CONFIDENTIALITY, EMPATHY AND ATTENDING AS CORRELATE OF OPENNESS OF CLIENTS IN COUNSELLING INTERVIEW

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CERTIFICATION

We the undersigned certify that this dissertation proposal was carried out by EMAKPOR, Vrudjakpor Edmund with Matriculation Number PG/09/10/177413 in the Department of Guidance and Counselling, Delta State University, Abraka.

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DECLARATION

I hereby declare that this dissertation was carried out by me, EMAKPOR, Vrudjakpor Edmund with Matriculation Number PG/09/10/177413 in the Department of Guidance and Counselling, Delta State University, Abraka.

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DEDICATION

This research is dedicated to God Almighty for His protection and provision

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TABLE OF CONTENTS

CHAPTER THREE: RESEARCH METHOD AND PROCEDURE

CHAPTER FOUR: PRESENTATION OF RESULTS AND INTERPRETATION

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

ABSTRACT

This study was designed to investigate the extent the confidentiality, empathy and attending as correlates of openness of clients in counselling interview in Warri Metropolis with aim of investigate the extent of relationship among confidentiality, empathy, attending and openness of clients during counselling interview in which seven research questions and seven hypotheses were formulated to guide the study. Relevant literature to the studies was reviewed to give some theoretical background. The methodology used for the study is correlational design to investigate the correlational relationship among confidentiality, empathy attending and openness of client during counselling. The questionnaire titled: Confidentiality, Empathy, Attending and Openness questionnaire (CEAO) was used to collect data from the respondents. The validity and reliability of the research instrument was established with a coefficient of 0.92. Data was collected from 200 respondents from all the selected counselling centres in Warri Metropolis using multi-stage sampling technique. Multi regression was used to analyse the data collected. The findings revealed that, there is significant relationship among confidentiality, empathy, attending and openness of clients during counselling interview but there was no relationship between gender and age of clients on the one part and openness of clients on the other part during counselling interview. Based on the findings it was recommended that Counsellors should always treat their clients with confidentiality and empathy, as this enables the clients to open up during counselling, Clients should not make gender or sex of their counsellor as barriers in seeking counselling when necessary and Counsellor should utilize the relevant skills during counselling interview to ensure openness as well as the Counsellors should display the skills of confidentiality and empathic understanding towards clients so as to develop trust and openness of clients during counselling interview.

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CHAPTER ONE

INTRODUCTION

Background of the Study

Counsellors and Counsellor Educators agree that facilitative behaviour such as; communicative behaviour plays a very important role in the success or failure of the counselling process. Counselling process is a relationship of person to person contact, although sometimes it may involve more than two people. It is designed to help people to understand and clarify their views, and learn how to reach their self-determined goals through meaningful, well-informed choices and through the resolution of emotional or interpersonal problems (Mojoyinola, 2008). Counselling is an individualized and personalized assistance to persons whose personal, educational, vocational, social, emotional and spiritual problems are analyzed and solution sought often with the assistance of a specialist, school and community resources and personal interview in which the Counsellor is sought to make his own decision.

The very heart of counselling is the relationship which develops between the client and the counsellor. It is through this relationship, that the client is able to tell his or her own story. This is dependent to a large extent on the conduciveness of the counselling environment. The conduciveness of the counselling environment is dependent on a number of factors amongst which is confidentiality, empathy and attending. Empathy is the ability to see the world through the others eyes. In other words, it is sensitivity to current feelings of the client, and the verbal ability to facilitate and communicate this to the client.

Openness is a very important kind of interpersonal communication. Most people carefully edit their behaviour and monitor what they reveal about themselves to others. The word openness can be described as social accessibility or verbal accessibility. Openness can be defined as the voluntary act of verbal communicating private information about oneself to another person.Derlega&Chaikin (2005) view openness as the willingness to disclose personal information about one's thoughts. Openness therefore, involves opening up, engaging in deep, personal, meaningful communication with another person as opposed to superficial communication. When people open themselves up to others, they become more vulnerable. The person who is disclosing often struggles with decisions about whether he should reveal certain things to certain people or not.

Nonetheless, openness which is encouraged in counselling interview can be unhealthy if one engages in inappropriate self-disclosure elsewhere. If one divulges too much to wrong people at inappropriate times, openness becomes unhealthy. Openness has been associated to some challenges or factors which influence the level and extent of openness in a counselling interview. For instance, race, marital status, age, shyness, desperation, past experience, gender of both Counsellor and client, self-esteem, culture and social class have been identified to have influence on openness.

The quality or component of counselling interviews is based on attitude and personal qualities in which a Counsellor must possess. Owuamanam (2004) stated that, a capable Counsellor must possess a number of personal qualities and develop the proper attitudes to make a client feel at ease and to build rapport, so that a client can open up or disclose information. These are the qualities or components of counselling interview, which include; empathy,congruence and warmth, respect, positive regard, values, skills, personal knowledge, confidentiality and personal development. Thus, as the counsellor explores the client's life and relationships in the counselling interview, it will be the counsellors empathy that overcomes the alienation and isolation which the client experiences.

Confidentiality is one of the ethical codes of conduct of the practice of counselling. Confidentiality is the process of keeping the client's information, personal data, and personal discussion private without divulging them. It can also be defined as the condition of the counsellor keeping all transactions between him and his client secret. A client undergoing therapy, who knows that personal, private and intimate information shared with the counsellor or psychotherapist is held in confidence, is more likely to feel at home about self-disclosure. The client will also feel more able to trust the counsellor and will want to open up and discuss issues, concerns and difficulties more readily. Without the assurance of confidentiality, the client counsellor relationship will have no foundation. It is a counsellor's responsibility to make the client feel at home with the counselling process. Building rapport and creating a counselling relationship that uses trust as a solid foundation is a key requirement and this is an open door to the client to be able and willing to open up to the counsellor about relevant and current issues.

