

CHAPTER II

LITERATURE REVIEW

2.1 Concepts and Theories

2.1.1 Client-centered counseling theories

Person who developed this theory is Carl R. Rogers (1951). He had a belief that human has a reason to make a decision by him/herself with an honor, value and intelligence. Moreover human can adapt to environment, and desire for freedom in developing for a progress.

Every individual person is a center of all events and experiences happening around him/her. Each person has a unique experience. Therefore, nobody knows and understands others better than he/she does for him/herself. There are two types of experience that a person has i.e. conscious experience and unconscious experience. Unconscious experience can be changed to a conscious experience if a person wants to. Self-experience is the main factor of personality of each person, self-understanding, behavior, attitude, and value. Therefore, to understand someone, one must access to his/her world and experience.

Condition of a person who cannot adjust to his/her circumstance is a conflict in mind about him/herself, which leads to stress, worry, confuse, and finally a lose mind.

Objective of counseling service

For a client to understand his/her own experience, learn to admit his/herself, be sincere and feel free make any decision consistently to present circumstance.

Role of counselor

Counselor is to assist a client to develop their capacity to a full level. Counselor must be patient, friendly, and sincere, and must give freedom to a client for making a decision. Also counselor must not make a judgment on a client's behavior whether it is good or bad but try to understand, be aware and share the feeling of the client.

Techniques in providing counseling service

1. **Opening interview:** It is a time for counselor and client to adjust themselves. Counselor must build a pleasant and relax atmosphere. Everything should be natural. Counselor must use and express normal words and always keep in mind of social manner to prevent client from stress, worry, and a feeling against the counseling. The opening interview word should be a greeting "Hello".

2. **Questioning:** Counselor may use many questions to get information from a client. The questions will help the client to understand him/herself. The words used will reflect feeling and attitude of the client and make the client to accept him/herself. A question should be general and open for example instead of saying "You have had a headache, haven't you?" it should be "Can you tell me about your symptom?"

3. **Probing:** This is to ask a client straight fully for the request information. This technique is very successful with a client who always tries to avoid mentioning

the core problem. Counselor must be very careful in using this technique and use it only when it is necessary. If the counseling is too rush, the client may not be ready to give information and this will lead to failure counseling.

4. **Suggesting:** Counselor may have to use this method often because most clients expect to get suggestions from the counselor. A suggestion from the counselor should be helpful in helping client understand him/herself not a direct suggestion for solving the problem. An example of question is

Client : I have a headache very often. What should I do?

Counselor : Have you ever thought of seeing a doctor?

5. **Interpretation:** It is a technique that a counselor talks about something that a client has mentioned. Interpreting will help the client to understand a problem better than the client would expect. If the relation between the counselor and the client is good, it will benefit a lot.

Client : I get a headache everyday and whenever I am irritated from being unable to do something.

Counselor : You always have a headache and feel irritated, right?

6. **Silence and Listening:** It is a technique that a counselor uses to support a client to tell the story of the client him/herself. The counselor is to be silent and listen to the story with interest. The counselor should not be worry that the situation will be too silent. There is no need for the counselor to break the silence because it may interfere what the client is thinking. However, the counselor must also evaluate and see whether the silence is too long.

7. **Clarification:** It is a technique that a counselor uses to reflect what is in a client's mind. The counselor shows the client that he clearly understands the problem

by summarizing the story to the client. This will aid the client understand him/herself better which can lead to the solution of the problem.

8. **Approval:** It is a technique to promote and support a client to think and make a decision for him/herself. With this technique, the client will develop a leader skill. However, if the counselor does not give an approval, he must be neutral and other techniques will be used.

Client : I think I have to consult my husband again.

Counselor : That is the best decision for you.

9. **Assurance:** It is a technique to assure a client of choosing and making a decision for him/herself. This technique will be used only when the counselor has an aim in his/her mind and the counselor has considered fully that there will be no negative effect.

Client : I feel that I have too much concern about my health.

Counselor : That is true. You don't need to really be concern about it too much.

10. **Reassurance:** This technique is to be used to reassure a client of activities that cause a stress and concern, for example if the client vents his/her concern about the work, the counselor may say that "If you know the reason why it is trouble, you probably feel better"

11. **Reflection Feeling:** It is a technique for a counselor to use to understand what a client is telling. The counselor must not use words that reflect too much feeling than the gist. The counselor must show that he/she clearly understands the client's feeling. With this technique, the client will be able to cope with his/her own feeling and can express it vocally without any concern.

