Indira Gandhi
National Open University
School of Social Work

# MSW-016
# Fields of Counselling

Block

# 1

## INDIVIDUAL AND FAMILY

## EXPERT COMMITTEE

Prof. Surender Singh
Former Vice Chancellor
Kanshi Vidhyapeeth
Varanasi

Prof. Sanjai Bhatt
University of Delhi
New Delhi

Prof. Anjali Gandhi
Jamia Milia Islamia
New Delhi

Prof. Thomas Kalam
St. John's Medical College
Bangalore

Dr. Joseph Xavier
Indian Social Institute
Bangalore

Dr. Leena Mehta
M.S. University
Vadodara

Dr. Mukul Srivastava
Dr. B. R. Ambedkhar
University, Agra

Dr. Usha John
Loyala College
Trivandrum

Dr. Archana Dassi
Jamia Milia Islamia
New Delhi

Dr. Jyoti Kakkar
Jamia Milia Islamia
New Delhi

Dr. Ranjana Sehgal
Indore School of Social Work
Indore

Dr. Beena Antony
Delhi University
New Delhi

Prof. Gracious Thomas
IGNOU
New Delhi

Prof. Neil Abell
Florida State University
USA

Prof. Patricia Lager
Florida State University
USA

## BLOCK PREPARATION TEAM

Unit 1 Seema Sunny, Thrissur

Unit 2&3 Nalini, Thrissur

Unit 4 Jayashree Vasanth

## COURSE EDITOR

Prof. Gracious Thomas
Director, SOSW, IGNOU

## PROGRAMME COORDINATOR

Dr. N. Ranga
Assistant Professor, SOSW, IGNOU

## PRINT PRODUCTION

Mr. Kulwant Singh
Section Officer (P)
SOSW, IGNOU

April, 2015



ISBN : 978-81-266-6891-5



*Further information on the Indira Gandhi National Open University Courses may be obtained from the University's Office at Maidan Garhi, New Delhi -110 068.*

Printed and published on behalf of the Indira Gandhi National Open University, New Delhi by Director, School of Social Work.

Laser Typeset by : Graphic Printers, Mayur Vihar, New Delhi

Printed by :

# COURSE INTRODUCTION

This course MSW-016 "Fields of Counselling" has five blocks. This course will provide you adequate understanding about the application of counselling in various fields such as family and couple counselling, counselling in the filed of health care, industry, education and counselling in social welfare sector.

In the **first** block on "Individuals and Family", you will learn the need and importance of pre-marital counselling. It also helps you to get knowledge about factors, steps and therapies of family counselling. The block makes you become aware about how counselling can be helpful and effective to identify, diagnose and treat the problems in the family. This block further helps you to understand counselling in legal setting. The block further introduces you to Family court laws and its provisions, family problems and discusses issues pertaining to sex and sexuality. Finally this block talks about suicide as a major public health problem and the importance of counselling and suicide crisis management at all levels.

The **second** block on "Health care" describes counselling in health care settings such as hospitals, hospice and palliative care. The counselling services are a significant part of the health care system. This block highlights the scope of hospital counselling services, referral system, standards for counselling and importance of documentation and recording. It also discusses about palliative care services and hospice services. This block introduces the concept of mental health, scope of mental health, various mental health practice models and importance of counselling in the field of mental health. The block focuses on different aspects of HIV/AIDS prevalence and the counselling programmes for HIV/AIDS infected clients. The block also talks about the importance of counselling for caregivers and finally concludes discussing the need for counselling for the terminally ill.

The **third** Block on "Industry" explains the concept of stress, its causes and consequences. It talks about stress diagnosis and various models of stress management. This block focuses on the concept of time management, factors that result in poor time management and elaborates on the techniques which are used for managing time effectively. Further it appraises on alcohol and absenteeism related issues in industry. It helps the learner to understand the process of de-addiction and various therapeutic interventions in de-addiction counselling. Finally the block discusses about rehabilitation counselling, and discusses the major functions of a rehabilitation counsellor.

The **fourth** block is on "Education". In this block you will learn about the importance of counselling services in educational setting. The counselling services provided by the school counsellor to the students at various levels namely, elementary school counselling, counselling at high school and counselling at college level are discussed in detail. This block also helps you to know the role of counsellor in schools and colleges, various methods of counselling, role of teachers in counselling and the guidance services provided to the students. It further highlights on adolescence counselling. It discusses on the theories, developmental needs, skills, strategies and various approaches of counselling for adolescence. Finally the block discusses on career counselling.

In the **fifth** block "Counselling in Social Welfare Sector" you will understand the relevance of counselling services for children and juveniles in institutional settings. You will also come to know the challenges and process involved in counselling these children. This block would acquaint you with special needs of children in children's homes and juveniles who are in conflict with law. It will familiarize you with the basic concept of gender and gender development theory. It also helps you understand how gender differences in role expectations leads to problems and explains different approaches to gender specific counselling. It further discusses the need for counselling in correctional settings. Finally the block concludes discussing the importance of counselling in the field of disability.

# BLOCK INTRODUCTION

The block titled "Individuals and Family" consists of four units. The block provides information about the importance of counselling in family setting legal setting and other important areas such as family court, sex and sexuality, suicide and the need for counselling, which provides support for the individuals within the family.

**Unit 1** is about "Family and couple counselling". The unit discusses the need and importance of pre-marital counselling, its goals, elements of compatibility and factors that lead to incompatibility and conflict. It also talks about couple counselling, various approaches, characteristics, different stages and procedures of couple counselling. Finally the unit discusses about family counselling and family planning counselling. It describes in detail the types of family planning counselling, principles, characteristics and skills of family planning counsellor.

**Unit 2** is about "Counselling in legal settings". The unit discusses on the role of the counsellor in judicial system. It provides information about the skills and techniques used by the counsellors in this setting. The unit also provides case studies which are dealt in family courts. It throws light on 'protection of women from domestic violence Act, 2005' and finally about children in dys-functional families and the importance of working with such children and their families.

**Unit 3** is about "Family courts, family problems, sex and sexuality". The unit provides an understanding about family court-law and its provisions. It elaborates on the family problems and ways of recovery. This unit also explains about the concept of sex and sexuality, sexual dysfunction and sexual satisfaction.

**Unit 4** is about "Suicide and counselling". The unit describes about suicide, its signs, risk factors and manifestations of suicidal behaviour. It also helps you to understand the different levels of prevention of suicides in society as well as the importance of counselling in suicide prevention.

# UNIT 1 FAMILY AND COUPLE COUNSELLING

**Structure**



## 1.0 OBJECTIVES

Today's environment is highly complex .To begin with we have the family which has altered its many traditions, customs, beliefs, values and attitudes. Marriage is an important landmark in the individual's life. At the same time the family also functions as the major model for character growth. So the objectives of this chapter is to make the student;

- To learn the need and importance of premarital counselling;
- To get knowledge about factors, steps, and therapies of family counselling; and
- To improve knowledge, attitudes, and skills in assessing and addressing client's family planning (FP) needs, through individualized counselling.

## 1.1 INTRODUCTION

The family is the very first cell in the social structure, the very first union, which is indispensable. Love is sharing, caring, needing and giving, and it is only within the many relationships and experiences that family life so abundantly provides, that the child as well as its parents, can individually and together develop into mature persons. The family counselling includes:

- Premarital counselling
- Couple counselling
- Family counselling
- Family planning counselling

## 1.2 PREMARITAL COUNSELLING

Premarital counselling programmes are intended to help couples to learn about themselves and to provide them with specific information through couple formats. It is a personalised training, which aims at the couple's relationship building insights and communication skills. The goal of premarital counselling is to enhance the premarital relationship so that it might develop into a more satisfactory and stable marital

companionship. A premarital counselling programme offers the couple an occasion to re evaluate and confirm that the partner is the person that he or she wants to marry. (Arcus et. al (1993).

The people who wish to marry enter into a contract before marriage. The time between their entering into a contract and marriage is called the period of engagement or courtship. The engaged need to prepare for their marriage and so they may come for help.

Research shows that couples who engage in marriage preparation find the experience highly valuable. Many couples report that they get more than they expect. Couples stated that focusing on communication, commitment, conflict resolution and children was most helpful (Center for Marriage and Family, Creighton University, 1995).

Couples who engage in premarital preparation "feel a higher sense of partnership and report a higher level of adjustment to married life than couples that did not receive marriage education" (Family Relations, April 2003).

Marriage education can help set expectations for what is normal in relationships. It allows couples the opportunity to discuss important issues related to their future marriage and teaches them skills that actually aid in divorce prevention and serve to help create healthy, satisfying marriages.

**The aims of Premarital Counselling**

- Enhancing of the communication skills of the couple
- Developing friendship and commitment to the relationship
- Developing couple intimacy
- Developing problem solving skills
- Focus on developing positive communication

**Goals of Premarital Counselling**

- Build an in depth relationship with the couple
- Providing correction – correction of faulty information concerning various areas of family life.
- Providing congruent information
- Help couple to become realistic about future.
- Create an atmosphere that relieve fears and anxieties
- Opportunity for spiritual growth
- Help in making decision

**Elements of Compatibility**

Compatibility means how well the intrinsic characteristics of two people fit. Compatibility between individuals can also determine how easily a relationship can be established. It is a matter of becoming and developing as well as being.

- Adaptability and flexibility
- Empathy

- Ability to work through problems
- Ability to give and receive love
- Emotional stability
- Similar family backgrounds
- Similarities between the couple
- Communication

**Factors that lead to Incompatibility and Conflict**

The following are the factors that lead to incompatibility and conflict:

- Reduced family functions
- Less kinship orientation
- Decline in economic cooperation between couples
- Overemphasis on the rights of the individual
- Decline in the legal opposition to divorce
- Growing consumerist tendencies and commercialization of social relationships
- Loss of sense of values in society
- Increased promiscuity

**Results of Premarital Counselling**

- Premarital counselling will give an adequate understanding for the couples regarding various factors involved in marriage.
- Premarital counselling describe as fulfilling and continuing process from premarital, couple, marital and family counselling.
- Premarital counselling is considered as a preventive aspect and helps to reduce the number of problems that are about to happen in marriages.

## 1.3 COUPLE COUNSELLING

Couple seeks counselling for a variety of reasons, including finances, children, fidelity, communication and compatibility. The couple counsellor should see both the members of the couple from the beginning.

Sociologically, one of the institutions that have undergone drastic changes is marriage. Selecting partner is the task in the premarital stage and now the main tasks are sustaining the marriage and if divorce is inevitable adjusting to the divorced condition. Marital problems are the most prevalent difficulties clients usually bring to the counsellors. The crisis may range from sexual expression, unsatisfactory marriage, money to be earned and spent, division of labour with regard to household chores, religious beliefs and practices, use of leisure time, child raising practices, obligation to the relatives, cohabitation without marriage, and homosexuality.

No matter how happy a couple is, marriage is not a perfect arrangement. Every marriage goes through times of stress, times of contention, and times where the couple is just

simply distant from one another. Any of these can be reasons why a couple might choose to go to marriage counselling. Other things that might cause a couple to seek marriage counselling can include:

- Problems with alcohol or substance abuse
- Difficulty with children
- A situation where one or both spouses have been unfaithful
- Financial problems
- Major life changes, such as being unemployed or moving
- Sexual difficulties or other problems in the bedroom
- Problems with fertility

Functions of marriage

1. Emotional
2. Economic
3. Recreational
4. Social
5. Geographical
6. Sexual
7. Legal
8. Religious

There are five main approaches used in couple counselling. They are:

a) Psychoanalytic: psychoanalytically based couple counselling focuses on object relations. Object relations is concerned with the way people form attachments to others and things outside of themselves. These preferences are developed in early childhood in parent child interactions. The counsellor helps to provide an emotional insight and restructures internally based perceptions.

b) Social Learning Approach: The behaviour is learned through observing others and marriage partners either have a deficit or excess of needed behaviours. The focus of social learning couple counselling is on skill building in the present. Within the treatment process, counsellors may use a wide variety of behavioural strategies to help couple change, such a self-reports, observations, communication enhancement training exercises, contracting and homework assignments.

c) Bowen family systems Approach: The focus of this approach is on interactive influences within marriage relationships. The friction within the marriage can be because of high degree of fusion, not separated from family of origin, or unhealthy self-concept. When the couples are stressed they tend to triangulate. The techniques used to achieve the goal include assessment of self through the use of genogram and a focus on cognitively evaluating events and interactions.

d) Structural strategic Approach: In this approach, the counsellors help couples try

new behaviours, because their old behaviour is not working. In order to bring about change, counsellors are active, direct and goal oriented as well as problem focused, pragmatic and brief. Relabeling (giving a new perspective to a behaviour), paradoxing (insisting on just the opposite of what one wants), and prescribing the symptom (having the couple display voluntarily what they had previously manifested involuntarily) are the different techniques.

e) Rational Emotive Approach: The couples become disturbed because of what they think rather than specific actions that occur in the relationship. To combat disturbances, couple needs to challenge and change their belief systems about activating events. This theory places emphasis on personal and family systems change.

**Characteristics of Coupling**

The couple relationship is unique and identified six variables as characteristics of couple relationship.

1. *Voluntary nature of coupling:* The people should voluntarily enter into couple relationship and forced coupling can create more problems than the voluntary coupling.

2. *Balance in the couple's relationship:* A couple in order to maintain a productive balance in their couple relationship may, at times need to engage in some change and at other times hold on to access toned pattern. Too much stability may be a hindrance to growth and too much flexibility will be viewed as chaos.

3. *Temporal aspects of coupling:* The temporal component of coupling refers to the past, the present and the future. If in the past, the couple was successful in handling their problems amicably then one can look into stability and growth. Similarly when couple is engaged in conceptualizing a future and planning for the future together, which would become an essential ingredient for binding the relationship during periods of change and stability.

4. *Different background and value systems:* In couple relationship two systems of different values, emotions, backgrounds and thinking come to merge. The husband and wife will have to negotiate for the third way called our way. The merging of two systems is a continuous process throughout the lifespan.