Confidentiality is one of the most important ethical guidelines or principles that are associated with several professions such as counselling, law, medicine, military, and psychologist. It is a practice which requires that information shared by the client with the Therapist in the course of treatment or counselling is not shared with others (Welfel, 2010). Confidentiality is a situation in which you trust someone not to tell secret or private information to anyone else. It is the trust someone puts on a person who he/she has disclosed information or told a secret not to tell another person.Confidentiality refers to the condition of the counsellor keeping alltransactions between them and their clients secret. The

information revealed during counselling as "entrusted secret" and should be strictly kept secret. This is to protect the client from injury and also to protect the integrity of the Counsellor. Any Counsellor that carelessly reveals such entrusted secret is not adhering to the most basic of ethical guidelines and not respecting the rights of the clients.

Empathy is an important concept and skill in a counselling interview. It can be seen as, an intellectual process that involves understanding correctly another person's emotional state and point of view. Empathy can also be referred to as empathic emotionsexperienced by the helper.Okobiah (2004) stated that, when an empathic understanding is created by Counsellors, confidence will generate among clients who enables them to open up or disclose information in counselling or be honest and truthful about information being disclosed.

Empathy is feeling like the other person, having the same understanding of the problem of the client like the client. Empathizing with the client entails the counsellor's expression of his feelings, regards and concern for the client in relation to the clients stated problems(content and feelings). Empathy implies the counsellor placing himself in the client position as if he is the one experiencing the problems of the client.

Empathic understanding is therefore another important skill that must be acquired by a counsellor. Empathic understanding will enable the client to feel accepted, observe the warm reception of the helper, feel the warm reception of the helper, be comfortable, feel that the helper cares and trust the helper. These feelings will of course facilitate the client's expression of his problem to the helper.

Attending involves giving all of one's physical attentionto another person. The process of attending has a considerable impact on the quality of communication that goes on between two people. By attending, we are saying to another person I am interested in what you have to say.In professional counselling, so many things are involved. It is held in high regard because of its role in counselling. There is really no gain saying that attending could either help or hinder the effect of counselling as regards openness of a client in counselling process. This is because the client, consciously or unconsciously hold this in high esteem. The components of attending in openness of counselling interview is based on the distance one has between the client when sharing information, orientation, posture, and eye-contact.

From the concept of the above of the variables, the relationship among confidentiality, empathy, attending and openness of counselling interview is based on the principles of confidentiality and fidelity, because counsellors implicitly and explicitly promise not to disclose what clients reveal to them. The principles of beneficence and non-maleficence come into play because breaches of confidentiality leave

clients feeling betrayed and thereby reduce or destroy their engagement in the counselling process. The principles of confidentiality and cooperation are very crucial to the counsellor as pillars to the builder.

The diversity of background, gender, age, race, language, cultural values and ethnic group of clients also serves a basis for confidentiality that will be simple enough, easily communicated and readily understood by people with different abilities or experiencing various levels of distress, so that clients are not distracted from their primary purpose of coming to therapy, that is, to receive help.Confidentiality, empathy and attending are very important factors in the relationship between the Counsellor and the person being counselled which maintained openness during counselling interview.

From the above concept, as a catholic priest and counsellor has been dealing with people who have problems in an informal counselling setting. One of the realities he noticed is that a lot of persons have problems and they need help but they find it difficult to open up. There were many cases the researcher failed in making the clients to open up which one of his fellow priest who is a counsellor succeeded. The researcher was then inquisitive to discover the secret and that was why the researcher decided to undertake the course.

The duty of the counsellor is to help the client to clarify his/her personal, educational, vocational, social, emotional and spiritual problems. The question is: If the client does not open up how can the counsellors help the client? This interned the topic "confidentiality, empathy and attending as correlate of openness of client, in counselling interview in Warri metropolis". The question is: is there anything the counsellor need to do in order to make the client to open up? Many clients are scared to open up due to the fact that they feel that they will be judged by the counsellor or their secret will be shared. The counsellor implicitly and explicitly promises not to disclose what clients revealed to them. This is what confidentiality is all about. Empathy is feeling like the other person having the same understanding of the problem of the client like the client. Empathizing with the client entails the counsellor's expression of his/her feelings, regards and concern for the client in relation to the clients stated problems. Empathy implies the counsellor placing him/her self in the client's positions as if he/she is the one experiencing the problems of the client. One of the pairs of many clients is that on one understands what they are going through.Empathic understanding is therefore a skill that enables the counsellor to behave in such a way that the client will feel acceptable, comfortable and free to express him/herself.Attending involves giving all of one's physical attention to another person. The process of attending has a considerable impact on the quality of communication that goes on between two people. By attending, we are saying to another person."I am interested in what you have to say." In counseling, clients consciously or

unconsciously observe the counsellor and read his/her reaction to the information that he/she is letting out. The client is aware of the distance between the counsellor and him/herself to determine if he/she is accepted. The clients also observe the positive, and eye-contact of the counsellor to see if he/she is interested in what he/she is saying or is distracted with other things or is not paying attention to what he/she is saying. Once the client notice this can he/she still open up?

This research work therefore considers the relationship between confidentiality and openness of clients; empathy and openness of clients and Attending and openness of clients to see if there is any relationship among them, that is if these independent variables are employed together or separately whether it can affect openness of clients in a counselling interview. The researcher also wants to find out whether gender, age, and marital status of the counsellor have any relationship with openness of clients in counselling interview.

Statement of Problem

Openness to the counseling process is a necessary prerequisite forattaining the goal of counselling, which resolving issues is presented by the client. It has been observed that opening up in a counselling process can be a very difficult task for the client. This is even made worse when counsellors do not show effective empathicbehaviourswhich send the message that they feel with the client and also that issues presented in the counselling process will be kept confidential.