Client : He tried to deny me. He did not accept any reasons at all. No matter how hard I tried to explain, he still acted as I did a big mistake. I really feel uncomfortable. I cannot bear any more.

Counselor : You really feel uncomfortable that he did not listen to any of your reasons but thought that you made a mistake, do you?

12. **Observation:** It is to observe a behavior, voice, face expression and bearing which will help to find the real problem of a client. Behaviors of the client or words that emphasize on something may have deeper meaning.

13. **Advising:** This technique is to give an advice directly to solve a problem. Knowledge and experience of a counselor are needed.

Client : What do you think I should say to tell my children that I go home late everyday?

Counselor : You should explain the reasons to your children why you have to go home late.

14. **Encouragement:** This technique is to be used with a client who lacks of a self confidence in doing any activity for example "You will be able to do it for sure, if you put more effort"

15. **Persuasion:** It is a technique that a counselor uses to make a client accept the counselor's opinion. The counselor must be very careful because the client may deny it.

Client : I am thinking of seeing a doctor but I am not sure yet.

Counselor : That is a good idea. You had better do it.

16. **Challenge:** This technique is very challenging. It is a way to deny the client's opinion. However, it is a polite deny. The counselor must be sure of the relation that he/she has with the client.

Client : I think it was a time to go to see a doctor.

Counselor : Will you be able to do that?

Techniques that should not be used

1. Pleasing without reason, for example "Don't be worried. Everything will be alright"
2. Agreeing to much, for example "You really know how to prevent the disease" or "You have a lot of knowledge"
3. Showing impolite manner to a client, for example "I don't want to listen to your story" or "I am not going to talk about this anymore because we have already talked about it before"
4. Blaming a client, for example " You should not have done that" or "what you did was all wrong"
5. Deciding the problem of a client, for example "I don't agree with what you did"
6. Being in-neutral, for example "In my opinion, your idea is useless"
7. Emphasizing on an inferiority complex of a client, for example "Not only be unemployed, but you also go out too much and addicted to gambling"

2.1.2 Participatory learning theory

Learning is a process to build up knowledge by a learner him/herself. Expert or teacher may support a learning process to aid a learner getting more knowledge than relaying knowledge from expert to learner. Therefore a learning process is referred to experience of a learner which means a learner is an active side. This will make a continuous change to further learning. This learning process emphasizes on a feature of social learning arisen from participatory of everybody in a wide range. It is a preparation in coping with real life. Characteristic of this participatory learning opens a chance for learner to be responsible to his/her learning. Learner can practice; join group activity, practice administration skill, manager skill, leader skill and follower skill. The most important is that it is one of processes that has the most consistency to a real life of a learner. (Teaching and Learning Method Development center, National Education Committee Bureau, 1998).

Participatory learning is a learner – centered learning process. It consists of 2 basic learning.

1. Experiential learning
2. Group process

Experiential learning

is a learning that has the aim for a learner to benefit from his old experience.

There are 5 principles in this learning.

1. Learn from learner's experience.
2. Lead to a further challenging learning. It is an active learning which means learner does an activity not just to sit and listen.

3. There is a participatory amongst learners, and between learner and teacher
4. A participatory expands and becomes a knowledge network of everybody in a wide range.
5. It is a learning process that uses all communication techniques i.e. speaking, writing, drawing, acting that aids an exchange of analysis, and learning analyzing.

Group process

Group process is an important process that makes all learners participate in the learning. Group process aids learners to exchange and share their experiences, reflect their opinions, discuss, summarize, and try and apply the concept. Group process will help learners have a highest participation and a highest achievement.

Participatory learning consists of 4 components.

1. Experience:

It is a process that expert stimulates learner to bring out his/her experience and develop to be constituent knowledge. Then learners can exchange their experience with those who have same or similar or even different experiences.

2. Reflection and Discussion:

It is a process that expert gives a chance to learners to exchange and share opinions and feelings amongst group members. Expert will assign a topic to discuss. This process helps expand knowledge and reflection, and will lead to various conclusions. Learners will also learn how to participate in a team work.

3. Understanding and Conceptualization:

It is a process to make understanding which will lead to conceptualization. It may start from a learner then expert helps contribute for a complete achievement or expert guides a learner then the learner follows through until achieve conceptualization.

4. Experiment or Application:

This process needs a learner to apply his/her new knowledge to different situations until it becomes a tendency of a learner him/herself.