5. *Giving and receiving of support as part of coupling:* Couples in marriage chiefly want support especially in times of distress and crisis. One needs to be extremely sensitive to the needs of the other with regard to the kind of support the other is in need of.

6. *Maintainance* of *separateness and individuality in coupling:* as much as the couple is eager to be together they also have a need to be separate. The ability to stand apart to pursue one's own individual needs of political affiliation, religious commitment, network of personal friends and colleagues of work will certainly foster the growth and health in couple relationship.

**Different Stages of Couple Counselling**

1. *Social Stage:* involves knowing the couple, their family, social constellation, understanding their problems from each other's point of view

2. *Problem stage:* Each partner is asked to describe the problem as he / she sees it.
3. *Interaction Stage:* The focus is to gather information about the problem through interacting with the couple.
4. *Stage for defining desired change:* The goals include i) reducing some problem behaviour such as conflict, commitments outside the relationship, procrastination or forgetfulness, ii) beginning or increasing a desired behaviour such as spending time together,
5. *Ending of session:* the ending should not be abrupt enough time should be given to couple.

**Nine Procedures of Couple Counselling:**

1) Circular questioning
2) Enactment
3) Reframing
4) Relabeling
5) Family choreography
6) Therapeutic reversals
7) Metaphorical stories
8) Genogram
9) Describing observations

**Check Your Progress I**

Note : Please use the space given below for your answers.

1. What are the aims of pre-marital counselling?

.....

.....

.....

.....

2. List the major functions of marriage.

.....

.....

.....

.....

## 1.4 FAMILY COUNSELLING

The family in India occupies a central position in the life of people and is one of the basic units of the Indian society. Family counselling prepares individuals and families for the roles and responsibilities of family living within the existing socio cultural and

economic context. The foremost feature of family is that it consists of a definite system of role relationships and sentiments that bind its members together. It is a process through which the family as a whole is enabled to change its patterns of interaction so that all members feel less pain and become freer to develop in the directions more satisfying to them.

The formal beginnings of marriage and family counselling are traced to the 1940s and the early 1950s, but its real growth occurred in the late 1970s and the 1980s. Psychoanalytic therapists began to extend their approach to include a family orientation in the late 1940s. The work of Nathan Ackerman (1958) was especially important in focusing the attention of psychoanalysis on family units. The early pioneers in marriage counselling are Paul Popenoe and Emily Mudd and they established an Association of Marriage Counsellors in 1942 which is now known as Association of Marriage and Family Therapists. In marriage counselling, three entities were considered: *two individuals and one couple.*

**Family as a Social institution**

The family in modern society is an institution with many functions.

- The family provides the sexual needs of the marital partner and provides the emotional support and nurturance of these individuals.
- The family produces and economically supports children.
- It also meets the emotional as well as the physical needs of the children.
- Shelter, warmth, food, medical care, clothing, recreation etc are also satisfied in the family.
- The family develops a pattern of division of labour in meeting its needs.
- It is the responsibility of the family to transmit the culture to the children, acceptable role behaviour according to the age and gender, the ability to communicate verbally and non verbally, appropriate means of expressing emotion, coping with the external environment, both physical and social.

**Family as a System**

The family stands in a unique position between the larger society and the individual. A family system conceived as having an invisible boundary which encircles it, within its boundary, any movement toward change in one of the parts, or in the order of the parts, will tend to activate the governing processes which have previously kept the system stable.

Systems can be characterized as open or closed. An open system tends to exchange new information relatively easily across the system's boundaries and can adapt to accommodate new information. An open system can develop a new homeostasis that incorporates new information. A closed system tends to inhibit any flow of new information across the system's boundaries and the system will tend to become rigid and atrophy.

**The Functions of Family as a System**

- It is within the family system that children experience their first feelings, experiment with their first thoughts, and are reinforced for their first behaviours.

- The children observe their first models of their adult behaviour within the family system.
- Children will learn or unlearn their behaviour through modelling by their siblings and their parents as well as through reinforcement directed specifically at them.

**Issues in Matrimonial and Family Counselling**

In India, the marriage and family is the place where we can see tenderness, sympathy, understanding and affection. Presently, it is characterized by strife, resentment, discord, disharmony with implicit or open aggression.

The marital relationship is under strain and becoming complex and demanding. Women are more educated, economically independent and contributing to the work force. Now marriage is considered as a matter of mutual agreement. The family background is one factor. The other factors include dowry problem, consider sex as dirty, inadequate men and women, alcohol or drug dependency.

**Causes of Marital Disharmony**

1. Family: The social family in which the young wife enters have high handedness of mother-in-law and the husband will be unable to respond to the needs of the wife. The single family which have economic crisis also contributes to the marital disharmony. The lack of space, poor communication and outburst of temper by other people within the family can also create problem.
2. Expectations: Couples will have lot of expectations from the other and if that is not gratified disharmony will take place.
3. Psychiatric Disorders: The psychiatric disorders include Paranoid disorders, depression, schizophrenia, alcoholism or drug addiction, mental retardation, sexual dysfunction etc.
4. Personality and Behaviour patterns of sexual partner.
5. Physical defects: If the physical defect was hidden before marriage that can lead to marital discord.
6. Industrialization and Urbanisation: Most people come to cities for their livelihood where life is so fast and the breadwinners have to devote their most time to the job which decreases their quality time spending with the family which is the primary unit.
7. Separation of marital partners: the long periods of separation lead to infidelity and lack of love between them.
8. Demand for Egalitarian stereotype: The woman has a dual role as working women and home maker. This created stress in women and she wanted her partner also to help in household chores

**Stages of Family Counselling**

The Stages of Family Counselling include:

i. Initial information gathering and assessment

ii. Defining the problem

iii. Developing a working contract between Counsellor and Client

iv. Further data gathering and assessment for the purpose of formulating alternative plans for intervention

v. Choosing a plan for intervention

vi. Intervening for problem alleviation

vii. Stabilizing the results of the change effort

viii. Evaluating

ix. Terminating

**Beginning the Counselling Process**

At the initial interview, the anxious family may spill out the entire problem as they see it, or, at the opposite extreme, they may be unable to speak coherently at all. The initial session may be spent largely in helping the family feel comfortable in this new environment so that they can function more or less in their own normal manner. Of primary importance is building a relationship between therapist and family which will involve essential trust and goodwill.

The basic purpose of an initial session is beginning problem definition, at least to the stage of presenting problem, basic fact finding related to the presenting problems, which hopefully will reveal clues as to contributing underlying systemic factors and helping the family to begin to trust the therapist. The counsellor and the family also need to work out a tentative initial contract, defining the initial problem for work, the respective roles of therapist and family, specification of who will be included in the interviews.

**Continuing the Counselling Process**

The counsellor should create an atmosphere in which all the members will be able to reduce their fearfulness and will recognize that their attempts at communication will be received empathetically and non-judgmentally. Reducing fear reduces need for defensiveness.

**Advantages of Marriage or Family Counselling**

- Family counselling interventions are more effective than individual interventions and lead to greater durability for change.
- Some forms of family counselling are more effective in treating problems than individual counselling sessions.
- The presence of both parents in family counselling situations greatly improves the chances for success.
- The effectiveness of marriage counselling when both partners meet conjointly with the counsellor is nearly twice that of counsellors working with just one spouse.
- When marriage or family counselling services are not offered to the couples conjointly or to families systemically the results of the intervention may be negative and problems may worsen.
- This form of treatment is logical, satisfactory, fast and economical.

All families have to deal with family cohesion and family adaptability. The families which are balanced seem to function more adequately (Maynard and Olson, 1987). Families that are most successful, happy, and strong are not only balanced but are:

i. Committed

ii. Appreciate each other

iii. Spend time together

iv. Have good communication patterns

v. Have a high degree of religious orientation

vi. Are able to deal with crisis in a positive manner.(Stinnett & DeFrain, 1985)

Bowen mentioned two types of family dys-functionality:

*a.* *Enmeshment* refers to family environment where members are overly dependent on each other or are undifferentiated.

*b.* *Triangulation* refers to the family fusion situations where one person is pulled in two different directions by the other members of the triangle.

**Approaches to Family Counselling**

There are numerous methods of couple counselling depending upon the clients, problems and skills of the therapist. There are six types of approaches:

1. Individual: one spouse is counselled in one-to-one counselling sessions.
2. Individual-group-one of the spouses is treated in group sessions.
3. Concurrent: both the spouses are counselled but in separate individual sessions.
4. Concurrent-group: both the spouses are counselled within the same group at different times.
5. Conjoint: both the spouses are counselled together in the same individual sessions.
6. Conjoint- group: both the spouses are treated together in the same group session.

**The requirements for sound and effective counselling include:**

- The counsellor should have a sense of commitment and respect for humanity.
- The counsellor should be emotionally accepted by the parties concerned.
- The counsellor should respect the counselee.
- The counsellor should have a non-judgmental attitude.
- The counsellor should help the parties to reach a reasonable settlement that is acceptable to both parties.
- The counsellor must hear the client patiently.
- The parties should be given a chance and encouraged to talk each other freely and frankly.
- The counsellor must maintain objectivity.

- The counsellor should teach the parties to empathize so that most problems can be solved.
- The counsellor can make subtle suggestions which should come out of their discussions.

**Check Your Progress II**

Note : Please use the space given below for your answers.

1. List the stages of family counselling.

.....

.....

.....

.....

## 1.5 FAMILY PLANNING COUNSELLING

Family Planning Counselling refers to the process through which a provider and client explore and discuss the client's needs and family planning options. In the context of family planning services, counselling is a process, which helps a client to decide if s/he wants to practice family planning. If s/he does, counselling helps her/him to choose a contraceptive method that is personally and medically appropriate and that s/he wants, understands how to use, and is able to use correctly for safe and effective contraceptive protection.Family planning today has as much to do with sexuality and health protection as it does with decisions relating to procreation. Any member of the community who is of reproductive age should be considered a potential family planning client. Family planning services are a type of preventive health service. Therefore, the rights of the family planning clients should be seen in the overall context of the rights of the clients of any health services. The primary goal of program managers and service providers should be the fulfillment of the rights of family planning clients. Quality of services and the availability of family planning information are key factors in protecting the rights of family planning clients.

**Good family planning counselling** procedures have two major elements and occur when:

1. Mutual trust is established between client and provider. The provider shows respect for the client and identifies and addresses her/his concerns, doubts, and fears regarding the use of contraceptive methods.
2. The client and service provider give and receive relevant, accurate, and complete information that enables the client to make a decision about family planning.

**Types of Family Planning Counselling**

***General Counselling***

- Usually takes place on first family planning visit
- Needs of clients discussed
- Client concerns addressed

- General information about methods/options given
- Questions answered
- Misconceptions/myths discussed
- Decision-making and method choice begins

***Method-specific Counselling***

- Decision-making and method choice made
- More information on method choice given
- Screening process and procedures explained
- Instructions about how and when to use method given
- What to do if there are problems discussed
- When to return for follow-up discussed
- Client should repeat back key instructions
- Client given handouts/information to take home when available

***Return/Follow Up Counselling***

- Problems and side effects discussed and managed
- Continuing use encouraged unless major problems exist
- Instructions should be repeated
- Questions answered and client concerns addressed

***Individual Counselling***

- Appropriate when privacy and confidentiality are necessary
- Greet in a friendly manner
- Listen to client's reason for coming
- Ask about client's reproductive health and medical history
- Ask client what they know about family planning and explain family planning methods, including advantages, disadvantages, and possible side-effects
- Encourage questions and help client choose method
- Explain to client how to use their chosen method
- Ask client to repeat back key information
- Schedule a return visit

***Group Counselling***

- Appropriate when clients are more comfortable in a group situation or when individual counselling is not feasible
- Greet clients in a friendly manner

- Introduce benefits of family planning
- Elicit and discuss rumours and concerns about family planning
- Discuss family planning methods and encourage questions and group discussion
- Discuss how to obtain appropriate methods

**Factors Influencing Counselling Outcomes**

In every counselling session, many and various factors influence the outcome of the counselling. These factors should all be taken into consideration when conducting counselling.

***Counsellor Factors***

- Provider attitudes and behaviors
- *Style of provider (mutual participation model vs. authoritarian or provider-*
- Provider knowledge and skills (communication and technical)
- Provider method bias
- Provider's own value system
- Differences in client-provider caste, social class, gender, or education

***Client Factors***

- Ability to obtain method of choice, or second choice if precautions exist
- Level of trust and respect towards provider
- Privacy and confidentiality are assured
- Feels s/he is being treated with respect and dignity

***Programmatic Factors***

- Number of methods available
- Reliability of method supply
- Privacy and confidentiality of surroundings
- Social/cultural needs are met
- Overall image of professionalism conveyed by clinic and provider

**Principles of Family Planning Counselling**

1. Counselling should take place in a private quiet place where client and provider can hear each other, and with sufficient time to ensure that all necessary information, client's concerns, and medical requirements are discussed and addressed.
2. Confidentiality must be ensured, both in the process of counselling and the handling of client records.
3. It is essential that counselling take place in a non-judgmental, accepting, and caring atmosphere.

4. The client should be able to understand the language the provider uses (e.g., local dialect, simple, culturally appropriate vocabulary, no highly technical medical terminology).

5. Clinic staff must use good interpersonal communication skills, including the ability to question effectively, listen actively, summarize and paraphrase client's comments or problems, and adopt a non-judgmental, helpful manner.

6. The client should not be overwhelmed with information. The most important messages should be discussed first (e.g., what the client must do to use method correctly and safely) and be brief, simple, and specific. Repeating critical information is the most effective way to reinforce the message. Repeat, repeat, repeat.

7. Use audiovisual aids and contraceptive samples to help the client better understand her chosen method.

8. Always verify that the client has understood what has been discussed. Have the client repeat back the most important messages or instructions.