However if the counsellor does not show empathy towards the client the client feels reluctant to open up and the counseling process is cut short but if he shows empathy the counselling process is supported. Likewise confidentiality, when there is no confidentiality in the entire counselling process it threatens the client's disposition to openness but when there is confidentiality the entire counselling process is supported. However confidentiality and empathy rings about openness and their absence damages the counseling process

People generally find it difficult to open up to another person especially when it comes to sharing personal issues that relate to personal wellbeing and integrity in some counseling centre in Warri metropolis. Openness enables both the client and Counsellor to be honest and truthful to one another. Most times this process suffers setbacks due to some factors. These factors may include, race, marital status, age, shyness, desperation, past experience, gender of both Counsellor and client, self-esteem, culture and social class as well as how the client perceives the Counsellor if he/she is a person who can

be trusted enough in terms of confidentiality and also the extent to which empathy and attending are used in the counselling process:

Since it is difficult for people to open up during counselling, the researcher is very interested in some of the reasons why clients frustrate counselling interview by not opening up. The researcher wants to also find an easy way of eliciting information's from clients without much efforts. Different authors here tested the variables of confidentiality, empathy and attending in different settings but the researcher wants to test the variable of confidentiality, empathy and attending together and find out if there is any significant relationship with openness of clients in counselling interview since the researcher is not aware of any work of this nature in Warri metropolis. It would be a new research to venture into. The project is intent to consider this research work from the marital status, age and gender of counsellor to determine whether it has any effect in openness of clients in counselling interview. Therefore, the statement of problem, if put in question form is: what is the extent of relationship among confidentiality, empathy and attending to openness of clients in a cancelling interview?

Research Questions

1   What is the extent of relationship among confidentiality, empathy, attending and openness of clients in counselling interview?

2   What is the extent of relationship between confidentiality and openness of clients in counselling interview?

3   What is the extent of relationship between empathy and openness of clients in counselling interview?

4   What is the extent of relationship between attending and openness of clients in counselling interview?

5   What is the extent of relationship between the marital status of the counsellor and openness ofclients in counselling interview?

6   What is the extent ofrelationship between gender of counsellor and the openness of clients in counselling interview?

7   What is the extent ofrelationship between age of counsellor and the openness of clients in counselling interview?

Research Hypotheses

HO$_1$ There is no significant relationship among confidentiality, empathy, attending and openness of clients in counselling interview

HO$_2$ There is no significant relationship between confidentiality and openness of clients in counselling interview

HO$_3$ There is no significant relationship between empathy and openness of clients in counselling interview

HO$_4$ There is no significant relationship between attending and openness of clients in counselling interview

HO$_5$ There is no significant relationship between the marital status of the counsellor and openness of clients in counselling interview.

HO$_6$ There is no significant relationship between gender of counsellor and the openness of clients in counselling interview

HO$_7$ There is no significant relationship between age of counsellor and the openness of clients in counselling interview

Purpose of Study

The purpose of the study was to investigate the extent of relationship between confidentiality, empathy, attending and openness of clients in counselling interview.

Specifically, the study determined:

1   The extent of relationship between confidentiality and openness of clients in counselling interview

2   The extent of relationship between empathy and openness of clients in counselling interview

3   The extent of relationship between attending and openness of clients in counselling interview

4   The extent of relationship between the marital status of the counsellor and openness of clients in counselling interview

5   The extent of relationship between gender of counsellor and the openness of clients in counselling interview

6   The extent of relationship between age of counsellor and the openness of clients in counselling interview

Significance of Study

It was hoped that the findings of the study would be of great importance to researchers as it would help develop new literature in the area of confidentiality, empathy and attending as a correlate of openness of client during counselling interview in Warri Metropolis.

The findings of the study would be of benefit to counsellors and counsellors-in-training as way of road map for counselling practice in Warri metropolis on how to manage an issue which has been regarded as a challenge of counselling interview in the various counseling centres in Warrimetropolis.

This study would benefit school counsellors and others professional counsellors on how to use confidentiality, empathy and attending as a techniques during counselling interview as well as guide Counsellors as well as how to create an alternative means of resolving or amending the challenges facing the counselling interview and how to improve on the counselling practice in Warri metropolis.

It was also hoped that the study would benefit the government of Nigeria in developing and implementing policies that promote and establishment of counselling centre in relation to openness of clients during counselling interview.

This studydefinitely is a clarion call and sensitization tool for Counsellors to see themselves as problem solvers who provide solutions to problems as well as provide a stimulus for the clients, School Counsellor, Health Counsellor, Traditional Counsellor, school administrators and researchers to pay more careful, detailed attention and proper use of counselling techniques/skills for handling of clients' problems.

Scope and Delimitation of Study

The scope of the study is based on the extentof relationship among confidentiality, empathy, attending and openness of clients during counseling interview in 30 counsellingcentres in Warri Metropolis, includes Effurun, Ogbe-Ijoh, Warri, Aladja, Orhuwhorun, Ekpan, Jakpa, Okuokoko, Ebrumede and Ubeji communities. In addition, variables of gender, age and marital status are considered. The research work is limit the study in relation to empathy as it concerns understanding what the client the feel or understanding the client point of view but is not interested in the area of integral model of empathy which include subjective empathy, identification, imagination, intuitive, interpersonal, fact-level experience and objective empathy. All other aspects of empathy shall be touched only in the literature review.

The research work in the area of attending is limited to the areas of interest of the counsellor in the client and the information about the client is lefty out. Attending here will focus visual contact, voice equalities, verbal tracking and Body language as it affects the openness of client.This study shall limit openness to the ability of the client to tell the counsellor about the problem he/she is experiencing without prejudice or inhibition.

Apart from the geographic delimitation of the study, the researcher shall limit himself to the area of confidentiality bynon-disclosure of all discussion, that was let out during counselling interview by the client and should keep all discussion in secret without disclosing any information to a third party without the consent of the client.