All these elements can be summarized in the following figure.

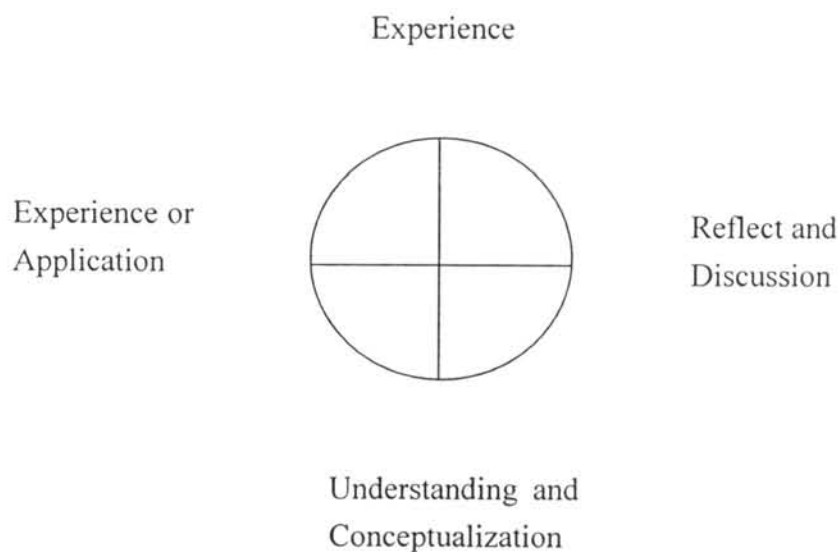


Figure 1: Four components of participatory learning

The 4 components have an inter-relation amongst them which means it can start with any point then move to another element. Therefore, a learning process can be started with any element. The most important is there must be all 4 components in the process.

Learner can utilize the participatory learning from a teaching of knowledge, attitude, and skill in processes of developing personnel. This is because a participatory learning help improve basic life skill and is also one of life skills which are creative idea and analytical and critical idea about characteristic of knowledge teaching as in table 3.

Table 3: Participatory learning (PL) components and characteristics of knowledge teaching based on the PL

PL Components	Knowledge teaching characteristics based on PL
Experience	Set questions to collect experiences of learners
Reflect and Discussion	Learners exchange knowledge to contribute a new knowledge in a group as they are assigned.
Understanding and Conceptualization	Illustrate (with aid of expert or equipment) and report a group work or improve knowledge of small group by discussion in a big group.
Experience or Application	Learners apply their knowledge by putting on a show board, in a report, in a composition.

Attitude teaching has characteristics of cognitive, affective and behavior towards a thing.

1. Cognitive component refers to an idea about something and a limitation of the idea.
2. Affective component refers to a feeling of like or dislike of something, or a positive feeling or negative feeling toward something.
3. Behavior component refers to a characteristic of being ready to do or to act.

Attitude teaching can be summarized in the 4 components of PL as in table 4

Table 4: Participatory learning components and characteristics of attitude teaching based on the PL

PL components	Attitude teaching characteristics based on PL
Experience	Utilize media equipment or activity to collect experience of learners.
Reflect and Discussion	Learners have an opportunity to fully express their idea that will lead to a discussion that will affect the original idea or believe.
Understanding and Conceptualization	Each learner gets a conclusion by learner him/herself. Expert may stimulate a learner to think and provide help.
Experience or Application	Learner can join activities in or out of study time, which can assure his/her belief more strongly.

Since attitude is the idea or belief that has a feeling involved, attitude teaching has 2 components i.e. feeling and belief as in figure 3.