**Characteristics and Skills of an Effective Family Planning Counselor**

**Counselor Characteristics**

An effective counselor:

- believes in and is committed to the basic values and principles of family planning and client rights
- is accepting, respectful, non-judgmental and objective when dealing with clients
- is aware of her/his own values and biases and does not impose them on clients
- understands and is sensitive to cultural and psychological factors (such as family or community pressures) that may affect a client's decision to adopt family planning
- always maintains clients' privacy and confidentiality

**Counselor Skills**

An effective counselor possesses strong technical knowledge of contraceptive methods:

- knows all technical aspects of family planning methods thoroughly
- is prepared to answer contraceptive and non-contraceptive questions comfortably on subjects such as myths, rumors, sexuality, STDs, reproductive and personal concerns
- is able to use visual aids and explain technical information in language that the client understands
- is able to recognize when to refer the client to a specialist or other provider

An effective counselor possesses and is able to apply good interpersonal communication skills and counselling techniques:

- relates/empathizes
- listens actively
- poses questions clearly, using both open- and close-ended questions

- answers questions clearly and objectively
- recognizes nonverbal cues and body language
- interprets, paraphrases, and summarizes client comments and concerns
- offers praise and encouragement
- explains points in language the client understands in culturally appropriate ways

The **GATHER** Approach

**GATHER** is a useful memory aid to help us to remember the basic steps in the counselling process and to add structure to a complex activity. It can be adapted to meet each individual client's needs.

The following are elements of a successful counselling session:

**G = Greet** client in a friendly, helpful, and respectful manner.

**A = Ask** client about family planning needs, concerns, and previous use.

**T = Tell** client about different contraceptive options and methods.

**H = Help** client to make decision about choice of method s/he prefers.

**E = Explain** to client how to use the method.

**R = Return:** Schedule and carry out return visit and follow-up of client.

The following are the basic rights of all family planning clients:

1. **Information:** The right to learn about the benefits and availability of family planning.
2. **Access:** The right to obtain services regardless of sex, creed, color, marital status, or location.
3. **Choice:** The right to decide freely whether to practice family planning and which method to use.
4. **Safety:** The right to be able to practice safe and effective family planning.
5. **Privacy:** The right to have a private environment during counselling or services.
6. **Confidentiality:** The right to be assured that personal information will remain confidential.
7. **Dignity:** The right to be treated with courtesy, consideration, and attentiveness.
8. **Comfort:** The right to feel comfortable when receiving services.
9. **Continuity:** The right to receive contraceptive services and supplies for as long as needed.
10. **Opinion:** The right to express views on the services offered.

(**Source**: International Planned Parenthood Federation. *Rights of the client.* London: 1991.)

**Check Your Progress III**

Note : Please use the space given below for your answers.

1. What does the acronym "GATHER' stand for?

.....

.....

.....

.....

## 1.6 LET US SUM UP

Family being the basic unit of society has to face and withstand many challenges in the fast changing life pattern. All the changes are bound to create and cause ever increasing problems which stares at our face to find solutions. Counselling can be helpful and effective to identify, diagnose and treat the problem in the family. In order to ensure stability of marital life vital for the progress of the society and for the balanced development of the children premarital preparation and counselling are very important. Counsellors who help families become whole therefore we can have an effect on many lives for generations yet to come

## 1.7 FURTHER READINGS AND SUGESTIONS

Zastrow, Charles(1985): The Practice of Social Work: Second Edition: Dorsey Press: Illinosis

Gladdin Goel, Manju and Sherjung, Nirmala(1997): Marital Disputes and Counselling-Counselling Methodology Volume I, Volume II, Volume III: APH Publishing Company: New Delhi.

Gladding, Samuel T. (1992): Counselling – A comprehensive profession Second Edition: Macmillan Publishing Company: New York.

# UNIT 2 COUNSELLING IN A LEGAL SETTING

**Structure**



## 2.0 OBJECTIVES

At the end of this unit you should be able to understand;

- counselling in a legal setting;
- skills and technique used by a counsellor;
- protection of women from domestic violence Act(2005); and
- working with children.

## 2.1 INTRODUCTION

In India ever since the Indian constitution was adopted there has been several attempts at different levels, in government and outside to make justice easier and to make equal justice under law, a functional reality to all irrespective of one's caste, religion or economic level of living as granted under constitution of India. In a pluralist society like India, preserving bewildering variety of personal law and custom, position of women and children has always been a matter of concern. Family law is basic to human dignity and development. Adjudication of family disputes is a sensitive task which is unique in several respects. Family courts Act of 1984 is a supreme example of responses to the gender justice equal justice. The family courts Act was passed with twin objectives of promoting reconciliation and expediting settlement of family disputes. The Act makes certain radical changes with regard to court atmosphere and procedure. The Act provides for mandatory counselling in each case .Also the importance is on conciliation and settlement rather than a judicial order. Counsellors are given powers and protection, not seen for any other post in judiciary. They report directly to the Judge and play an important role in Family Court.

## 2.2 ROLE OF A COUNSELLOR IN JUDICIAL SYSTEM

The family court provides a forum in which family disputes would be resolved in an atmosphere of reconciliation and understanding.Litigants are given opportunity to open their minds before counsellor and it provides for counsellors to assist the judge.

As per family courts Act 1984, the state Government shall, in consultation with the High Court, determine the numbers and categories of counsellors, required to assist family court in discharge of its functions. Counselling is being provided in nearly all Family Courts in India but it is well established in Maharashtra and Kerala. The procedure before the counsellor, the power of functions and duties of counsellors and protection granted to them in discharge of their duties is given in Family Court Rules and Regulations (Kerala) 1989 and Family Court, Rules (Amendment) 2010. Persons having a Master's Degree in social work with a minimum experience of two years in family counselling shall be eligible for an appointment as counsellor. By the amendment in 2010, the state government has allowed psychologist with two years experience in family counselling to apply for the post of counsellors. The counsellor appointed to advise the parties shall fix the time and date of appointment. The parties shall be bound to attend the counselling session on the date and time so fixed. The normal procedure though not-uniform in all family courts, is that, the case on the first date of its hearing, if both parties are present, is posted for counselling. The counsellor then fixes the date and time for the counselling. Once the process of counselling is over, it is returned to court either as a settlement or for trial. The counselling centre, has a principal counsellor who has been appointed by the High Court on the directions from the state Government. Also there are temporary counsellors/ centres that are attached to the centre. The principal counsellors allot cases to the temporary counsellors on the dates they are available.

The main aim of the counsellor is to attempt for reconciliation. Counsellor interviews both the parties, their relatives and other members as and when required. Counsellor may take an assistance of experts in any other area such as medicine or psychiatry by referring parties to them. Counsellor in discharge of his duties may seek such information as he may deem fit, from employer of any of the parties. Counsellor may also take assistance from welfare organizations, institutions or agencies in discharge of his duties.

The information gathered by the counsellor is confidential. Counsellor shall not be pressed upon to disclose this information, statements notes or report to any court except with the consent of both the parties. The information gathered by the counsellor shall not form a part of evidence before the court. But this information may be used for purpose of education or research, with the permission of the Principal Judge and the High Court on condition that the identities of the parties involved shall be kept concealed.

**Working of the Counsellor**

The counsellor is basically a trained, professional person in social work faculty. Social work has four methods – social case work, social group work, community organization, social work administration and social research. While working in court on a number of occasions the social case work method is used. In this method, counsellor initially interviews the parties individually, and then he/she takes joint sessions. During this process the counsellor collects identification data, he/she supports them to ventilate their problem and feelings. He/she also builts up rapport with the parties and problem identification is also done. The parties are made aware of their problem(s).

Communication with the parties needs to be done at their level. Identified problems are spelled out and available remedies are discussed with the parties. Parties are allowed to take reasonable time to think about various alternatives they have.

Reconciliation is the primary aim. Matrimonial disputes involve two families and not just husband and wife. Hence involvement of family members and relatives is also required. When required the counsellor pays home visit or visit to the employees or at the work place of parties.

The counsellor submits his report to the court regarding whether any settlement is possible between the parties. If parties decide to live together the counsellor takes down from both of them the undertaking that they shall start living together on conditions as decided between the parties, and the same shall be submitted to the court along with counsellor's report. Generally, these cases are kept pending and hence the parties reconcile on trial basis. They are given the guidance and counselling as and when required. When parties reconcile through court, it is without prejudice to the rights and contentions of the parties i.e. it does not affect their proceeding pending in the court. This is the great advantage provided by the Act in order to promote reconciliation and save the marriage institution.

On the other hand if there are no chances of reconciliation both the parties are guided to make an amicable settlement. Matrimonial disputes involve human relationships and hence no one is winner in the proceedings if they fight in the court. It is always advisable to settle these disputes amicably. When the parties come down to certain terms and conditions of settlement the same are reduced down to the writing and are submitted to the court along with counsellor's report.

Working at the Family Court is like a team work. The counsellor takes assistance of various experts and also the guidance from the judge is always useful. Help of welfare agencies is also required; eg. For shelter for women, rehabilitation of divorced women. Matrimonial disputes are a social problem and society needs to give its helping hand to the family court while solving these disputes.

The counsellor as per the Act, Rules shall not be called upon to give evidence and shall not be cross-examined in any court in respect of report submitted by him/her. Counsellors being court officers, they can be appointed as commissioners.

Order for the issue of a commission may be used by the court on its own motion or on the application of any party to the suit or a witness to be examined. In the Family Court, the commission may be issued for the purpose of;

1. Environmental studies
2. Inventory of house, bank locker
3. Scaling of locker, cupboard etc.
4. Taking deposition of any person
5. Bringing child/children to the court.
6. To make partition of house or utensils, belongings between the parties.
7. To ascertain the wishes of child/children in custody matters.

The commissioner submits his report to the Court. The commissioner's fees are to be deposited in the Court by single or both the parties as per court Order.

## 2.3 SKILLS AND TECHNIQUES USED BY THE COUNSELLORS

Counselling is the professional way of giving advice. It is professional as it is based on body of knowledge and skills. Counselling is changing entity, differs as per client, his problems and environment. The various skills and techniques used by the Counsellor are given below.

1. Acceptance
2. Facilitating Ventilation
3. Confidentiality
4. Empathy
5. Assurance
6. Observation
7. Encouragement
8. Universalization
9. Partialization
10. Questions put tactfully
11. Judgment of situation
12. Timely intervention
13. Developing Self confidence
14. Withholding Judgment
15. Role playing
16. modifying environment
17. Pulling up and developing resources
18. Confrontation
19. Setting limits
20. Reflecting possible feeling
21. Guidance and anticipatory guidance
22. Verifying facts
23. Reality orientation
24. Insight development
25. Stimulating involvement
26. Educating
27. Advocacy
28. Correcting perception
29. Constructive use of guilt feeling
30. Persuasion

## 2.4 VARIOUS ROLES OF COUNSELLOR

Marital discord involves not only the spouses but also their families and children. These problems are complex as they involve human relationships. While working with them, the Counsellor plays various roles. No two couples or no two individuals are identical and hence treatment which works effectively for one individual or couple will not necessarily be best for another. The Marriage Counselling is the medicine, the vehicle whereby change, growth and improvement takes place. Depending on the client, the type of problem and needs of the client, the Counsellor decides as to when, how and which role he should play. As it is a professional way of help, there is conscious use of various skills and techniques and also the roles are played consciously by the Counsellor.

The various roles of Counsellor are given below.

| | |
|---|---|
| Educator | Counsellor works as an information giver, consultant resource builder |
| Reference Model | Teaches couples alternative ways of interacting as they observe the Counsellor how he relates to them. He is a behaviour changer. |

| | |
|---|---|
| Mediator | He is 'go-between'. He is more properly concerned with facilitating exchange and process whereby the couple can find ways to communicate, to compromise and to make decisions together. |
| Engineer | Organiser. He designes objectives, designs ways to achieve the goal. |
| Catalyst | Counsellor's role is active, verbal, confrontative. He gets the couple to reveal hidden fears, overcome resistance by being calm. |
| Focuser | Communication between spouses should be focused to the real problem |
| Advocate | Counsellor role plays an advocacy position on behalf of couple to outsiders. |
| Host | Counsellor provides an environment to have meetings. Healthy atmosphere that needs to be created. |
| Maintenance Person | Relationship between spouses and family members are to be built up and maintained. Keeping balance during the course of therapy is essential. |
| Celebrant | Help the couple to take various events seriously and meaningfully. |

The counselor in a Family court deals with various types of matrimonial issues. In majority of the cases, the allegations levelled in the cases and the relief asked are not the real issues. The person comes to the court as the last resort to solve his/her matrimonial dispute.

The counselor tries to understand the real issues and keeping in context the relief asked tries to help the clients arrive at a settlement.

Some examples are given below (names changed) explaining the details of the case, the relief asked, brief history of the clients, the role of the counselor and the end result.

## 2.5 CASE STUDY

**I**

Relief asked - Annulment of marriage

Petitioner : Suma, 20 years, completed her B.A, presently studying with her mother

Respondent : Rejeev, 25, completed his B.Com. working in his father's money lending business

*Family background*:- Suma belonging to a Nair family. Her father died some years back and her mother has income from property. She has a school going brother. Rajeev belonging to Ezhava community. They had a successful money lending business a few years back but it got into problems and now is in debt of lakhs.

*Marital History* – Suma and Rajeev got acquainted when she was in College. His house was nearby. She got friendly with him and his family. After her examinations, they got married under Special Marriage Act but her family was not aware of it. They both continued to live in their own houses. But after some time through neighbors her family came to know about it. They opposed in vehemently, as he is of a lower caste and has no regular income. More than her mother, her uncle was adamant that divorce is the only option. She had to sign the petition.

When the case came to the counsellor, it was evident that she had married him of her own free will. She wanted to live with him. Her mother was interviewed. She admitted that her daughter was smart and efficient and could not be duped and so she must be loving him. But she has difficulty in convincing her brother and family. Regular conselling was kept. The mother agreed to their reunion, if he takes a separate residence. Rajeev got a good job and said he would take a house near to it. Suma's mother said they would arrange a customary wedding. Once they finalized it, they agreed to withdraw the case and gave a joint statement to that effect. They started staying together and were happily reconciled. They came for reviews after few months and thanked the counsellor for helping them to reunite.