Operational Definition of Terms

Attending   =   this is the act of paying attention to what someone is

saying or what you are doing

Confidentiality   =   this is the act of keeping information secret without

sharing such information to another person

Counsellingcentres   =   theseare centres that are located in

different parts of the metropolis where

people who have academic, spiritual,social, emotional

and vocational problems go to.

Empathy   =It is the ability to understand another person feelings

and experiences

Para-counsellors   =   These are some of the people who counsel

clients   in some of the counseling centres,

who were trained in counselling, but have no

certificate from any of the higher institutions   as

professional Counsellors.

Warri Metropolis   =   It a metropolis uniquely known for its Multi-   ethnicity

with tribes such as Urhobos,   Itsekiris, and Ijaws

The metropolis comprise of Uvwie, Warri South, Warri

South West, Okpeand UduLocalGovernment Council

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter reviews the theoretical and related literature cited by different authors. It is based on the following sub-headings.

i.   Theoretical framework

ii.   Concept of counselling

iii.   Concept of confidentiality:

- Factors that aid confidentiality

- Limitation of confidentiality in counselling

- Difference between confidentiality in counselling and friendship.

iv.   Concept of empathy:

- Relationship between Compassion and Empathy

- Types of Empathy

- Counselling Implication of an Integral Model of Empathy

- Strategic Application in Counselling

v.   Concept of Attending:

- Attending and communication.

vi.   Concept of Openness

vii.   Factors that Influence Openness of Counselling Interview

viii. Relationship between confidentiality and openness of clients in counselling interview.

ix.   Relationship between empathy and the openness of clients in counselling interview.

x.   Relation between attending and the openness of clients' in counselling interview.

xi   Relationship between the marital status of counsellor and openness of clients in counselling interview.

xii.   Relationship between gender of counsellor and the openness of clients in   counselling interview.

xiii. Relationship betweenage of counsellor and the openness of clients incounselling interview

Theoretical Framework

The theory adopted for this study is **Rational emotive behavior therapy** (**REBT**), previously called **rational therapy** and **rational emotive therapy**, is a comprehensive, active-directive, philosophically and empirically based psychotherapy which focuses on resolving emotional and behavioral problems and disturbances and enabling people to lead happier and more fulfilling lives. REBT was created and developed by the American psychotherapist and psychologist Albert Ellis who was inspired by many of the teachings of Asian, Greek, Roman and modern philosophers. REBT is one form of cognitive behavior therapy (CBT) and was first expounded by Ellis in the mid-1950s; development continued until his death in 2007.

Rational emotive behavior therapy (REBT) is both a psychotherapeutic system of theory and practices and a school of thought established by Albert Ellis. Originally called *Rational Therapy*, it was renamed to *Rational Emotive Therapy* in 1959, then to the current term in 1992. This approach was one of the first of the cognitive behavior therapies, as it was laid out in articles Ellis first published in 1956, nearly a decade before Aaron Beck first set forth his cognitive therapy.

Precursors of certain fundamental aspects of rational emotive behavior therapy have been identified in ancient philosophical traditions, particularly Stoicism. For example, Ellis' first major publication on Rational Therapy describes the philosophical basis of it as the principle that a person is rarely affected emotionally by outside things but rather by 'his perceptions, attitudes, or internalized sentences about outside things and events.

Theoretical assumptions

A fundamental premise of REBT is humans do not get emotionally disturbed by unfortunate circumstances, but by how they construct their views of these circumstances through their language, evaluative beliefs, meanings and philosophies about the world, themselves and others. This concept has been attributed as far back as the Greek philosopher Epictetus, who is often cited as utilizing similar ideas in antiquity. In REBT, clients usually learn and begin to apply this premise by learning the *A-B-C-D-E-F* model of psychological disturbance and change. The A-B-C model states that it is not an *A*, *a*dversity (or

*a*ctivating event) that cause disturbed and dysfunctional emotional and behavioral *C*s, *c*onsequences, but also what people *B*, irrationally *b*elieve about the *A*, *a*dversity. *A*, *a*dversity can be an external situation, or a thought, a feeling or other kind of internal event, and it can refer to an event in the past, present, or future.

The *B*s, irrational beliefs that are most important in the *A-B-C* model are explicit and implicit philosophical meanings and assumptions about events, personal desires, and preferences. The *B*s, *b*eliefs that are most significant are highly evaluative and consist of interrelated and integrated cognitive, emotional and behavioral aspects and dimensions. According to REBT, if a person's evaluative *B*, *b*elief about the *A*, *a*ctivating event is rigid, absolutistic, fictional and dysfunctional, the *C*, the emotional and behavioral *c*onsequence, is likely to be self-defeating and destructive. Alternatively, if a person's belief is preferential, flexible and constructive, the *C*, the emotional and behavioral *c*onsequence is likely to be self-helping and constructive.

Through REBT, by understanding the role of their mediating, evaluative and philosophically based illogical, unrealistic and self-defeating meanings, interpretations and assumptions in disturbance, individuals can learn to identify them, then go to *D*, *d*isputing and questioning the evidence for them. At *E*, *e*ffective new philosophy, they can recognize and reinforce the notion no evidence exists for any psychopathological *must*, *ought* or *should* and distinguish them from healthy constructs, and subscribe to more constructive and self-helping philosophies.[This new reasonable perspective leads to *F*, new *f*eelings and behaviors appropriate to the *A* they are addressing in the exercise.