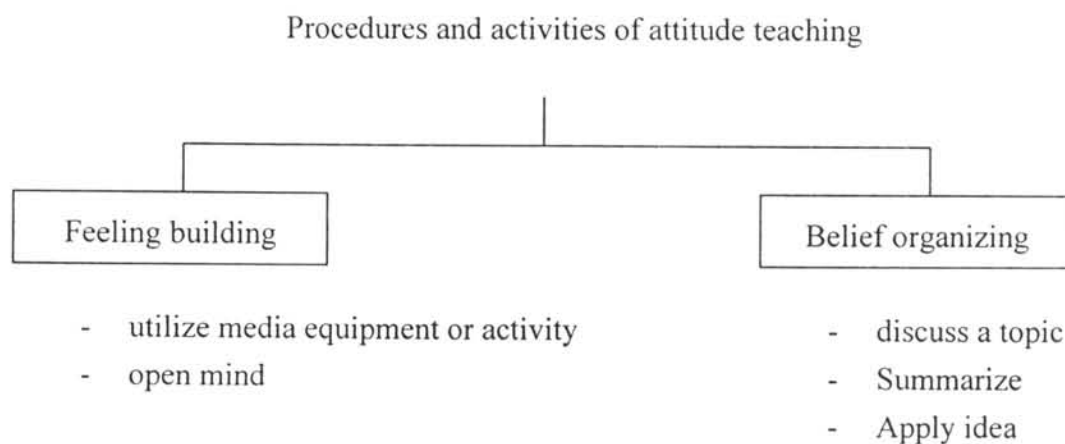


Figure 2: Procedures and activities of attitude teaching

There are 2 levels of attitude teaching i.e. building attitude before behavior and changing attitude.

Skill teaching is a new process. It can be achieved from learning and practicing. Learner has to watch all procedures and join activity closely until he/she feels the skill. Characteristics of skill teaching can be summarized in table 5.

Table 5: Participatory learning components and characteristics of skill teaching based on the PL

PL components	Skill teaching characteristics based on PL
Experience	Utilize a real daily event of learner
Reflect and Discussion	Learners have an opportunity to exchange their skills. Try to get a rule to analyze procedures for skill practice. Evaluate the skill practice.
Understanding and Conceptualization	Learners get several steps of conceptualization from lecture, observation, demonstration, group evaluation and common evaluation
Experience or Application	Learners practice repeatedly in various reproduce events.

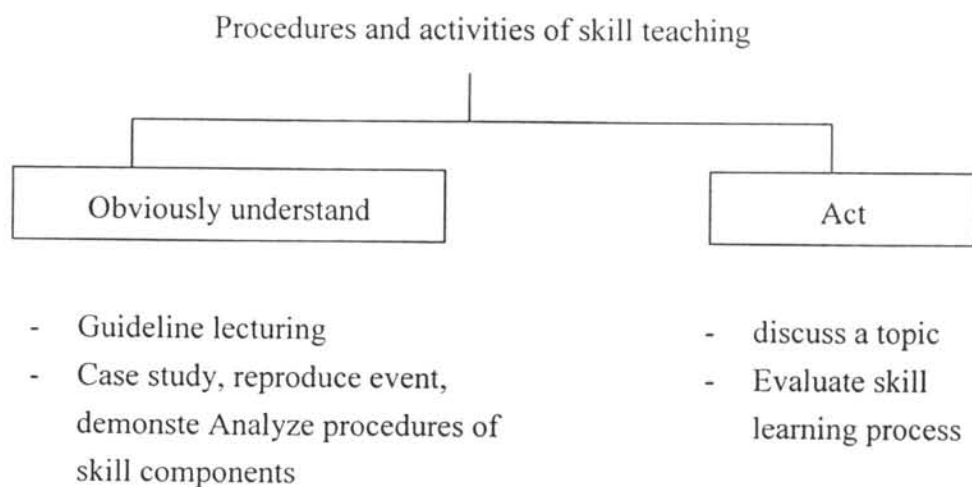


Figure 3: Procedures and activities of skill teaching

2.2 Relevant Documents and Research Studies

Rogers (1942) defines counseling as a direct communication between two persons and it occurs when a person needs assistance from the other to change attitudes and behaviors. It can also refer to an interaction between a counselor and a client in a specific professional setting with aims to help the client to change behaviors (Pepinsky & Pepinsky, 1954) and solve their own problems (George & Cristiani, 1995; Wongkumsin, 1999)

Rogers' client-centered counseling is the theory which can be applied with clients who have conflicting feelings. This theory explains that these feelings can occur to anyone and cause emotional stress and tension. The counselor must make every effort to help the clients release the suppressed feelings and emotions as much as they can and at the same time, the counselor has to be aware and relate with the clients' feelings and emotions at all times during the session. The conflicting feelings could be boredom, discouragement and despair in life.

The client-centered counseling is the client-oriented process which helps the clients to release their stress and tensions. Roles of the counselor are to listen and assist the clients to understand their problems and get to know their own self better which would subsequently encourage them to help themselves.

Araya Jiyachan (Jaramorn, 2001) investigates the effect of client-centered counseling towards depression of the elderly. She collects the data from older citizens in the health clinic for the aged, at the Bangkok Metropolitan Administration's public health center 24, Bang Khen and results indicate that they experience reduced depression after receiving client-centered counseling services.

