client to identify specific poor voice message skills when she/he speaks, and set goals for change.

Skill 4: Receive body messages accurately

Clients are always sending important body messages to counselling trainees, both when they speak and when they listen. Here, if anything, the emphasis is on the former. Trainees need to become skilled at picking up and understanding what clients’ are saying through their bodies, which may vary from what they are saying verbally. Many clients have grown up in circumstances where they did not feel safe revealing material directly through words. Consequently, many of their main messages may come from how they say something rather than from what they say. To some degree they are concealing material rather than deliberately lying and the messages may leak out through their bodies. Like voice message skills, body message skills were mentioned in Chapter 2, again more in relation to how counsellors communicated. The emphasis in the following discussion is on picking up clients’ body messages accurately (Argyle, 1999).

Availability

Clients are at different levels of availability for counsellors and for trainees. One reason is that services may be either well or poorly advertised. Punctual clients are the ideal, but clients either miss sessions or are late for a variety of reasons. These include misunderstandings over the time of appointment, leaving insufficient time for getting there, traffic difficulties, and psychological reasons, including real ambivalence over whether or not to come at all.

Reasons for not coming may be innocent, for instance a genuine misunderstanding or a domestic emergency, but in the latter instance it is good if clients can let trainees know in advance. Other reasons for not coming may indicate that clients feel that, for some reason, they will
lose more than they gain. For instance, clients may be sent against their wishes, for instance by headmasters or other authority figures. Alternatively, they may have, rightly or wrongly, heard that the counselling service has a poor reputation. Where possible, it is a professional responsibility to try and find out why clients are not coming to a service. Clients may sometimes perceive counsellors as being insufficiently available to help. Counsellors may be overworked. They may be bad at letting their availability or limits on it be known. Whatever the reason, clients may receive messages that create distance.

Facial expressions

Ekman writes: ‘The face is a dual system, including expressions that are deliberately chosen and those that occur spontaneously, sometimes without the person even aware of what emerges on his own face’ (1995: 123). Ideally, facial expressions represent what people really feel. But since one of the reasons that clients come to counselling is to become more in touch with their feelings, their facial expressions may only partially – sometimes scarcely at all – represent what they truly feel. Clients may choose to inhibit, conceal or falsify what they feel and think. For example, they may smile a lot when meeting trainees and it may take some of them time to get in touch with and reveal what they really feel. While clients rarely directly lie, they almost invariably economize on the truth, especially early in the counselling process. Some clues that this is going on may come from the face and then a decision must be made on whether or not to bring this to the client’s attention and, if so, when and how explicitly to do so. Culture can also influence the showing of emotions through facial expressions; for instance Japanese people are more likely than Westerners to mask any expression of negative emotions with a polite smile.

Gaze

One way in which clients may try to conceal or to control their emotions is through their level of gaze and, also, eye contact. The counselling interview is somewhat threatening for all clients and may be extremely threatening for some. I once had a client who sat at 90 degrees from me and placed a hand by his eyes, taking about nine sessions to come around to looking at me in a normal way. Though this is an extreme instance, other clients have problems both inside and outside of counselling with using an appropriate level of gaze and, hopefully, this will improve as a result of the counselling process. A main reason for clients and counsellors not sitting directly across from one another is to enable the client to control the amount of gaze and eye contact more easily. It is preferable for counsellor and client chairs to be facing each other, but at a slight angle so that vulnerable clients are not forced into what they perceive to be an intense situation too soon.
Eye contact

Eye contact is a more direct form of communication than gaze and for some clients poses extra difficulties. If their underlying self-concept is very negative they may feel safer if they strictly control the amount of eye contact that they make. They may think and feel that they are being seen through and that something negative is being viewed. Then, as they grow more comfortable with themselves and the trainee, they will make better eye contact. Many clients present no observable problems with gaze and eye contact, but this does not mean that there are not other ways in which they are blocking full communication.

Gestures

Though some clients may make gestures that are too large and sweeping, probably many more make gestures that are too small and inhibited. In social interaction, such gestures can have a negative effect on others and be viewed as a sign of uninterest. In addition, clients may make inappropriate gestures that do not really illustrate what they feel: for instance, nodding to indicate ‘yes’ because they do not have sufficient confidence to allow neutral or negative feelings to be known. Clients may indicate anxiety by numerous gestures and remain unaware of some of them. Such gestures include finger-drumming, hands clenched together, fiddling with pens and pencils, playing with one’s hair, putting a hand over one’s mouth, ear-tugging, scratching oneself and shaking one’s foot or leg.