The REBT framework assumes that humans have both innate rational (meaning self-helping, socially helping, and constructive) and irrational (meaning self-defeating, socially defeating, and unhelpful) tendencies and leanings. REBT claims that people to a large degree consciously and unconsciously construct emotional difficulties such as self-blame, self-pity, clinical anger, hurt, guilt, shame, depression and anxiety, and behaviors and behavior tendencies like procrastination, compulsiveness, avoidance, addiction and withdrawal by the means of their irrational and self-defeating thinking, emoting and behaving. REBT is then applied as an educational process in which the therapist often active-directively teaches the client how to identify irrational and self-defeating beliefs and philosophies which in nature are rigid, extreme, unrealistic, illogical and absolutist, and then to forcefully and actively question and dispute them and replace them with more rational and self-helping ones. By using different cognitive, emotive and behavioral methods and activities, the client, together with help from the therapist and in homework exercises, can gain a more rational, self-helping and constructive rational way of thinking, emoting and behaving. One of the main objectives in REBT is to show the client

that whenever unpleasant and unfortunate activating events occur in people's lives, they have a choice of making themselves feel healthily and self-helpingly sorry, disappointed, frustrated, and annoyed, or making themselves feel unhealthily and self-defeatingly horrified, terrified, panicked, depressed, self-hating and self-pitying. By attaining and ingraining a more rational and self-constructive philosophy of themselves, others and the world, people often are more likely to behave and emote in more life-serving and adaptive ways.

Albert Ellisposits three major insights of REBT:

Insight 1 – People seeing and accepting the reality that their emotional disturbances at point C are only partially caused by the activating events or adversities at point A that precede C. Although A contributes to C, and although disturbed Cs (such as feelings of panic and depression) are much more likely to follow strong negative As (such as being assaulted or raped), than they are to follow weak As (such as being disliked by a stranger), the main or more direct cores of extreme and dysfunctional emotional disturbances (Cs) are people's irrational beliefs — the "absolutistic" (inflexible) "musts" and their accompanying inferences and attributions that people strongly believe about the activating event.

Insight 2 – No matter how, when, and why people acquire self-defeating or irrational beliefs (i.e. beliefs that are the main cause of their dysfunctional emotional-behavioral consequences), if they are disturbed in the present, they tend to keep holding these irrational beliefs and continue upsetting themselves with these thoughts. They do so not because they held them in the past, but because they still actively hold them in the present (often unconsciously), while continuing to reaffirm their beliefs and act as if they are still valid.

Insight 3 – No matter how well they have gained insights 1 and 2, insight alone rarely enables people to undo their emotional disturbances. They may feel better when they know, or think they know, how they became disturbed, because insights can feel useful and curative. But it is unlikely that people will actually get better and stay better unless they have and apply insight 3, which is that there is usually no way to get better and stay better except by continual work and practice in looking for and finding one's core irrational beliefs; actively, energetically, and scientifically disputing them; replacing one's absolute "musts" (rigid requirements about how things should be) with more flexible *preferences*; changing one's unhealthy feelings to healthy, self-helping emotions; and firmly acting against one's dysfunctional fears and compulsions. Only by a combined cognitive, emotive, and behavioral, as well as a quite persistent and forceful attack on one's serious emotional problems, is one likely to significantly ameliorate or remove them, and keep them removed.

REBT assumes that human thinking, emotion, and action are not really separate or disparate processes, but that they all significantly overlap and are rarely experienced in a pure state. Much of what we call emotion is nothing more nor less than a certain kind — a biased, prejudiced, or strongly evaluative kind — of thought. But emotions and behaviors significantly influence and affect thinking, just as thinking influences emotions and behaviors. Evaluating is a fundamental characteristic of human organisms and seems to work in a kind of closed circuit with a feedback mechanism: First, perception biases response, and then response tends to bias subsequent perception. Also, prior perceptions appear to bias subsequent perceptions, and prior responses appear to bias subsequent responses. What we call feelings almost always have a pronounced evaluating or appraisal element."

REBT then generally proposes that many of these self-defeating cognitive, emotive and behavioral tendencies are both innately biological and indoctrinated early in and during life, and further grow stronger as a person continually revisits, clings and acts on them. Ellis alludes to similarities between REBT and the general semantics when explaining the role of irrational beliefs in self-defeating tendencies, citing Alfred Korzybski as a significant modern influence on this thinking.

REBT differs from other clinical approaches like psychoanalysis in that it places little emphasis on exploring the past, but instead focuses on changing the current evaluations and philosophical thinking-emoting and behaving in relation to themselves, others and the conditions under which people live.

Psychological dysfunction

One of the main pillars of REBT is that irrational and dysfunctional ways and patterns of thinking, feeling and behaving are contributing to much, though hardly all, human disturbance and emotional and behavioral self-defeatism and social defeatism. REBT generally teaches that when people turn flexible preferences, desires and wishes into grandiose, absolutistic and fatalistic dictates, this tends to contribute to disturbance and upset.

Albert Ellis has suggested three core beliefs or philosophies that humans tend to disturb themselves through:

1. Holding this belief when faced with adversity tends to contribute to feelings of anxiety, panic, depression, despair, and worthlessness.
2. Holding this belief when faced with adversity tends to contribute to feelings of anger, rage, fury, and vindictiveness.

3. Holding this belief when faced with adversity tends to contribute to frustration and discomfort, intolerance, self-pity, anger, depression, and to behaviors such as procrastination, avoidance, and inaction.

REBT commonly posits that at the core of irrational beliefs there often are explicit or implicit rigid demands and commands, and that extreme derivatives like awfulizing, frustration intolerance, people deprecation and over-generalizations are accompanied by these. According to REBT the core dysfunctional philosophies in a person's evaluative emotional and behavioral belief system, are also very likely to contribute to unrealistic, arbitrary and crooked inferences and distortions in thinking. REBT therefore first teaches that when people in an insensible and devout way overuse absolutistic, dogmatic and rigid "should", "must", and "ought", they tend to disturb and upset themselves.