**II**

Relief asked : Divorce under Hindu Marriage Act on the grounds of cruelty

Petitioner : Sarita, 30 years old, Studied till SSLC, housewife

Respondent : Devarajan, 35 years old, contract worker in KSEB

*Family Background* : Saritha is staying with her parents. She has a married sister. She has no job at present. Her father is a daily wage labourer. Devarajan stays with his parents. His one brother and sister are married. His younger brother is also at home and is married.

*Marital History*: Sarita and Devarajan had an arranged marriage 5 years back. They separated two years back. They have a daughter in the wedlock. Sarita states that he is severely alchoholic, comes home late and on the slightest pretext gets violent and abuses her. Lately he has become suspicious of her. They have had three separations earlier. Also family and mediators interfered and they reunited. Lastly, they stayed in a rented house. There also, he continued his drinking and on few occasions he brought his alcoholic friends. She feels insecure to go with him.

The counsellor talked to parties. Sarita wanted divorce. Devarajan wanted reunion. He said he would stop drinking. The child was used as a means for conciliation. He has given access in court and later to his house. After a few sessions, he agreed to undergo deaddiction treatment. But Sarita was still not confident of going back. She said earlier also, he had stopped it for a few months , but it again started. Her parents were supportive of both reunion and divorce. Time was given and counselling done regularly. Devarajan underwent the treatment, Sarita co-operated with it. She became confident of going back to him. The case was kept pending and regular follow-up was done. Nearly six months afterwards, they agreed to reunite and withdraw the case.

**III**

Relief Asked : Maintenance under Sec 125 GPC

Petitioner : Sunitha, 40 years old, SSLC was working in a tile company, now jobless

Respondent : Shyam 42 years, SSLC, working in a private company.

*Family background*: Petitioner stays with her old parents and married brother and children. Her two children are also with her. She separated from her husband nearly 7 years back. Narayanan was also staying with his parents.

*Marital History:* They were married for 12 years and are separated for 7 years.

*Problem Identification*

Sunitha applied for maintenance when she lost her job. Till now Shyam has not paid her any maintenance. Though he has a regular income, he is irresponsible and leads a wayward life. He does not come home regularly. His parents support his behaviour and do not like Sunitha as she did not bring much dowry. So the parents show no support to solve this case. Shyam took a stand that he is willing for reunion, but Shyam was not confident of going back. She felt the support from her family would also dwindle if she leaves them and then to come back if it didn't work out. So, despite all efforts, she refused to go with him. He agreed to pay monthly maintenance of Rs.1,500/- per month to Shyam and Rs.1000/- each to the two children.

**IV**

Relief asked : Divorce on grounds of cruelty under Indian Divorce Act

Petitioner : Betsy, 30 years old, Clerk in a School

Respondent : Thomas, 35 years old, own business

*Family History* : Betsy is the youngest among eight siblings. He stays with his mother in her house.

*Marital Problems* : They lived together for about 1½ years. She became pregnant and after the birth of the child, the problems escalated and she left home. She clames that the in laws had interfered in all their decisions and he supported them. Respondent claims she and her family insulted him whenever he went to her house or they came here and that she is totally led by them.

They were separated for 3 years. Once the parties came for counselling, it was evident that the issues were not between the husband and wife but the families. Once they separated, she became a source of income for her mother and brother. So, they never thought of a compromise. He applied to the church authorities for divorce and since she did not appear, somehow he got divorce from the church. So, till now no meaningful talks had been conducted.

After a few sessions, she agreed to think for reunion and she was asked to bring the child. They spent some time together. One of her sisters showed interest in her reunion. She started supporting her. His family was also called. During the talks with the family members, the issues were discussed and they agreed for a reunion.

They agreed to withdraw the case after 2 months of reunion. They are now living happily and have built a house and have a second child also. They used to come for reviews regularly to the counsellor.

**TEAM WORK**

Marital disputes involve not only husband and wife but cause adverse effects on the spouses, their families and children. It involves human relationships which are very

complex and hence one needs to have multidisciplinary approach while working at Family Courts.

During individual or joint interviews counsellor identifies the problem between the couple and if it deems fit he may take an assistance of experts as per the individual's requirement.

If an individual has personality problem, like Psychosis or Neurosis, Counsellor is not equipped to treat that. However, as he has knowledge about the expertise available to deal with the issue, he may seek help of Psychiatrist or Psychologist. If the problem is regarding sexual incompatibility he may ask the clients to see Sexologist/Gynecologist. Because of matrimonial problem children may have behavioral or personality problems. In such type of cases the child may be referred to Child Guidance Clinic for an assessment and treatment.

Until now we have assumed that legal questions concerning family are legal questions only, but it is not so. The family law is really a meeting place of various disciplines-law, psychology, psychiatry, medicine etc. A one tract mind or a single goal will not simply do.

**Check Your Progress I**

Note : Please use the space given below for your answers.

1. List any five roles of a Counsellor.

.....

.....

.....

.....

.....

## 2.6 PROTECTION OF WOMEN FROM DOMESTIC VIOLENCE ACT, 2005

Violence against women is a centuries – old phenomenon that has been perpetrated in the name of religion, social customs & rituals. The violence may manifest in different forms like child marriage witch –hunting, honour killing etc. Many a time violence against women is due to defiance of the stereo typed role model of daughter, sister, wife and mother and of course as daughter-in-law.

Till 1983, there were no specific legal provisions pertaining to violence within home. Later section 304 B, IPC, was included, which made the death of woman caused by burns or bodily injuries not caused by normal reasons within 7 years of marriage and it is established that the wife was subjected to cruelty by her husband or her relatives, the death is termed as "dowry death" Also, Section 498 A, IPC was added in which cruelty was defined as " any willful conduct which is of such a nature as is likely to drive the woman to commit suicide or cause injury or danger to life limb or health.

In the protection of women from domestic violence Act, 2005, the Act defines domestic violence to include actual abuse or threat of abuse- physical, sexual, verbal, emotional or economic violence. Even harassment by way of unlawful dowry demands to women or her relatives would also be covered under this definition. The act covers even those women who are or have been in a relationship with the abuser, where both parties have lived together in a shared household and are related by consanguinity, marriage or adoption.

**PROCEDURE UNDER THE ACT**

As per the Act, an aggrieved person or Protection Officer (PO) or any other person on behalf of the aggrieved person may present an application to the magistrate seeking relief under this act. The Magistrate at any stage of the proceedings may direct the respondent (the accused) or the aggrieved person to undergo counselling. The Magistrate shall fix the first date of hearing within three days from the receipt of an application by the court. The Magistrate passes the protection order in favour of the aggrieved person, prohibits the respondent from committing or aiding any acts of domestic violence, attempting to communicate with the aggrieved or alienating her asset. The Magistrate can also direct the respondent to pay "Monetary relief" to the aggrieved person. The Magistrate refers the parties to the counselor / counselling parties, as per the list of NGO's approved by the court. As it is not mandatory, the counselling provided is not adequate in most cases. Also, the Act provides that the version of the aggrieved person should be believed and this also affects the counselling procedure. Since the Act, envisages speedy justice and should be ordered in 90 days. This may not be possible is same cases, as it is a family matter and so counselling may not be effective.

## 2.7 CHILDREN IN DYSFUNCTIONAL FAMILIES

Substantial research evidence shows that on average, children who have experienced parental divorce score somewhat lower than that of the children in the first marriage families on measures of social development emotional well being, self concept; academic performances, educational attainment and physical health (Amato 2000, Furstenberg and Kiernan 2001)

Many children in dysfunctional families i.e. Families in which there is violence, physical or otherwise and some single parent families, show delinquent behavior, difficulties with peers and low self esteem, Also around 25% of such children exhibit long term adjustment problems. The children who face daily violence or witness violence at home exhibit negative attitude towards parent's, peers and are difficult to be disciplined. It is seen that dealing with such children in family court during counselling is also difficult. As there is severe time constraint, to build a rapport with the child and to help him adjust in his present circumstance is very difficult. It is seen that most children in such families suffer from psycho somatic disorders. As the children reach the teenage years, the problems multiply and it surely effects their adulthood. The trauma suffered by the children during childhood is very difficult to erase. Also, in the cases dealt in family court, it is not always possible to give back a happy family to the child, So the child has to be taught to adjust in his new circumstance. As the society is changing very fast and the families are disintegrating, the child is the major victim in this situation.

## 2.8 WORKING WITH CHILDREN

Sections of the society which is ordinarily not aware of its rights and does not possess the resources to seek their enforcement are CHILDREN. Of course, amongst children there are some who, because of having relatively better placement enjoy the rights in great measure as compared to their less fortunate counterparts. And hence, we need proper team to secure their welfare. While working with children, the Family Court considers welfare of child as its primary aim.

Family courts Rules, 1989 state that the Counsellor shall be entitled to pay surprise visits to the home where the child resides in the event of the Counsellor coming to a

conclusion that any alteration is required in the arrangement relating to the custody of a child or children; the Counsellor shall make a report to the Court in that connection. There upon the Court may, after giving notice to the parties to appear before it, pass such orders in that connection as the Court may deem fit.

Welfare of child is the first and paramount consideration. The welfare of child is not to be measured by money only or by physical comforts only. Moral, religious welfare of child must be considered along with it's physical well being; also ties of affection cannot be disregarded. Wishes of child are relevant consideration but the welfare of child is of paramount consideration and if welfare of child requires, the wishes of the child may be disregarded. As it has been observed that there may be occasions when child's view counts for very little either because they are merely reflectious of one of the parents (generally of custodial parent) or because although genuinely his own, they are plainly contradictory to his long term interests.

While working with children of broken homes or spouses having marital discord though staying together; one needs to work with children and also with the couple and families. These children often have behavioral problems, children often become manipulative or learn to take advantage of one parent, etc. The child needs to be interviewed, evaluated properly; which is generally done through play therapy. Both parents are also interviewed individually and jointly. For environmental studies the home and/or school visits are often paid by the Counsellor.

The detailed report of Counsellor regarding wishes of child or children and his observation and opinion about child's custody is submitted to the Court whenever it is asked by the Court.

Family Court also deals with working out access of child or children. The non-custodial parent makes an application asking for his visiting right towards the child or children. In such cases the Counsellor talks with parties and the child or children, the parents and child are prepared for access. The Family Courts in Kerala do not have separate Children Complex in its premises so the custody in court premises is torturous for the child. One needs to have proper place and healthy atmosphere for good access. It is being proposed in all new court buildings.

In deciding these applications here again the primary aim of child's welfare should not be hampered.

Though marital discords are among the spouses it has traumatic effects on the child or children. The main issue before us is to arrive at a decision that could make the child relatively invulnerable to the trauma of marital discord.

**Check Your Progress II**

Note : Please use the space given below for your answers.

1. What do you understand by dysfunctional families?

.....

.....

.....

.....

## 2.9 LET US SUM UP

Counselling in a legal setting in India is primarily in Family courts. Though the protection of Women from domestic violence Act (2005), also envisages counselling, it has not become common. The counsellor has both opportunity and constraints in the legal setting. At the initial stage of the case, the counsellor has the opportunity to intervene constructively and be a part of the team work involving the experts in the helping profession. The constraints are the influence of the lawyers', attitude of judges towards counselling, the families of the clients. The counsellor has to be time bound and that is not possible as it involves human relationships. The lawyers and family pressurize to end the counselling as they see only the legal side of the case. Family courts have provided counsellors an avenue to stress the importance of counselling in these highly stressful times. The counsellors should always work within the ambit of law. The counsellor is provided with protection by the law that all information collected is confidential and counsellor shall not be called upon to disclose this information statements or reports to any court and it does not form the part of evidence before the court. Counsellor shall not be called as witness before the court.

Family courts also deals with custody and access matters. Welfare of the child is of paramount consideration. At present the infrastructure of the family courts in Kerala are not providing the required ambience for child access. Counsellor submits his/her confidential report regarding the environmental study and child's wishes and also counsellor's opinion about child's welfare whenever such a detailed report is asked by the court. Marital problems are not the problem of the couple only it does involve both the families & children also. Marriage is a social institution. Saving the marriage is our goal. And hence marriage problems are not just limited to the families; it is a social problem. Looking at the complexity of these problems the family court is one of the avenues, which provides a platform to solve it. The counsellor plays a major role in doing so.

## 2.10 FURTHER READINGS AND REFERENCES

Richard Nelson James (2004), basic counselling skills A helper's manual, 2nd edition, London, sage Publications

Sujata Chavan, Veena Althavale, (1990), Role of Marriage counselor in Judicial setup, DGIPR, Maharashtra state legal Aid and Adisory Board.

George Thorman (1996), Marriage Counselling Hand Book: A Guide to practice, Charles C Thomas Pub ltd.

http: //wcd.nic.in/wdvact.pdf.dt.22.4.11

# UNIT 3 FAMILY COURT, FAMILY PROBLEMS, SEX AND SEXUALITY

**Structure**



## 3.0 OBJECTIVES

At the end of this unit you should be able to understand;

- Family court- Law and it's provisions;
- Family problems;
- Sex and sexuality;
- Conclusion; and
- Suggested reading.

## 3.1 INTRODUCTION

Family courts are specialized courts which were established with the objective of maintaining welfare of the family by utilizing multidisciplinary approach to resolve family problems within the framework of law. These courts aim at securing the legal rights of the individuals on the one hand and undertake the role of guide , helper and the counsellor on the other to enable families to cope with their problems and establish family harmony, followed the principle of dignity of the individual and equality of status of both the sexes. The basic premise of family courts emerged from the conviction that family being a social institution, disputes connected with family such as breakdown, divorce, maintenance, custody of children need to be viewed from social rather than legal perspective. In the Indian context women and children being the weaker parties in the family disputes, dispensation of justice required special attention, protection and special judicial arrangement.

**Family Court is a Court**:- Family court has all the attributes and satisfies all the ingredients of a court. It has been declared to be a district court or subordinate civil court.