Posture

Clients may signal insufficient confidence through their posture. Ideally, both trainee and client should have relaxed and open body postures that contribute to the message that they are receptive to one another. Some clients illustrate anxiety by having a rigid or tight body posture: for instance, crossed arms may indicate that the client does not feel fully comfortable. Other clients may slouch or in other ways appear sloppy. Either sitting rigidly or slouching can give the impression that the client is not fully accessible in the counselling process. However, such postures may be the best that clients can offer at the time and may later improve if they persist with counselling.

Whether client and counselling trainee lean forwards, backwards or sideways is another aspect of body posture. If either leans too far back, the other may find this emotionally distancing. It is also possible to lean forward and become too close. However, in moments of intimate disclosure by a client, a marked forward lean by a counsellor may build rapport rather than be perceived as ‘imposing’ (Sharpley and Sagris, 1995). Especially at the start of the counselling process, clients may be encouraged rather than threatened by trainees with a slight forward lean.
Physical closeness

The degree of physical closeness during most counselling interviews is with client and counsellor heads about four feet apart. Few clients will want to get closer than that. Being much further away may also be unsafe in that clients may interpret this distance as indicating the counsellor’s insufficient interest in them. On occasion, clients may appreciate it if trainees do get closer to them, for instance by placing their arm on the back of their chair if they are distressed. However, it is probably better if trainees can show their concern in other ways both for ethical reasons and because they may be invading clients’ personal space.

Though some clients might want a personal relationship, trainees should part from clients at the end of practice sessions in a friendly, yet formal way. Occasionally, trainees may be tempted into having secret personal relationships with clients, but this is definitely unethical. Similarly, trainees should refrain both from accepting counselling course staff invitations for personal relationships, including sexual ones, and from initiating them with course staff. If trainees want a close personal relationship with staff after the course, both parties involved should follow the appropriate ethical guidelines of their professional associations as to the advisability and timing for doing this.

Clothes

Clients provide much information about themselves through their clothing. As with counselling trainees’ clothes, these messages relate to social and occupational standing, sex-role identity, ethnicity, conformity to peer group norms, rebelliousness and how outgoing they are. In addition, clothes can indicate clients’ moods, but trainees need to take care that they are interpreting such matters accurately. Clients can also react positively or negatively to how trainees dress. When on counselling skills placements, within limits trainees need to dress appropriately for their clienteles.

Grooming

Counselling trainees should also pay attention to clients’ grooming, though care needs to be taken not to draw the wrong conclusions. For example, depending on the nature of their depression, upbringing and current circumstances, depressed clients may look as though they do not take proper care of themselves, but this is frequently not the case. As trainees get to know clients better, they gain more information about how appropriately clients are groomed and also the reasons for any marked variations from what might be expected. Trainees may need to examine the reality of their own expectations regarding clients’ clothing and grooming.

The concept of rules is very important for understanding the appropriateness of body messages. Mention was made in Chapter 2 of differing
physical proximity rules depending on whether a person is in a personal or counselling relationship. Relationship rules also differ across cultures: for instance, Arabs and Latin Americans stand very close by Western standards. Counselling trainees require sensitivity to the body message rules of the social and cultural contexts in which they work as well as to their own and clients' individual needs.

Trainees require flexibility in making active listening choices. As their counselling relationships develop, clients get to know whether and when their counsellors are receptive to them. For instance, clients may know from past experience that when a trainee leans back they are still attentive. Trainees should use attending body messages selectively. When appropriate, they can choose to make their body messages less responsive, for instance when they want to check their understanding of what clients say, stop them from rambling, or make their own points.

Both within counselling trainees' body messages and also between their body messages and their voice and verbal messages, consistency increases the chances of clients perceiving them as rewarding listeners. For instance, they may be smiling and at the same time tapping their feet. Their smile may indicate interest, their foot tapping impatience, and the overall message may be insincerity or, at best, confusion.