Further REBT generally posits that disturbed evaluations to a large degree occur through over-generalization, wherein people exaggerate and globalize events or traits, usually unwanted events or traits or behavior, out of context, while almost always ignoring the positive events or traits or behaviors. For example, awfulizing is partly mentalmagnification of the importance of an unwanted situation to a catastrophe or horror, elevating the rating of something from bad to worse than it should be, to beyond totally bad, worse than bad to the intolerable and to a "holocaust". The same exaggeration and overgeneralizing occurs with human rating, wherein humans come to be arbitrarily and axiomaticallydefined by their perceived flaws or misdeeds. Frustration intolerance then occurs when a person perceives something to be too difficult, painful or tedious, and by doing so exaggerates these qualities beyond one's ability to cope with them.

Essential to REBT theory is also the concept of secondary disturbances which people sometimes construct on top of their primary disturbance. As Ellis emphasizes:

"Because of their self-consciousness and their ability to think about their thinking, they can very easily disturb themselves about their disturbances and can also disturb themselves about their ineffective attempts to overcome their emotional disturbances."

Mental wellness

As would be expected, REBT argues that mental wellness and mental health to a large degree results from an adequate amount of self-helping, flexible, logico-empirical ways of thinking, emoting and behaving. When a perceived undesired and stressful activating event occurs, and the individual is interpreting, evaluating and reacting to the situation rationally and self-helpingly, then the resulting

consequence is, according to REBT, likely to be more healthy, constructive and functional. This does not by any means mean that a relatively un-disturbed person never experiences negative feelings, but REBT does hope to keep debilitating and un-healthy emotions and subsequent self-defeating behavior to a minimum. To do this REBT generally promotes a flexible, un-dogmatic, self-helping and efficient belief system and constructive life philosophy about adversities and human desires and preferences.

REBT clearly acknowledges that people, in addition to disturbing themselves, also are innately constructivists. Because they largely upset themselves with their beliefs, emotions and behaviors, they can be helped to, in a multimodal manner, dispute and question these and develop a more workable, more self-helping set of constructs.

REBT generally teaches and promotes:

- That the concepts and philosophies of life of unconditional self-acceptance, other-acceptance, and life-acceptance are effective philosophies of life in achieving mental wellness and mental health.
- That human beings are inherently fallible and imperfect and that they had better accept their and other human being's totality and humanity, while at the same time not like some of their behaviors and characteristics. That they are better off not measuring their entire self or their "being" and give up the narrow, grandiose and ultimately destructive notion to give themselves any global rating or report card. This is partly because all humans are continually evolving and are far too complex to accurately rate; all humans do both self-defeating / socially defeating and self-helping / socially helping deeds, and have both beneficial and un-beneficial attributes and traits at certain times and in certain conditions. REBT holds that ideas and feelings about self-worth are largely definitional and are not empirically confirmable or falsifiable.
- That people had better accept life with its hassles and difficulties not always in accordance with their wants, while trying to change what they can change and live as elegantly as possible with what they cannot change.

REBT intervention

As explained, REBT is a therapeutic system of both theory and practices; generally one of the goals of REBT is to help clients see the ways in which they have learned how they often needlessly upset themselves, teach them how to "un-upset" themselves and then how to empower themselves to lead happier and more fulfilling lives. The emphasis in therapy is generally to establish a successful

collaborative therapeutic working alliance based on the REBT educational model. Although REBT teaches that the therapist or counsellor had better demonstrate unconditional other-acceptance or unconditional positive regard, the therapist is not necessarily always encouraged to build a warm and caring relationship with the client. The tasks of the therapist or counselor include understanding the client's concerns from his point of reference and work as a facilitator, teacher and encourager.

In traditional REBT, the client together with the therapist, in a structured active-directive manner, often work through a set of target problems and establish a set of therapeutic goals. In these target problems, situational dysfunctional emotions, behaviors and beliefs are assessed in regards to the client's values and goals. After working through these problems, the client learns to generalize insights to other relevant situations. In many cases after going through a client's different target problems, the therapist is interested in examining possible core beliefs and more deep rooted philosophical evaluations and schemas that might account for a wider array of problematic emotions and behaviors. Although REBT much of the time is used as a brief therapy, in deeper and more complex problems, longer therapy is promoted.

In therapy, the first step often is that the client acknowledges the problems, accepts emotional responsibility for these and has willingness and determination to change. This normally requires a considerable amount of insight, but as originator Albert Ellisexplains:

"Humans, unlike just about all the other animals on earth, create fairly sophisticated languages which not only enable them to think about their feeling, their actions, and the results they get from doing and not doing certain things, but they also are able to think about their thinking and even think about thinking about their thinking."

Through the therapeutic process, REBT employs a wide array of forceful and active, meaning multimodal and disputing, methodologies. Central through these methods and techniques is the intent to help the client challenge, dispute and question their destructive and self-defeating cognitions, emotions and behaviors. The methods and techniques incorporate cognitive-philosophic, emotive-evocative-dramatic, and behavioral methods for disputation of the client's irrational and self-defeating constructs and helps the client come up with more rational and self-constructive ones. REBT seeks to acknowledge that understanding and insight are not enough; in order for clients to significantly change, they had better pinpoint their irrational and self-defeating constructs and work forcefully and actively at changing them to more functional and self-helping ones.

REBT posits that the client must work hard to get better, and in therapy this normally includes a wide array of homework exercises in day-to-day life assigned by the therapist. The assignments may for example include desensitization tasks, i.e., by having the client confront the very thing he or she is afraid of. By doing so, the client is actively acting against the belief that often is contributing significantly to the disturbance.

Another factor contributing to the brevity of REBT is that the therapist seeks to empower the client to help himself through future adversities. REBT only promotes temporary solutions if more fundamental solutions are not found. An ideal successful collaboration between the REBT therapist and a client results in changes to the client's philosophical way of evaluating himself or herself, others, and his or her life, which will likely yield effective results. The client then moves toward unconditional self-acceptance, other-acceptance and life-acceptance while striving to live a more self-fulfilling and happier life.