**The statement of objects and reasons of the Principal Act is as follows :-**

Several associations of women, other organizations and individuals have urged from time to time that family courts be set up for the settlement of family disputes where emphasis should be laid on conciliation and evidence should be eliminated. In the absence of uniform civil code, family courts were seen as a step forward as it intended to improve procedural laws by providing a more flexible; unconventional and investigational procedures aimed at bringing about reconciliation among the affected parties. Subsequently the family courts Act was passed in 14th September 1984.

## 3.2 FAMILY COURT ACT, 1984

The Family Courts Act contains six chapters. Chapter one contains the usual section relating to Short Title and Definitions. Chapter two states about establishment of Family Courts, appointment of Judges, association of Social Welfare Agencies, Counsellors, Officers and the other employees of Family courts. Chapter three is regarding Jurisdiction of Family Courts. Chapter four deals with the procedure. Chapter five is regarding appeals and the last chapter is regarding appeals and the last chapter is regarding Miscellaneous provisions.

## 3.3 JURISDICTION & SECTIONS OF FAMILY COURTS ACT

Section 7 deals with jurisdiction of family related proceedings and jurisdiction of other courts is outstayed under section 8 of the Act. Civil Jurisdiction of Family Court extends to seven types of suits or proceedings. It includes not only matrimonial causes proper but also suits regarding maintenance, guardianship, custody or access etc. These Suits or proceedings may be governed.

(A) By an enactment related to marriage ;

(B) By an enactment related to maintenance;

(C) By the specific Relief Act, 1963; or

(D) By uncodified laws of India

The clauses cover Suits or proceedings between parties to the marriage for Order Decree of:

i) Nullity of Marriage.

ii) Restitution of Conjugal Rights.

iii) Judicial Separation.

iv) Divorce.

v) Validity of marriage or as to the matrimonial status of any person.

vi) With respect to property of parties or of either of them.

vii) Injunction in circumstances arising out of matrimonial relationship.

viii) Declaration as to the legitimacy of any person.

ix) Maintenance to wife, children, parents.

x) Any minors.

Subject Related to guardianship of persons or custody of, or access to to other provisions of the Act, a Family Court shall also have and exercise the legal expert as amicus curiae ("Friend of the court" a person appointed by the court to assist it in deciding the case).

**APPEALS**

Appeals shall lie from every judgement or order, not being an interlocutory order, of a Family Court to the High Court on facts and on law. No appeal shall lie from Decree or Order passed by Family Court by of Decree of the Family Court. Appeal is heard by a consent of parties. Said appeal shall be preferred within period of 30 days from the date.

**Division Bench**

The family court symbolizes a very modest beginning showing an awareness that human considerations are paramount in family laws and should not be allowed to be submerged in the flood of other kind of litigation.

*Commencement in Kerala: The 21st day of October 1989, the Act came into force in Kerala State, as per Notification published in Gazette of India Extraordinary dated 17-10-1989. At present there are 18 family courts in Kerala* . In Kerala, all the districts have a family court and Thiruvananthapuram, Kollam, Kozhikkode and Kannur have an additional family court also.

Appointment of Judges:-

1. The State Government may with the concurrence of the High Court appointment – one or more persons to be the judge or judges of a family court.
2. When a family court consists of more than one judge,
    a. Each of the Judges may execute all or any of the powers conferred on the court by this Act or any other Law for the time being in force.
    b. The state Government may with the concurrence of the High Court, appoint any of the Judges to be the Principal Judge and other Judge to be the Additional Principal Judge.
3. A person shall not be qualified for appointment as a Judge unless he
    a. has for at least seven years held a judicial office in India or the office of a members of a tribunal or any post under the union or a state requiring special knowledge of law or
    b. has for at least seven years been an advocate of a High Court or of two or more such courts in succession or
    c. Possesses such of these qualifications as the Central Government may with the concurrence of the Chief Justice of India, prescribe.

4. In selecting persons for appointment as judges.

   a. Every endeavor shall be made to ensure that persons committed to the need to protect and preserve the institution of marriage and to promote the welfare of children and qualified by reason of their experience and expertise to promote the settlement of disputes by conciliation and counselling are selected; and

   b. Preference shall be given to women.

5. Association of social welfare agencies etc:-

   The state government may in consultation with the High Court provide by rules, for the association in such manner and for such purposes and subject to such conditions as may be specified in the rules with a family court of -

   a. Institutions or organizations engaged in social welfare or the representatives thereof;

   b. Person professionally engaged in promoting the welfare of the family;

   c. Persons working in the field of social welfare and,

   d Any other person whose association with a family court would enable it to increase its jurisdiction more effectively in accordance with the purposes of this Act.

Counsellors and other employees of Family Court –

(1) The state Government shall in consultations with the High Court, determine the numbers and categories of counsellors, officers and other employees required to assist a Family Court. In the discharge of its functions and provide the Family Court with such counsellors, officers and other employees as it may think fit.

Jurisdiction

1. Subject to the other provisions of this Act, a Family Court shall:-

   a have and exercise all the jurisdiction exercisable by any District court or any subordinate civil court under any law for the time being in force in respect of suits and proceedings of the nature referred to in the explanations and

   b. be deemed, for the purposes of exercising such jurisdiction under such law to be a District Court or as the case may be such subordinate civil court. For the area to which the jurisdiction of the Family court extends.

The suits and proceedings referred to in this sub-section are suits and proceedings of the following nature, namely:-

a. a suit or proceeding between the parties to a marriage for a decree of nullity of marriage (declaring the marriage to be null and void or as the case may be annulling the marriage) or restitution of conjugal rights or judicial separation or dissolution of marriage.

b. a suit or proceeding for a declaration as to the validity of a marriage or as to the matrimonial status of any person.

c. a suit or proceedings between the parties to a marriage with respect to the property of the parties or of either of them;

d. a suit or proceedings for an order or injunction in circumstances arising out of a marital relationship;

e. a suit or proceedings for a declaration as to the legitimacy of any person;

f. a suit or proceedings for maintenance;

g. a suit or proceedings in relation to the guardianship of the person or the custody of or access to, any minor.

In chapter IV, procedure, Sec (9), Duty of Family Court to make effect for settlement-

(1) In every suit or proceeding, endeavor shall be made by the Family Court in the first instance where it is possible to do so, in consistence with the nature and circumstances of the case, to assist and persuade the parties in arriving at a settlement in respect of the subject matter of the suit or proceedings and for this purpose a family court may subject to any rules made by the High Court, follow such procedure as it may deem fit.

(2) If, in any suit or proceedings at any stage, it appears to the Family Court that there is a reasonable possibility of settlement between the parties, the Family Court may adjourn the proceedings for such period as it thinks fit to enable attempts to be made to effect such a settlement.

The family Courts (Kerala) Rules 1989, Section 13 to Section 38 specifies the functioning of counselling procedure. As per Chapter II, Sec 6, The family courts Act provides for the appointment of counselors and other employees of family court. The terms and conditions of associations of the counsellors and the terms and conditions of service of the officers and other employees may be specified by rules made by the state Government.

Generally the counselling procedure followed in the family courts is as follows – the counsellor fixes the time and date for counselling. The parties shall be bound to consult the counsellor on the date and at the time so fixed. The counsellor assists and advises the parties regarding the settlement of the subject matter of dispute between the parties. The counsellor also helps the parties in arriving al reconciliation. The counsellor is also enabled to pay home visits to the homes of any of the parties. He is entitled to interview relatives, friends and acquaintances of parties. He can seek such information as he may deem fit from the employee of any of the parties. He can refer the parties to an expert in any other area such as medicine or psychiatry. The family court gives importance to multidisciplinary approach and so, list of institutions and agencies working in the field of family welfare, child guidance may be associated with the family court. The information gathered by the counsellor is confidential. The counsellor shall not be called upon to disclose these information statements, notes or report to any court except with the consent of both the parties. The counsellor shall not be permitted to give evidence in any court in respect of the information statements, notes or reports. When the parties arrive at a settlement before the counsellor relating to the dispute, such settlement shall be reduced to writing and shall be signed by the parties and countersigned by the counsellor. The court shall pronounce a decree or order in terms thereof.

To sum up the Family Courts Act, 1984 was part of the trends of legal reforms concerning women. Though it started functioning since 1989 in various states of the country, many loopholes are creeping in its functions. The family courts are free to evolve their own rules of procedure and once a family court does so, the rules so framed over ride the rules of procedure contemplated under the code of civil procedure. In fact, code of

civil procedure was amended in order to fulfill the purpose behind setting up of the Family Court. Special emphasis is put on settling the disputes by mediation and conciliation. This ensures that the matter is solved by an agreement between both the parties and reduces the chances of any further conflict. The aim is to give priority to mutual agreement over the usual process of adjudication. In short, the aim of these courts is to form a congenial atmosphere where family disputes are resolved amicably.

It is evident that the setting up of these family courts was a dynamic step so far as reducing the backing and disposing of cases while ensuring that there is an effective delivery of justice goes.

**Check Your Progress I**

Note : Please use the space given below for your answers.

1. Name the six chapters contained in the Family Court Act, 1984.

.....

.....

.....

.....

.....

.....

## 3.4 FAMILY PROBLEMS

A family is usually defined as a group of people related to marriage, ancestry or adoption who live together in a common household. Although some form of family is universal to all human societies its structure and traditions vary enormously from one place to another. For example, some societies permit only one husband and wife, while others allow more. The first type is called monogamy and the other polygamy. Another useful classification divides families into two types, *nuclear and extended*. The *nuclear* family consists of a married couple or single parent and children. Although there are often close ties between the members of the nuclear family and the other relatives, nuclear families are independent self controlled units.

Although the nuclear family is the most common in the world's industrialized nations, in most agriculture based societies extended families are more common. It includes a much wide range of relatives than the nuclear family. Life in an extended family is very different from the life in a nuclear family. For one spouse at least marriage does not represent a sharp beak with the past. That spouse continues to be with his or her parents as before. Although the adjustments is more difficult for the spouse who must more into a new family, husband and wife both remain under the authority of the older generation. They have little chance of controlling their own lives unless they have live long enough to take over the responsibility of the entire family. On the other hand, each family member receives far more support and protection from the family unit.

## 3.5 MAIN ISSUES IN THE FAMILY

**Understanding Family Diversity**

From ancient times each society had a definite idea of what a "normal family should be like, Of course, not every family could live up to those expectations but there was

enormous pressure to confirm and the vast majority of people did. In pre-industrial societies, the family as the basic unit of economic production and it was very hard to survive outside family bonds. Marriages were arranged by parents or other family members and the needs of the family were supposed to be placed above those of its individual members. Marriage was seen as a family duty and divorce was often difficult or impossible. The father or oldest male was given authority over the family and its assets.

Over the generations, the industrial revolution transformed family life. As production shifted away from the family, individuals gained more economic independence and it became easier to live without family support.

More and more families are becoming dual earner family. Both males and females have become earning members and contribute to the economic growth of the family. It should be noted however that males continue to carry greater responsibilities as "bread winners".

A perusal of varied literature on Indian Society and Culture, particularly generated by ethnographers, historians, Christian Missionaries and subsequently by anthropologists and sociologists, suggests that the 20th Century recorded certain changes of far reaching importance in the family system under the influence of westernizations, industrialization, and modernization great population mobility across the sub-continent. Globalization has made the population mobility even wider, across the world. Ever since, the Indian family has progressively confronted and combated various kinds of problems and challenges.

"The virtual disappearance of traditional joint family from the urban scene, increase in the life expectancy of women from 23 years in 1901-10 to 65 years in 2009. Rise in the proportion of female headed households, decrease in the average age of household heads, increase in the incidence of separation and divorce greater tension and conflicts between wife and husband, parents and sons between brothers, increased freedom of marital choice, passing of child marriages, shrinking of kinship ties, continuous consultations between sons and parents on familial matters, greater involvement of females in decision making process, increase in the mean age at marriage of female from 13 years in 1901 to 18.3 years in 2001, rise in the level of female education, decline in total fertility rate from 4.9 in 1971 to 2.76 in 2009 are concrete and clinching evidence to suggest a whole range of changes in the family system, in its structure, functions, core values and regulative norms" (Singh, 2004,129-166). In course of these changes many new problems have surfaced, while some of the old ones, such as dowry, divorce, lack of intergenerational solidarity, discord between siblings and gender violence have got further intensified.

### The Passing of Joint Family System

Since time immemorial the joint family system has been one of the salient features of the Indian society. But the 20th century brought enormous changes in the family system. Changes in the traditional family system have been so enormous that it is steadily on the wane from the urban scene. At the national level over three fifth of the households are headed by persons aged less than 50. The emergence of financially independent career for men and women who are confident of taking their own decisions and crave to have a sense of individual achievement has greatly contributed to the disintegration at joint family. Because of the rise in nuclear families, familial discord, escalated and reached the level of physical violence, death or separation and divorce. The support structure

that is present in joint family is a major factor in reducing marital discord at the nascent/ emerging stage itself. The rise of nuclear families has led to higher egos, materialistic aspirations, lack of adjustments between the spouses. As they are financially sound, the problems mostly reach a break point.

**Changes in Authority Structure**

Once, the authority within the family was primary in the hands of family elders commonly known as Karta in Hindi. The general attitude of members of the family towards the traditional patriarch was mostly one of respect. Among women, patriarch's wife was the paramount authority. In fact women's position depended on the position of their husbands in the household. Young women in the family were expected to be dutiful and obedient. Self assertion even in bringing up their own children was blasphemy. Widows and those spurned by their husbands were assured of the family roof, though mostly as voiceless members.

But the situation has changed with the sons and daughters possessing a higher level of education and a greater level of exposure of the world outside the family than ever before. Also we have more female headed household around nine percent of the entire household in the country. In the absence of their husbands either because of death, separation, transfers of job or business engagement women are themselves able to run the affairs of their family. Long distance migration of men for employment is also an important reason for the emergence of such household. The rise in the decision making power of women has led to rise in family problems, as they are expecting their share of happiness, freedom and economic independence in a family life. Also they are less prone to suffer physical violence which was the rule in yesteryears.