Orapan Pornsrima (1997) reports that participatory learning approaches help learners gain real life experiences and opportunities in improving and polishing their skills; such as, information seeking skills, documentation skills, thinking skills, knowledge management skills, self-expression skills and skills of constructing new knowledge.

Nuntika Thavichachart (1994) explores results of long-term follow-ups concerning knowledge, attitudes, skills and opinions from “Training Workshop on Counseling Techniques on AIDS Prevention and Control” for final year medical students of Chulalongkorn University. Results indicate that the medical students attending the training have the higher scores on the knowledge, attitudes, communication and counseling skills and holistic care than those who do not at the statistical significant of < 0.01 .

Panus Prueksunund (2004) investigate the participatory learning process for the community on the development of a healthy city at Pranburi sub-district municipality, Prachuabkirikhan, Thailand. They invited 76 people from three groups of partners; namely, the community working group of 8 communities in the Pranburi sub-district municipality, personnel representing the politics including staff of the municipality and the research team, to learn and exchange experiences from June 2002 – September 2003 through several activities; such as, development of a master of operation plans, implementation, monitoring and evaluation and plan revision and results show that the participatory process significantly affects their knowledge, attitudes and operational skills ($p < 0.000$).

Chutima Chenayotin (2002) explores learning educational achievements in social subject in the first semester of the academy year 2002 at Bavornthanawit

School, located in Sampran district of Nakornpathom province. Thirty eight students (22 male and 16 female students) are recruited in this research and the researcher uses mixed media and participatory learning (PL) approaches with them. Results show that the use of mixed media and PL approaches yields positive effects on their knowledge and team working skills have improved, making them feel connected, united and love each other. Additional, the use of mixed media and PL approaches contributes to more effective group work and increased learning educational achievements of the students at the statistical significant level of 0.05 (p value).

Mali Nitcharat and Buranee Kaewsathit (2006) conduct a study on participatory learning approaches in reducing stress and tension during labor to decrease the hypoxia rate of the fetus. This study is implemented in a health promoting hospital (HPH) of the Bangkok the Bangkok Metropolitan Administration's public health center 1 and collects the data in March-July 2003 from 60 pregnant women who are in the 36-38th week of gestation without any risk factors and the fetus presents with the normal occiput anterior position without any induction of labor. These 60 women are equally divided into 2 groups; experimental and control groups. Results indicate that the experiential group has more knowledge about the gestation and skills needed for the labor at the significant difference level of $p = 0.01$. However, there is no significant difference between the average score of pre and post interventions in the control group. In addition, the experiential group has a significantly higher average score of stress-related behaviors during the labor than the control group at the p level of $= 0.02$. The results on the birth delivery show no hypoxia case in the experiential but 3 cases in the control group.

Buranee Kanchanatawan and Nuntika Thavichachart (2002) investigate the change of knowledge, attitudes and practices of medical students after finishing the human behavior course and results indicate changes in the students' knowledge, attitudes and practices.

Pensri Punyatansakul (1998) evaluate a training curriculum for provincial tuberculosis coordinators to support a new tuberculosis program of Thailand and they report that after the training, the coordinators have more knowledge about tuberculosis. There are significant differences between pre-test and post-test scores at the p value < 001 .

Metee Punyarat (1996) explores the knowledge, attitudes and practices of local public health and local para-medical personnel on post-mortem examination in Sakonnakorn province. It is found that the number of services undertaken and years of experience in performing autopsy are significantly related to the autopsy knowledge of public health officers at the sub-district level. The number of autopsy service performances is associated with levels of the knowledge. Likewise, the employment duration (years of experience) can cause differences in their attitudes.

Ratchanee Veerasuksawat (1994) examines attitudes and counseling techniques of registered nurse to AIDS patients in Sappasitthiprasong hospital of Ubonratchathani province and finds that creating positive staff attitudes is necessary because it can help the staff to have knowledge and understanding of AIDS patients, reduce their concerns and build up their confidence in providing care to the patients. When they have positive attitudes, it is easier to train them to become skillful at counseling and provide counseling services to patients. A three-day training course is organized for registered nurses to learn about knowledge and techniques in providing

counseling to HIV patients and their families. This course could sensitize and help the nurses create positive attitudes towards HIV patients but they need to be trained continuously to improve their counseling skills and boost their confidence in performing services.