Efficacy

REBT and CBT in general have a substantial and strong research base to verify and support both their psychotherapeutic efficiency and their theoretical underpinnings. A great quantity of scientific empirical studies has proven REBT to be an effective and efficient treatment for many kinds of psychopathology, conditions and problems. A vast amount of outcome and experimental studies support the effectiveness of REBT and CBT. Recently, REBT randomized clinical trials have offered a positive view on the efficacy of REBT.

In general REBT is arguably one of the most investigated theories in the field of psychotherapy and a large amount of clinical experience and a substantial body of modern psychological research have validated and substantiated many of REBTs theoretical assumptions on personality and psychotherapy.

Limitations and critique

The clinical research on REBT has been criticized both from within and by others. For instance originator Albert Ellis has on occasions emphasized the difficulty and complexity of measuring psychotherapeutic effectiveness, since many studies only tend to measure whether clients merely feel better after therapy instead of them getting better and staying better. Ellis has also criticized studies for having limited focus primarily to cognitive restructuring aspects, as opposed to the combination of cognitive, emotive and behavioral aspects of REBT. As REBT has been subject to criticisms during its existence, especially in its early years, REBT theorists have a long history of publishing and addressing

those concerns. It has also been argued by Ellis and by other clinicians that REBT theory on numerous occasions has been misunderstood and misconstrued both in research and in general.

Some have criticized REBT for being harsh, formulaic and failing to address deep underlying problems. REBT theorists have argued in reply that a careful study of REBT shows that it is both philosophically deep, humanistic and individualized collaboratively working on the basis of the client's point of reference. They have further argued that REBT utilizes an integrated and interrelated methodology of cognitive, emotive-experiential and behavioral interventions. Others have questioned REBTs view of rationality, both radical constructivists who have claimed that reason and logic are subjective properties and those who believe that reason can be objectively determined. REBT theorists have argued in reply that REBT raises objections to clients' irrational choices and conclusions as a working hypothesis and through collaborative efforts demonstrate the irrationality on practical, functional and social consensual grounds. In 1998 when asked what the main criticism on REBT was, Albert Ellis replied that it was the claim that it was too rational and not dealing sufficiently enough with emotions. He repudiated the claim by saying that REBT on the contrary emphasizes that thinking, feeling, and behaving are interrelated and integrated, and that it includes a vast amount of both emotional and behavioural methods in addition to cognitive ones.

Ellis has himself in very direct terms criticized opposing approaches such as psychoanalysis, transpersonal psychology and abreactive psychotherapies in addition to on several occasions questioning some of the doctrines in certain religious systems, spiritualism and mysticism. Many, including REBT practitioners, have warned against dogmatizing and sanctifying REBT as a supposedly perfect psychological panacea. Prominent REBT have promoted the importance of high quality and programmatic research, including originator Ellis, a self-proclaimed "passionate skeptic". He has on many occasions been open to challenges and acknowledged errors and inefficiencies in his approach and concurrently revised his theories and practices. In general, with regard to cognitive-behavioral psychotherapies' interventions, others have pointed out that as about 30–40% of people are still unresponsive to interventions, that REBT could be a platform of reinvigorating empirical studies on the effectiveness of the cognitive-behavioral models of psychopathology and human functioning.

REBT has been developed, revised and augmented through the years as understanding and knowledge of psychology and psychotherapy have progressed. This includes its theoretical concepts, practices and methodology. The teaching of scientific thinking, reasonableness and un-dogmatism has been inherent in REBT as an approach, and these ways of thinking are an inextricable part of REBT's empirical and skeptical nature.

The above theory of REBT is used with a broad range of clinical problems in traditional psychotherapeutic settings such as individual-, group- and family therapy. It is used as a general treatment for a vast number of different conditions and psychological problems normally associated with psychotherapy.

REBT is used with non-clinical problems and problems of living through counselling, consultation and coaching settings dealing with problems including relationships, social skills, career changes, stress management, assertiveness training, grief, problems with aging, money, weight control etc.

The present research work is in line with the above theory of Albert Ellis (1995)as the tenant point towards variables that enhance openness during counselling interview. Some characteristics exhibited by client on how they construct their viewof the circumstances through their language, evaluative beliefs, attitudes, meaning and philosophy about the world, themselves or others. This means that, if a client beliefs that the counsellor will not keep his/her secret or the counsellor is not interested in what he/she is saying and the counsellor does not understand the client problems, he/she may not likely open up during counselling. Also the relevant of the theory to the present research work, the beliefs and construct view towards counsellor in the area of gender, marital status and agewhich the present study has identified as correlates of openness of client during counselling interview in Warri Metropolis of Delta State.

Accordingly, the researcher has developed a conceptual framework as presented below to show the relationship among the identified variables