**Changes in Marital Practices**

The traditional system of values of the Indian society, especially that of Hindus, has been such that it stood for the practice of early as well as universal marriage for females. Today the consent of the women is also being sought for marriages. In India, marriages among family members have been prevailed in many communities. Women are trying to break this barrier and tend to take their own decisions. This leads to family issues. Also among Muslims, polygamy is legally sanctioned. This is a source of uneasiness in women as in today's world; this practice is not accepted by most women.

**Dissolution of Marriage**

The dissolution of marriage has been quite uncommon and rare in India for a long time. In case of any crisis or threat to stability of marriage, caste, community, kinsmen tended to have played a dominant say. People had both respect for, and fear of social values and public opinion. Authority of community though implicit has been supreme. Individual choice has always been subservient to the communal sentiment or public opinion. Hindu marriage was considered a sacrament. Morality was also highly valued specially, in case of females. Despite all these, there has been significant change in the views and attitudes towards sanctity of marriage in the recent past especially in cities. Marriage is no longer a "divine match" or a "sacred union". The marriage is no longer sanctioned. The rather flippant and superficial reasons given by many women and men to break a marriage do not augur/predict well for the future.

Some of the family problems stated in a marriage are dowry, physical abuse, egos, lack of adjustments, substance abuse of one or both the spouses, psychiatric and other medical illnesses etc.

### Dowry

Dowry has become one of the serious social evils of the Indian society in the recent years. Dowry or the bridegroom price, refers to a lump sum of money with or without some tangible assets constituting an essential part of the wedding settlement which is transferred by the brides household to that of her prospective spouse before the actual solemnization of marriage. The menace of dowry has led to serious issues in the family with the girl facing abuse and even death in some cases. Government of India has enacted the Dowry Prohibition Act in 1961 which was amended in 1986 but the problems still continues to be a cause for marital breakdowns.

The disturbing fact about dowry related violence is that, it is not confined to any particular group social stratum, geographical region or even religion. Rather it is regarded as a universal phenomenon in India, cutting across all such of boundaries.

### Domestic Tension and Violence

Violence within family setting is primarily a male activity. The prime targets are women and children. A multi sectoral survey done by the International Clinical Epidemiologists Network (INCLEN) has reported that two out of every five married women reported being hit, kicked, beaten or slapped by their husbands. The problem exists in all strata of society all over the world, but the higher class women are not comfortable to be open about it. Physical violence has both physical and emotional effects and it is a serious cause for marital breakdowns. Given today's world, the reverse is also taking place, wives abusing the husband through misusing the anti-dowry laws and prevention of domestic violence act and it is also a form of harassment faced by men.

### Problems of Children

The children in problem families or those facing domestic conflicts face tremendous physical and emotional abuse. Also, if the child or children are having medical or psychiatric illness, this leads to severe family problems as most of the time that parents are unable to cope up with the mental tension associated with it. Childhood disorders are now increasing multifold and this leads to family problems. Though children are the thread through which family bonds together, a problem in them is also a cause for its breakdown. Also, they are the biggest victims of a family breakdown.

### Problems of the Elderly

The family has started facing a new kind of problem emanating from a relatively faster pace of demographic transition. The incredible increase in life expectancy may be a big triumph of the 20$^{th}$ century. But it has posed one of the toughest problems before the 21$^{st}$ century India. The number of elderly people has in-fact risen by fourfold in the last 50 years. The younger generations do not seem to adjust well with the parents these days. They feel their privacy is being taken over and also they feel bordered by the health needs of the elderly. This has become a serious family problem especially in Kerala. The number of parents approaching family court and other Government agencies for maintenance and protection are growing. The intergenerational gap is widening and both sides are not willing to make the adjustments. This is a serious social issue also, as the old and infirm are being left unattended in their dying years.

## 3.6 FAMILY PROBLEMS: WAYS FOR RECOVERY

Every family has family problems but there are certain measures one can take for recovery. Whenever there is a group of people who spend hours with each other there are going to be problems.

The most important way forward is, learning how to identify problems and then deal with those problems before they get out of hand. A family's diversity must be acknowledged. Like it or not, it is a fact that there is the generation gap exists in families, between generations and that causes problems.

Stopping the problem before it erupts is one of the best ways to deal with family problems. Family meeting can accomplish this goal.

Also, go into each talk session with the attitude that one attributed to the problem just as much as the other person. This will help one take responsibility rather than blaming other people. Some other steps one can take to encourage family recovery.

1. Admit one need help, there is no shame in seeking professional help. A professional counsellor has the knowledge and experience to help seek the best solutions.
2. Realise whatever one does is for the common welfare of one's family. Like there is substance abuse by children or behaviors problems, take the help of organizations that deal with it.
3. Instill in the family a desire for each member of the family to recover. No member of a family is immune to family problems. Each member of the family must accept what happened and have the desire to recover.
4. Do not hold anything against the person or persons who are causing the problems. It is O.K. to feel angry at the situation, but do not let the anger consume oneself, learn to vent one's anger in a constructive way.
5. Keep communicating- Once a problem starts, the communication should not stop. It is important to talk through one's emotions and feelings. Truthful communication builds trust which is the basis for a healthy relationship
6. Take responsibility for one's need to change. Too many times we try to change others in order to meet our expectations but often we are the ones who need to change.

These are some of the ways in which family problems can be resolved.

**Check Your Progress II**

Note : Please use the space given below for your answers.

1. Describe the concept of dissolution of marriage in Indian context.

.....

.....

.....

.....

## 3.7 SEX AND SEXUALITY

**Sex**

Sex refers to the biological & physiological characteristics that –define men & women (WHO 2007)

## Sexuality

Sexuality is regarded as the ability to have sexual feelings, involving a person's feelings about- the self, self esteem, body image, ability to relate sexually to others and ability to create such feelings - thus giving and identity and acknowledgement to the sexual nature of a being (Foucault, 1974).

Sexuality refers to the total sexual makeup of an individual covering physical aspects, attitudes and values with preference. (Mewar 1988)

Sexuality is an integral component of human behavior and is considered to be central to the human contact and communication. It is the expression of an individual's identity and personality.

In an introduction to Foucault's understanding of sex and sexuality, Danaher, Schirato and Webb (2000), describe that sex and sexuality, together comprise a set of practices and, behaviours, rules and knowledge by which we produce ourselves and are produced, as "knowing" - ethical, social and judicial subjects. The authors state that sex is tied up with meanings and power, it is a form of knowledge as well as a physical activity; it involves one's relation to the self as much as one's relation with the others. While sexuality is a learned behaviour, learning sexuality does not come naturally (Long & Shwartz 1977).

Sexuality is a complex concept that is composed of several factors.

1. **Biological:** one's genetic makeup and how it is physically expressed (one's appearance).
2. **Familial**: The role modeling provided by the behaviors demonstrated by the closest adults to the adolescents: usually the parents.
3. **Cultural:** the role assigned to men and women by the adolescent's culture and the ways in which men and women are supposed to interact.
4. **Societal:** the mix of cultural norms that make up a society. Each group's norms are modified when they encounter the norms of other groups All these factors are critical in creating a sexually mature man or a woman.

Sexuality has a multi dimensional nature. It involves sexual knowledge, attitudes, behaviors, and practices. Its definition encompasses the whole person, including sexual thoughts, experiences and values being a male or female. Feelings about one's sexuality define one's role in society and influence ones feelings about relationships. Sexuality is influenced by many factors including age, disease and hormones. It is shaped by parents, family, culture and society. The WHO specially list three key elements of sexual health as follows:

1) A capacity to enjoy and control one's sexual and reproductive behavior in accordance with a personal and social ethic.
2) Freedom from fear, shame, guilt, false belief and other psychological factors inhibiting sexual responses and impairing sexual relationship.
3) Freedom from organic disorders, diseases and deficiencies that interfere with sexual and reproductive functions.

Every individual's sexuality is a unique composite experience born out of a history that reaches back into childhood. Sexuality is closely linked to one's own self perception

and sense of self and personhood. Therefore it is fashioned by personal experience of gender, body image experiences of the body, intimacy, love, family relationship, trust, pleasure seeking emotions as well as larger sociological systems such as family, culture, religion and society. The language of sexuality, reflects a deep collective discontent, because it oscillate between extremes of obscenity and medical sterility. There is hardly any personal or public discourse around sexuality that spans the realms of emotional, sexual, erotic and other personal experiences.

Sexuality is also shaped by negative influences and experience such as gender violence and discrimination, sexual double standards negative perceptions of body, shame and guilt associated with any form of pleasure and child sexual abuses. These experiences are far more prevalent in our notions of sexuality, as it is rarely discussed or given any positive expressions. Sexuality has been equated with procreative sex, thereby outlawing a range of sexual expressions, limiting the scope of language and experience.

## 3.8 SEXUAL DYSFUNCTION

A sexual dysfunction is characterized by a disturbance in the processes that characterize the sexual response cycle or by pain associated with sexual intercourse. The sexual response cycle can be divided into the following phases.

1. **Desire:** This phase consists of fantasies above sexual activity and the desire to have sexual activity.
2. **Excitement:** This phase consists of a subjective sense of sexual pleasure and accompanying physiological changes. The major changes in the male consist of penile tumescence and erection. The major changes in the female consist of vasocongestion in the pelvis, vaginal lubrication and expansion, and swelling of external genitlia.
3. **Orgasm:** This phase consists of a peaking of sexual pleasure, with release of sexual tension and rhythmic contraction of the perineal muscles and reproductive organs. In the male there is the sensation of ejaculatory inevitability, which is followed by ejaculation of semen. In the female, there are contractions (not always subjectively experienced as such of the wall of the outer third of the vagina. In both genders, the anal sphincters rhythmically contract.
4. **Resolution:** This phase consists of a sense of muscular relaxation and general well being. During this phase, males are physiologically refractory to further erection and orgasm for a variable period of time. In contrast females may be able to respond to additional stimulation almost immediately.

Disorders of sexual response may occur at one or more of these phases. The sexual Dysfunction is characterized by disturbance in sexual desire and in the psycho. Physiological changes that characterize the sexual response cycle and cause marked distress and interpersonal difficulty. The sexual dysfunctions include Sexual Desire Disorders ( ie. Hypoactive Sexual Disorders, Sexual Aversion Disorder), Sexual Arousal Disorders (ie Female Orgasmic Disorder, Male orgasmic disorder, premature Ejaculation), Sexual pain disorders (ie Dysparenia, Vaginsmus), Sexual Dysfunction due to General Medical Condition, Substance induced sexual Dysfunction.

The paraphillias are characterized by recurrent intense sexual urges, fantasies or behaviors that involve unusual objects, activities or situations and cause clinically significant distress or impairment in social, occupational or other important areas of functioning.

The paraphillias, include exhibitionism, fetishisms, frotterism, pedophillia, sexual masochism, sexual sadism, transvestic fetishism, Voyeurism and Paraphillias not otherwise specified.

Gender-identity disorders are characterized by strong and persistent cross gender identification accompanied by persistent discomfiture with one's assigned sex. Transgenderism ie. Andnogyne, Hydra, Third sex.

Sexual Disorder not otherwise specified - It is included for coding disorders of sexual functioning that are not classifiable in any of the specific categories. Eg. Repetitive masturbation, internet pornogaphy, obsessive shopping, habitual to sexual activities.

## 3.9 SEXUAL SATISFACTION

Sexual satisfaction is a major source for marital satisfaction. Researchers have demonstrated extremely high rates at sexual dysfunction among couples as high as 50% (Masters and Johnson, 1970), and clinicians have noted the impact of this dysfunction upon couples marital well being (e.g. McCarthy, 1997, 2001, 2003). McCarthy noted a clinical adage that "when sexuality is dysfunctional or nonexistent it plays an inordinately powerful role, from 50-70% draining the marriage of intimacy and good feelings. Recently researches have demonstrated that satisfaction with sexual aspects of the relationship indeed plays a significant role in the overall satisfaction of married couples (Apl-et-al, 1996; Christopher & Sprecher, 2000; Fields, 1983; Young el-al., 1998). Specifically researchers have found that couples rated sexual satisfaction as one of the most important components of marital happiness and functioning (Fields, 1983, Henderson King & Versoss, 1994, Kumar, 1986, Trudel, 2002). Simarly Morokoff and Gilliland (1993) found sexual satisfaction, perception of spouse's sexual satisfaction, and frequency of sexual intercourse to be positively associated with marital satisfaction.

Marital satisfaction depends largely on a happy and successful sexual relationship especially in the early years of marriage. In Indian conditions women find it difficult to express the feelings about sexuality in its true form. Also, if there is a problem in the sexual relationship, the solutions are hard to find. If the wife speaks about, the problems in sexual relationship she is termed as bold and shameless. If the husband speaks about the sexual problems he is termed to be overly interested in sex. Most of the time, dissatisfaction in sexual relationship comes out in the form of anger, frustration and violent behavior from the affected party. Lack of professionals in this field is a major hindrance to rectify the problem. The stigma attached to going to a sexologist or a psychiatrist is still very high.

**Check Your Progress III**

Note : Please use the space given below for your answers.

1. What are the three key elements of sexual health listed by WHO?

   .....

   .....

   .....

   .....

## 3.10 LET US SUM UP

Lack of proper sex education in schools in adolescent period is a major problem. Our society still sees sexual issues to be private and public discourse is taboo. But is apparent that, multiple sex partners is becoming more and more common among today's generation. The spread of AIDS has led the Government and private agencies to take notice and undertake awareness programmes in this field. Sex and sexuality plays a major role in the normal growth of an individual. Any dysfunctions in these aspects will lead to serious consequences – physical and emotional - in a relationship.