### Activity 6.4 Assessing body messages

1. Act as a counsellor with a partner who acts as a client. Assess her/his body messages on each of the following dimensions:
   - facial expressions
   - gaze
   - eye contact
   - gestures
   - posture
   - physical closeness
   - clothes
   - grooming
   - others (please specify)

2. Work with your client to identify specific poor body message skills when she/he speaks, and set goals for change.

### Skill 5: Give small rewards and ask open-ended questions

Giving small rewards and asking open-ended questions require good voice and body messages. They make it easier for clients to talk.
Small rewards

Small rewards are brief verbal and non-verbal expressions of interest designed to encourage clients to continue speaking. The message they convey is ‘I’m with you. Please go on.’ Wrongly used, small rewards can encourage clients to respond to counsellor agendas rather than to their own. For instance, trainees may say ‘Tell me more’ whenever clients talk about topics of interest to them. Many small rewards are body rather than verbal messages: for example facial expressions, nods, and good eye contact. Box 6.2 provides examples verbal small rewards, though perhaps the most frequently used ‘Uh-hmm’ is more a voice than a verbal message.

Box 6.2 Examples of small rewards

<table>
<thead>
<tr>
<th>Uh-hmm</th>
<th>Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please continue</td>
<td>Indeed</td>
</tr>
<tr>
<td>Tell me more</td>
<td>And ...</td>
</tr>
<tr>
<td>Go on</td>
<td>So ...</td>
</tr>
<tr>
<td>I see</td>
<td>Really</td>
</tr>
<tr>
<td>Oh?</td>
<td>Right</td>
</tr>
<tr>
<td>Then ...</td>
<td>Yes</td>
</tr>
<tr>
<td>I hear you</td>
<td>You’re not kidding</td>
</tr>
</tbody>
</table>

Another kind of small reward is to repeat the last word a client has said:

**Client:** I’m feeling anxious.

**Counsellor:** Anxious.

Open-ended questions

Counsellors and trainees may use questions in ways that either help clients to elaborate their internal frames of reference or lead them out of their viewpoints, possibly into the counsellor’s own. Open-ended questions allow clients to share their internal viewpoints without curtailing their options. A good use of open-ended questions is when, in the initial session, trainees wish to assist clients to explore why they have come. In subsequent sessions too, trainees are likely to find such questions useful. Open-ended questions include: ‘Tell me about it?’; ‘Please elaborate?’; and, slightly less open-ended, ‘How do you feel about that?’

These may be contrasted with closed questions, which curtail speakers’ options: indeed they often give only two options, ‘yes’ or ‘no’.
Open-ended question: How do you feel about your relationship?
Closed question: Is your relationship good or bad?

Open-ended questions may also be contrasted with leading questions, that put answers into clients’ mouths:

Open-ended question: What do you think about her?
Leading question: She’s a great person, isn’t she?

Closed and leading questions may have various negative outcomes. Trainees may be perceived as controlling the conversation. They may block clients from getting in touch with and listening to themselves and responding from their internal frame of reference. They may set the stage for an interrogation. Since closed and leading questions can be disincentives to talking, they may create silences in which the stage is set for further closed questions.

Counselling trainees can sometimes use closed questions: it depends on the goals of their listening. Closed questions can be useful for collecting information. However, they should be used sparingly if trainees wish to help others share their worlds. Trainees may need to use even open-ended questions with some discretion.

Activity 6.5 Using small rewards and open-ended questions

Work with a partner:
1. Each partner spends a few minutes in inner listening to identify a concern on which she or he is willing to work in counselling. During this inner listening or focusing period, attend to emerging feelings as well as emerging thoughts.
2. As a counsellor, start interviewing your partner by using mainly small rewards and open-ended questions to help her/him to share her/his internal frame of reference about her/his concern. Allow your partner responsibility and control over what material she or he presents. Under no circumstances try to lead your partner out of her/his internal frame of reference. For the sake of focusing the activity, try to avoid giving verbal responses beyond small rewards and open-ended questions. It may help you to audio or video record the session and play it back.
3. At the end of the session discuss and evaluate what skills the counsellor used and what were the consequences for the client.
4. Reverse roles and go through steps 2 and 3.
5. Repeat this exercise to the point where you have some proficiency in basic skills of giving small rewards and using open-ended questions.

Answers to Activity 6.2
1. (a) IN; (b) EX; (c) EX.
2. (a) EX; (b) EX; (c) IN.
3. (a) EX; (b) IN; (c) EX.