## 3.11 FURTHER READINGS AND REFERENCES

http: //www.mainstreamweekly.ney/article1936.html. dt. 22.4.11

http: //www.un.org/esa/socdev/family/does/egmo9/singh pdf dt 31.3.11

http://www.stevepavlina.com/b108/2006/01/understanding family-relationship-problems dt. 25.3.11

http: //www.allabout-lifechallenges.org dt. 26.3.11

www. nchinlm.nih.gov/pubmed/18311101 dt. 22.4.11

Danaher; Schirato and Webb (2000), *Focaults's understanding of sex and sexuality*, London; sage publications

Dhun Pantaki (2005), *Education in Human Sexuality- A source book for educators* ( IPPF)

Englewood cliffs, N.J.Victor, J.S (1980); *Human Sexuality*; Prentice Hall

Kumar; P & Maniyar- R.P.(1987), *Sexuality and Marital Adjustment,* Prachi Journal of Psycho Cultural dimensions, 3 (1&2), 1-6

Manocha, B.L (1983), *Marriage Conflicts; Causes and Cures*, New Delhi, Sterling paperbacks

Fonseca. M.B (1963), *Family Disorganization and Divorce in Indian Communities*; Sociological Bulletin 12 (2), 14 - 33

S. Santhosh Kumar (2004), Manual Of Family Court and Laws, Swamy law House, Kochi, 2nd edition

Ratna Varma, Family courts in India; An appraisal of strengths and limitation

Govt. of India (1984) family courts Act: 1984 with short notes

James.W.Coleman, Donald.R.Cressey (2010), Social Problems, study guide, 7th edition, Addison, - Wesley Longman. Inc.

Harold: 1. Kaplan, M.D, Benjamin. J. Sadock. M. D, (2003) Synopsis of psychiatry, Behavioural Sciences/Clinical psychiatry, 10th edition, USA Lippincott Williams, and Wilkins, @ Wattersk Luwer - Business

American Psychiatric Association ( 1994), Diagonstic and stastical manual of mental Disorder (DSM) IVth edition

Samantha Litzinger and Kristina Coop Goridon (2005) Exploring Relationships Among Communications Sexual Satisfaction, and Marital satisfaction, Journal of Sex & Marital theraphy, 31:409-425

Jamwal.N.,Have Family courts lived up to Expectations? Mainstream, vol x LVII No. 12 march 7, 2009

http: www.legalserviceindia.com/article/1356-Family courts-in-India.html.dt 30.3.11

Pedagogical intervention in sex and sexuality, A study among Adolescent School Children. Thesis is submitted to the M.G. University in Partial fulfillment for the Degree of Philosophy in social work under the faculty of social sciences- Asha. P.

Rao, Feb 2009 (unpublished Ph. D Thesis)

# UNIT 4 SUICIDE AND COUNSELLING

**Structure**



## 4.0 OBJECTIVES

- To gain knowledge about the phenomenon of 'Suicide'- causes, signs of suicidal feelings, risk factors and manifestations of suicidal behaviour.
- To understand the different levels of prevention of suicides in society;
- To understand the importance of counselling in suicide prevention; and
- To gain knowledge about various aspects of suicide counselling.

## 4.1 INTRODUCTION

Suicide, commonly known by several names like completed suicide, attempted suicide, deliberate self harm, self assault etc is an indicator of the health of the society. Suicides have been recognized as a major public health problem since historical times. Suicides are on the increase in rural and urban India.

The word "suicide" first used by Sir Thomas Brown in 1642 in his 'Religio-medici" has evoked a variety of reactions in public minds. These reactions vary from anger, distress, ridicule, anxiety, tension, fear, sadness & stigma. Suicide as such means "an intentional determination to end one's life, an unexpected way of death, where the willingness to die originates within the person and there is the presence of known/unknown causes to end one's life". Suicide whether completed, attempted or contemplated, is also a state where available options and future possibilities are never considered before the act. Throughout history, the word 'suicide' has had different meanings to different people. Various meanings attributed to the term include "the murder of oneself", "a conscious act of self-inflicted cessation", "an act of despair of which the result is not known, occurring after a battle between unconscious death wish and desire to live better", "to love and be loved, to live or not to live" and others. It is estimated that more people commit suicide each year than die in all the worlds combined conflicts.

## 4.2 DEFINITION OF SUICIDE

Emil Durkheim, [1897] the sociologist defines suicide;

"Suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce the result".

*Suicide is considered to be an attempt to 'communicate' or 'to solve a problem'. It is a cry for help.*

Suicide is defined as the intentional taking of one's own life. Prior to the late 19th century, suicide was legally defined as a criminal act in most Western countries. In the social climate of the early 2003, however, suicidal behaviours is most commonly regarded and responded to as a psychiatric emergency.

Ruth S. Caven [1928] has defined suicide as the "intentional taking of one's life or the failure when possible to save oneself when death threatens". Suicide is an act which affects the whole society. If someone indulges in self destruction or commits suicide his family and society as a whole are affected.

*Majority of the suicides can be averted through timely interventions. Very often the signals/signs of suicidal thoughts & contemplation are ignored by the kith & kin of one who commits suicide.*

Suicide as an entity has cut across countries, societies and communities within geographical locations. No barriers of age, sex, class, religion exist in suicides.

There is an alarming increase of suicide rates among teenagers. There has been a spurt of suicide reports among farmers particularly in the Southern states of India. Cases of geriatric suicides have shocked the conscience of our society recently which was unheard of in the past.

In the late 90s and early 2000, Kerala had many cases of family suicides. Sadly, it is a complex phenomenon in itself where the members of a whole family - husband, wife and young children (even infants) die together. When analysed it becomes clear that either the husband or wife or both of them together decide to put an end to their lives. The children or other family members who are not party to the decision are killed by the decision-maker. Thus a 'family suicide' presents the complexity of suicides and homicides together.

**Facts and Fictions on Suicide**

Some of the facts and fictions on suicide are illustrated in the following table:

| Facts | Fiction |
|---|---|
| Most people who kill themselves have given definite warnings of their intentions | People who talk about it don't commit suicide |
| Suicidal people often give indications of their thoughts (sometimes before the thoughts have become intentions) by words or actions | Suicide happens without warning. |
| Suicidal thoughts may return, but they are not permanent, and in some people they may never return. | Once a person becomes suicidal he remains suicidal forever |
| Many suicides occur in a period of improvement, when the person has the energy and will to turn despairing thoughts into self-destructive action | After a crisis, improvement means that the suicide risk is over. |
| Suicide occurs in all groups of society. | Suicide occurs mainly in the poor/rich |
| Suicidal behaviour indicates deep unhappiness but not necessarily mental illness. | Suicidal behaviour is a sign of mental illness. |
| It could happen to anybody. | You are either the suicidal type or you are not and that is it. |

***Source:*** *NCRB 2010*

## 4.3 PSYCHOLOGICAL ANALYSIS OF SUICIDE

A number of eminent psychologists have discussed suicide from the view point of psychology. Among them Freud and Bunsel (1933) are the most prominent.

Freud's view point- According to him there is a fundamental biological urge which expresses itself in paradoxical and bipolar manner in which there is constant pull in opposite directions. Eros and Thanatos, which is an urge to live and wish to die are fundamental impulses which pull man in opposing directions and they fight for dominance. If, for some reasons, the wish to die gets precedence over the urge to live and overwhelms it, man's urge to live becomes dim and ineffective and he considers death to be a more basic mode of existence. Freud makes use of a fundamental concept of psychoanalysis namely identification. Identification is a mental process by which man considers some object or some goal or some idea to be so intimate that he would live only for the sake of them and without them everything is useless, devoid of meaning and value. Usually

death wish expresses itself in the form of aggression, hatred and kill- joy; but when and if the urge instead of remaining externalized becomes internalized, man identifies himself with his own destruction and commits suicide.

Karl Menninger's (1938) analysis of suicide: The theory of Menninger regarding suicide is in fact, a corollary of Freud's theory. He has analyzed only the thanatos, i.e., the wish to die. According to him the wish expresses itself in 3 forms. 1. The wish to die, 2. The wish to kill and 3. The wish to be killed.

Bunzel's (1933) analysis of suicide: According to Bunzel the psychological processes leading to suicide are exactly the same that lead to the disintegration of his personality. Fear and anxiety, the inferiority complex and its fulfilment, hatred and aversion, and criminal sentiment are the reasons of personality disintegration.

## 4.4 CHIEF CAUSES OF SUICIDE

### Risk Factors and Risk Situations

Suicidal behaviours are more common under certain circumstances owing to cultural, genetic, psychological and environmental factors.

General risk factors include:

- Low socio-economic status and education level, loss of employment.
- Social stress.
- Problems with family functioning, social relationships and support systems.
- Trauma, such as physical and sexual abuse.
- Personal losses.
- Mental disorders, such as depression, personality disorders, schizophrenia and alcohol and substance abuse.
- Feelings of worthlessness or hopelessness.
- Sexual orientation issues (such as homosexuality).
- Idiosyncratic behaviours (such as cognitive style and personality constellation).
- Impaired judgement, lack of impulse control and self-destructive behaviours.
- Poor coping skills.
- Physical illness and chronic pain.
- Exposure to suicide of other people
- Access to means of complete self-harm.
- Destructive and violent events (such as war or catastrophe disorders).

*90% of individuals who have ended their lives by committing suicide had a mental disorder, 60% of which were depressed at that time. All types of mood disorders have been clearly linked to suicidal behaviour.*

**Check Your Progress I**

Note : Please use the space given below for your answers.

1. Define suicide.

.....

.....

.....

.....

## 4.5 DURKHEIM'S (1897) THEORY OF SUICIDE

According to Durkheim society is primary and the individual secondary; therefore society plays a primordial role and the individuals merely reflect or mirror those roles. Durkheim emphasizes the pivotal role that society plays in the life of the individuals. According to him, it is the social circumstances and the influence of the collective consciousness which are, in the main, responsible for the phenomenon of suicide. He says "suicide is an act which society disapproves although the collective conscience does approve of certain suicides of expiation.

Some scholars have propounded the **geographical theory** of suicide. According to them the incidence of suicides rises in summer months of May-June when compared with the winter months of December-January; but according to Durkheim though the stated facts are in order, that is, it is true that the number of suicides is higher in May-June in comparison with December-January, the weather conditions are not the true causes, they appear to be so to a superficial observer. But the real reason lies in the fact that inner social workings in individuals increase considerably in summer months. Therefore, it is not the heart but the social influences which cause suicide.

Similarly a depressed man commits suicide not because of depression but due to heightened sensitivity to social conditions in a depressed man.

Durkheim has classified different types of suicide on the basis of different types of personalities of men. He has recognized following three to be the fundamental.

Egoistic suicide: The suicides committed by persons who are self centered and to whom self-regard is the highest regard are called egoistic suicides. According to Durkheim those persons who have none or few emotional attachments are more suicide-prone than those who have strong emotional attachment. Obviously a man of strong attachments will always have a reason to live and can never experience the kind of apathy and vacuity felt by unattached individual. It is clear that the chief causes of egoistic suicide are social. It is also plain, upon Durkheim's analysis, that society is mainly responsible for suicide.

Altruistic Suicide**:** An altruistic suicide is a form of sacrifice in which a person puts an end to his life by some heroic means in order to promote or further the interest of the cause or idea dear to him. According to Durkheim the persons committing altruistic suicide are those who attach great value and importance to the need and imperative of control. Compared to the value of society and its cause they consider their own personal life of no worth. For them the worth or wholeness of their life lies in the maintenance and promotion of social forms of which they are shadows. Once such an outlook develops

and takes firm hold of the man, such a person easily and willingly sacrifices his life for social causes, ends and purposes.

Anomique suicide: According to Durkheim, the third type of suicide is Anomique. The types of suicides are concerned with social disorganization and imbalance. At the time when society is in a crisis, the social relations are disturbed and even disrupted; and at such periods and under the fluid and critical social conditions the personal and social ethics both become causalities. The values crumble and life becomes devoid of its guiding light. At such times the outlook of some persons suddenly undergoes critical change and results in dangerous developments. In critical periods there are sudden changes and in the economic fortunes of people; multi-millionaires may become pauper overnight. Due loss of financial fortunes many persons commit suicide.

## 4.6 WHY SUICIDE ?

*No suicide attempt should be dismissed or treated lightly.*

Suicide results from a complex interaction of biological, genetic, psychological, sociological, cultural and environmental factors.

**Protective factors**

Protective factors reduce the risk of suicide; they are considered insulators against suicide and include:

- Support from family, friends and other significant relationships
- Religious, cultural and ethnic beliefs.
- Community involvement.
- Satisfying social life.
- Social integration eg: through unemployment, constructive, use of leisure time.
- Access to mental health care and services.

Although such protective factors do not negate the risk of suicide, they can counter balance the extreme stress of life events.

## 4.7 ASSESSMENT OF SUICIDAL BEHAVIOUR

A comprehensive assessment of suicidal behaviour is fundamental to effective counselling intervention and prevention activities. The primary goal of suicide assessment is to provide information for prevention and counselling. Assessment subsequently guides clinical judgement, counselling intervention, prevention and post-vention. All suicide assessment should include:

- A review of relevant risk factors.
- Any history of suicidal behaviour.
- Unchangeable biological, psychosocial, mental, situational or medical conditions.
- The extent of current suicidal symptoms including the degree of hopelessness.
- Precipitant stressors.

- Level of impulsivity and personal control.
- Other mitigating information.
- Protective factors.

Suicide assessment requires an evaluation of the behaviours and risk factors, the underlying diagnosis of mental disorders, and a determination of the risk for death. Once an assessment is completed, it is important to rate the overall suicide risk in terms of severity. The scale below, based on a 5-point continuum from *nonexistent* to *extreme* suicide risk, could serve as general guidance for such a rating:

I. **Nonexistent:** Essentially, no risk of harm to self.

II. **Mild:** Suicidal ideation is limited, there are no resolved plans or preparations for harming oneself, and there are few known risk factors. The intent to commit suicide is not apparent, but suicidal ideation is present; the individual does not have a concrete plan and has not attempted suicide in the past.

III. **Moderate:** Resolved plans and preparation are evident with noticeable suicidal ideation, possible history of previous attempts, and at least two additional risk factors. Or, more than one risk factor for suicide is present, suicidal ideation as well as intent are present, but a clear plan is denied; the individual is motivated to improve his or her current emotional and psychological state, if possible.

IV. **Severe:** Clearly resolved plans and preparation to inflict self-harm or the person is known as a multiple attempter with two or more risk factors. Suicidal ideation and intent are verbalized along with a well-though out plan and the means to carry it out. This individual demonstrates cognitive inflexibility and hopelessness about the future and denies available social support; there have been previous suicide attempts.

V. **Extreme:** A multiple attempter with several significant multiple risk factors. Immediate attention and action is a must.

Ultimately, the counsellor's responsibility is to make a judgment and locate a point on the suicide lethality scale that helps identify the individual's potential for fatal self-harm. It is often best to make a false-positive than a false-negative error in judgement. Assessment data also can be useful in comparing an individual's pre- and post-counselling level of functioning for intervention and prevention purposes.

Assessment for suicide risk includes a clinical interview, information from formal evaluation procedures, and a gathering of valuable collateral data from third-parties. The reasons for living, or continuing with life, are important cognitive factors in suicidal assessment and should be incorporated into screening and treatment planning. Finally, suicide assessment needs to be multidimensional and done within the context of normal human development and gender differences, family history, substance abuse, level of isolation, psychiatric diagnosis, level of helplessness/hopelessness, and demographic patterns.

In general, adolescent and child assessment must minimally include:

- Clinical interview;
- Behavioral observations;
- Collateral information from parents, teachers, relatives, and friends;

- Assessment of risk and situational factors;
- Assessment of ideation, plan, and intent and reasons for living;
- Availability and quality of family and peer support.

**Signs of suicide**

People show their suicidal feelings by:

- being withdrawn and unable to relate.
- having definite ideas of how to commit suicide and maybe speaking of tidying up affairs.
- or giving other indications of planning suicide.
- talking about feeling isolated and lonely.
- expressing feelings of failure, uselessness, dispiritedness, lack of hope' or loss of self esteem.
- constantly dwelling on problems for which there seems to be no solution.

**Suicide risk is greater where there is**

- recent loss or the breakup of a close relationship
- current or unanticipated unhappy change in health or circumstances such as retirement or financial problems.
- painful and/or disabling physical illness.
- heavy use of or dependency on alcohol or other drugs.
- history of suicide in the family
- within the period of the rise and fall in mood, the most dangerous time is often when the caller appears better. Now he has enough energy to kill himself.

**Check Your Progress II**

Note : Please use the space given below for your answers.

1. What are some of the protective factors in suicide?

.....

.....

.....

.....

## 4.8 MANAGEMENT OF SUICIDAL BEHAVIOUR

Earlier in this module, it had been stated that the majority of suicides can be averted through timely intervention. Very often, a person contemplated and attempts suicide, when all other possible channels have dried out. The person goes through severe emotional distress, while contemplating the act. Individuals who are predisposed to the risk factors go through a long turbulent period of planning the 'how' and 'when' of their

act. Very often there occurs a triggering incident when such a person is pushed to the edge of life.

The time to intervene is this time of contemplation. The best strategies are the 'talk-therapy' (where the suicidal person is encouraged to ventilate the deep emotional stress) and 'active listening'. Through these processes the person is enabled to explore other options suitable to overcome his problems and look at life in a different perspective.

'Active empathetic listening' and catharsis are the bases of suicidal support services as befriending and counselling.

**Listening Skills**

It is important for people to have the opportunity to explore difficult feelings. Being listened to in confidence and accepted without prejudice can alleviate general distress, despair and suicidal feelings.

Often being listened to is enough to help someone through a time of distress. Even just showing that you are there for them and that they are going through a distressing time can itself be a comfort.

You are a good listener if you:

- Always try to give people your undivided attention.
- Let them sit in silence and collect their thoughts if they needed to.
- Question them gently, tactfully and without intruding.
- Encourage them to tell their story in their own words and in their own time.
- Refrain from offering advice based on your own experience.
- Always try and see their point of view even though you may not agree with it.

**Befriending**

Befriending literally means being a friend for a person in distress. It is different from counselling. Befriending is offered by trained volunteers unlike counselling which is more professional being offered by qualified personnel.

Befrienders listen to people who are lonely, despairing or considering suicide. They don't judge them, don't tell them what to do. Instead, *they listen.* Listening can make the difference between life and death. People who feel suicidal are so often focused on a particular problem or pain that they find it difficult to see a way forward. Talking openly to a befriender in a safe and confidential environment can help. By listening to a suicidal person, a befriender helps him listen to himself.

**Befrienders worldwide**

According to WHO, there are around 1 million suicides every year and for every suicide, there are approximately 20 attempted suicides. There are also many others who may not be suicidal, but urgently need access to appropriate emotional support services.

WHO stipulates that policies and services should include reducing the number of people who develop mental health problems and eliminating stigma associated with mental or emotional problems and also provide effective interventions to all in need. Volunteers services play a crucial role in all of these.

Befrienders Worldwide is a network of over 400 volunteer centres in 39 countries, across 6 continents. These centres provide help to those in need of emotional support. Befriender's India is the member body of Befriender's Worldwide in India. The member centres of BI are spread across India and situated in Chennai, Ahmedabad, Kolkata, Kochi, Mumbai and Navi Mumbai, New Delhi,Puduchery and Secunderabad .All these centres offer volunteer befriending through personal/telephonic/postal interaction.

Befriending takes place when a suicidal person interacts with a volunteer - through visits, telephone or letters. During befriending, callers get a chance to ventilate their feelings to the volunteer who will give them undivided attention. The caller can contact the centre freely, they are not required to give volunteers either contributions or gratitude.

The aim of befriending is to support callers as they face their difficulties and to share their pain by demonstrating acceptance, empathy and care.

The essential nature of befriending is love - in its simplest and purest form. It is this love that heals and restores to callers their dignity, confidence and self-esteem. A volunteer responds to a suicidal person as a friend, on an equal level, with unconditional, uncritical acceptance and respect.

Befriending does not limit callers' freedom. Callers are offered simple emotional support and remain free to make their own decisions, reject help, break contact and even move on with their decisions about ending life.

Befriending is not forced. Volunteers do not intrude on the person who have sought Centre's help. A person who contacted once is not sought after.

What Befriending is not: Befriending is not counselling, neither is it a substitute for medical treatment or specialised help.

Unfortunately, there are no agreed upon, set procedures for handling a suicidal or potentially suicidal individual. However, counselling services must be responsive to the needs of the suicidal individual. The identification, assessment and treatment of the suicidal individuals call for the consideration of many important variables. Suicidal individuals have a range of needs from information to counselling to medication. Combinations of brief supportive counselling and medications to treat depression and other behaviours are often indicated.

When a person is experiencing suicidal thoughts (ideation) it is important to initiate immediate management procedures. This will include an assessment (eg: level of ambivalence, impulsivity, rigidity and means lethality), enlisting support, varying levels of contracting and family involvement, as well as counselling. Management of the suicidal person also might include pharmacological or inpatient treatment.

Suicide crisis management should not be a solitary event. It is often essential that other health agencies be involved and in some cases even the authorities should be notified. Counsellors with large case loads will need to be particularly aware of their ability to effectively deal with a suicide crisis. In addition, knowledge of ethical codes and regional laws regarding the involvement of third parties is important.

Collaboration between counsellors and health care professionals in the prevention of suicide is critical. Counsellors, psychologists, social workers, psychiatric nurses, psychiatrists, and physicians need to work collaboratively and cooperatively in providing community information regarding the nature of suicide and in establishing linkages between service centres and mental health and medical treatment plans.

During a suicidal crisis, it is important for the counsellor to:

- Be calm and supportive;
- Be non-judgmental;
- Encourage self-disclosure;
- Acknowledge suicide as a choice, but not 'normalize' suicide as a choice;
- Actively listen and positively reinforce self-care;
- Keep the counselling process focussed in the here and now;
- Avoid in-depth counselling until the crisis abates;
- Call upon others to help assess the potential for self-harm;
- Ask questions about lethality;
- Remove lethal means;
- Make effective crisis management decisions.

To elaborate on this last point, effective decision-making during a suicide

Crisis is a function of a predetermined plan for various types of individuals, risk factors, and levels of potential harm. Counsellors working with specific populations or settings can develop suicide management plans for their respective groups, situations, or contexts. For example counsellors managing an outpatient crisis with a child should have a clear management plan that will likely differ from a residential or inpatient intervention with an adult where emergency nursing staff or physicians are immediately available. Clearly defined suicide management plans not only provide quality care, but also include referral sources and ensure that no one gets lost in the system of care.

Although there is little evidence about the utility of contracts, many counsellors favour contracting with potentially suicidal individuals since a contract may have potential benefits. However, if a suicide attempt occurs, all channels of communication between the counselling staff, health professionals, the family, and victim need to be open and efficient. Practicing suicide attempt response drills can increase the confidence of all counsellors dealing with a suicide crisis.

It is critical that the counsellor establish a relationship with the potential suicidal individual that includes a degree of faith and trust in the counsellor. The potentially suicidal individual must feel free to share information and be confident that the counsellor is willing to handle the crisis. Essentially, the counsellor needs to ensure the individual's safety while attempting to de-escalate the crisis.

In suicide management, the counsellor must ask if the individual has intentions of harming or killing him- or herself. For example, the counsellor might ask:

- "Have you been thinking about hurting yourself?"
- "Do you think about ending your life?"
- "Have you been contemplating suicide?"
- "Have you been feeling so badly that you think about harming or hurting yourself?"
- "Have you made a plan of ending your life?"
- "Do you have a plan of how you are going to do it?"

Of course these questions have to be asked in a manner that is appropriate to the specific individual, in a specific socio-cultural setting.

Individuals with mild risk of suicide generally require re-evaluations and monitoring over time for suicide potential while keeping in mind that the mild category can become elevated to that of moderate risk or higher. Moderate risk individuals will require recurrent evaluation for hospitalisation, the active involvement of support systems, twenty-four hour emergency availability, medication evaluation, and aftercare counselling contact as needed. If the individual's risk rises to severe or extreme, restrictive interventions are typically unavoidable and may require an involuntary impatient stay. It is often best if treatment is provided in the least restrictive environment that is safe and effective. Ensuring continuity of care as well as considering psychiatric disorders from the ICD or DSM can assist with treatment planning and the potential need for psychotropic medication evaluation.

During suicide management, it is important for the counsellor not to express personal moral, religious, or philosophical perspectives since these could contribute to a block in communication and alienate the suicidal individual. Potential helpful resources, both personal and community, need to be processed with the individual. This can include family, friends, clergy, faith healers, and other sources of support. It also is important to not make promises regarding confidentiality about the individual's suicidal intentions.

The risk of repeated suicide attempts is greatest during the first year following an attempt. Therefore, the counsellor needs to anticipate intensive follow-up and aftercare including case management, continued telephone contacts and support, and in some cases home visits. As a result, counsellors need to address how often an individual will need to be contacted, which counsellors are available to provide aftercare, and for how long. Premature termination of counselling and inadequate response to treatment can have an unfavourable prognosis for eventual suicide.

Counselling will need to be tailored to the needs of the individual and often includes cognitive-behavioural therapies, dialectic behaviour therapy, psychodynamic therapy, and family counselling. Helpful elements of the therapeutic process with suicidal individuals include promoting the resolution of intense emotions and confronting self-destructive behaviours, while simultaneously encouraging personal autonomy. Acknowledging and overcoming feeling of hopelessness and despair as well as developing self-awareness and constructing a positive personal identity also are critical to the counselling process with suicidal individuals.

Identifying the message the individual is attempting to communicate and/or what problem the individual is trying to solve through suicidal behaviour also is a common helpful intervention. Providing the suicidal individual the opportunity to vent can help diffuse the crisis situation. Counsellors should, however, be cautious about relying on verbal communication alone since the absence or denial of suicidal ideation can mask true suicidal intention. Non-judgmental support, active listening, and asking relevant and probing questions can assist with identifying what communications the suicidal individual is attempting to make.

**Prevention of Suicides**

Since the causes of suicides are multiple. There is no single solution that can prevent all suicides. The prevention programmes need to be tailored for different age, sex, cause and setting. Some of the known and established strategies that would help prevent suicides are :

- Early identification of those with suicidal behaviours and ideations and providing timely intervention.
- Providing social and crisis support mechanisms for people and communities in distress and at risk.
- Implementing effective life skills programmes in all education institutions along with teacher and parent training.
- Provision of mental health services and training of professionals with skills to recognize and manage people with mental health problems (especially depression and alcohol with screening)
- Expanding and strengthening counselling services across institutions (eg: workplaces, hospitals etc)
- Limiting easy availability of drugs and organo phosphorous compounds, dispensing medicines in smaller quantities, child proof containers for all medicinal bottles, community storage of lethal pesticides and bold warning and labels etc.
- Promoting manufacture of less lethal pesticides and banning all lethal pesticides from routine availability.
- Improving care and support for those with past suicidal attempts. Domestic violence and alcohol problems.
- Setting up programmes in all workplaces, focussing on early recognition of suicidal behaviours among employees.
- Better media reporting practices like not giving undue focus on celebrity suicides, reporting on those who have coped efficiently, information on help lines and counselling agencies, effective coping methods, early recognition of people etc.
- Measures to destigmatize and decriminalise suicides so that survivors come forward to receive help.
- Improving trauma care practices in hospitals and first aid skills for families and general practitioners.
- Surveillance and research to delineate risk factors and causes to formulate, implement and evaluate suicide prevention and control.

**Check Your Progress III**

Note : Please use the space given below for your answers.

1. List any five established strategies that would help prevent suicide.

.....

.....

.....

.....

.....

## 4.9 LET US SUM UP

Suicides are a major public health problem affecting people in young age groups. Suicides need to be addressed as a mental health problem. The message that 'suicides are preventable' needs to percolate into each cross-sections of our society, whereby many precious lives can be saved. The number of suicides is projected to increase in our society due to increasing stress and other risk factors. This status quo definitely warrants effective intervention strategies at all levels.

## 4.10 FURTHER READINGS AND REFERENCES

http://www.nimhans.kar.nic.in/epidemiology/doc/ep_ft12.pdf accesed on 8-03-2012

http://www.maithrikochi.org accessed on 12-03-2012

http://www.befrienders.org/index accessed on 10-03-2012