A model illustrating the conceptual framework used for the study
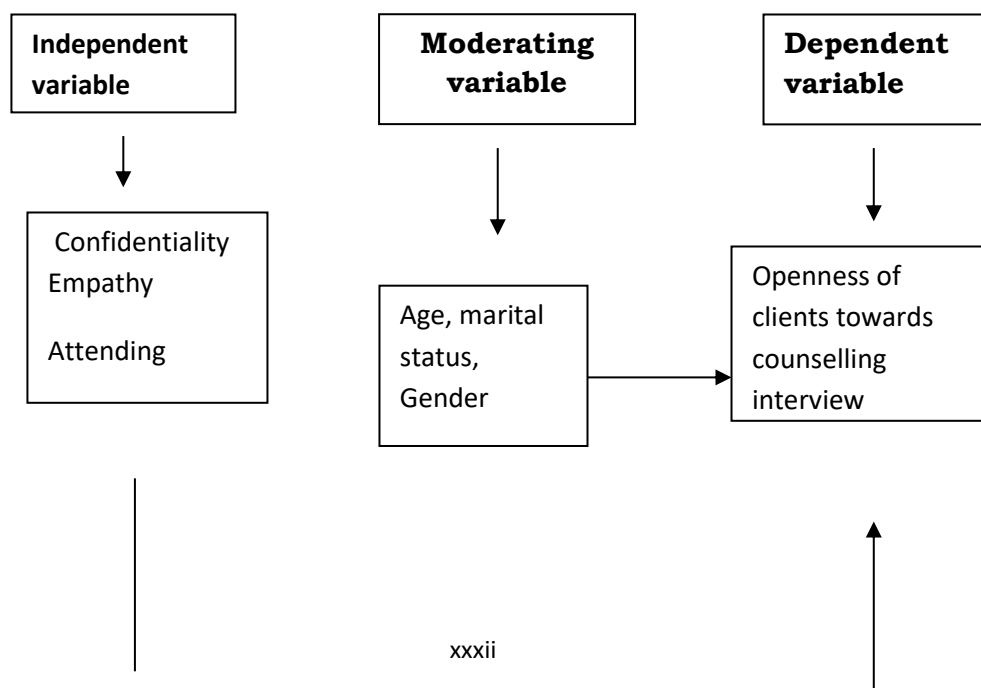
Source: Albert Ellis (1995)

The frame work of the above is made up of three essential components namely:

1.   Independent Variable which comprises of confidentiality, empathy and attending.

2.   Moderator variable which comprises of gender, age, ethnic group/Tribe and marital status

3.   Dependent variable which is based on the openness of clients toward counselling interview.

Concept of Counselling

Counselling is a concept that has existed for a long time. Counselling is a learning-oriented process, which occurs usually in an interactive relationship, with the aim of helping a person learn more about the self, and to use such understanding to enable the person to become an effective member of the society.

Counselling is a relationship between a concerned person and a person with a need. This relationship is usually person to person, although sometimes it may involve more than two people. It is designed to help people to understand and clarify their views, and learn how to reach their self-determined goals through meaningful, well-informed choices and through the resolution of emotional or interpersonal problems (Mojoyinola, 2008).Counselling is an individualized and personalized assistance to persons whose personal, educational, vocational, social, emotional and spiritual problems are analyzed and solution sought often with the assistance of a specialist, school and community resources and personal interview in which the Counsellor is sought to make his own decision.

Counselling is provided under a variety of labels. For example, there are instances where counselling is offered when a relationship is primarily focused on other non-counselling concerns. A student may feel it is safe to share worries. In such a situation, the teacher uses counselling skills, but does not engage main actual counselling relationship. The teacher counsels but he is not a Counsellor (Egbule, 2002).

Concept of Confidentiality

Confidence in someone is to put your trust in that person. The origin is from Latin words "Con" which means, acting as an intensifier and "fiders" which means to trust or put one's faith in and is thus probably best translated as, to strongly trust between two people within a community of at least three people, for example confidentiality occurs when two people decide to restrict the communication of information between themselves in order to prevent it being communicated to a third person or more people. In a professional relationship, confidentiality means protecting information that could only be disclosed at some cost to privacy in order to protect that privacy from being compromised any further (Pattenden, 2003).

Confidentiality is one of the most important ethical guidelines or principles that are associated with several professions such as counselling, law, medicine, military, and psychologist. It is a practice which requires that information shared by the client with theTherapist in the course of treatment or counselling is not shared with others (Welfel, 2010). Confidentiality is a situation in which you trust someone not to tell secret or private information to anyone else. It is the trust someone puts on a person who he/she has disclosed information or told a secret not to tell another person.

American Psychological Association view confidentiality as the bottom-line of Counsellors' ethical and legal responsibilities to the profession (Smith-Bell and Winslade, 2004). Confidentiality refers to the condition of the counsellor keeping all transactions between them and their clients secret. Helgin and Whitbourne (2003) refers to it as an information revealed during counselling as "entrusted secret" and should be strictly kept secret. This is to protect the client from injury and also to protect the integrity of the Counsellor. Any Counsellor that carelessly reveals such entrusted secret is not adhering to the most basic of ethical guidelines and not respecting the rights of the clients.

Harwood (2006) views confidentiality as an agreement which is formed between two parties on the main condition that either one of the parties or both the parties will keep the terms and conditions of the agreement confidential or to himself. It is the Counsellor's responsibility to treat all the information that he comes across pertaining to the client about issues in his/her life as private.

Confidentiality presupposes trust between two people. For example, confidentiality occurs when two people decide to restrict the communication of information between them in order to prevent it being communicated to a third person or more people. In counselling process, confidentiality is one of the potent therapeutic weapons or tools used by Counsellors to build concrete confidence on clients.

Clifford (2004) stressed that clients usually would want to approach someone who will understand and share the problems and anguish which they are experiencing without making things known to others. Confidentiality thus ensures that all disclosures by the clients, all discussions and suggestions are held in strict secrecy or privacy. The counsellor is thus not obliged to disclose any information to a third party without the consent of the client. In fact, the counsellors are not obliged even to make it known that a client is a client. The confidentiality in counselling tends, therefore, to protect the relationship between the two and more importantly the person of the client (Okorodudu, 2004).

Confidentiality is information that cannot be disclosed. This is usually accomplished by specifically classifying the non-disclosed information as confidential or proprietary. Cullari (2011) stressed that confidentiality is subject to negotiation. As one would imagine the company or individual disclosing the confidential information (the discloser) would like the definition to be as all-inclusive as possible, on the other hand, the company receiving the confidential information (the recipient) would like to see as narrowly, focuses a definition as possible

Confidentiality is the agreement of the Counsellor not to share anything that is said or done in the counselling room with anyone else without the express permission of the client.The counselling relationship must be built on the understanding that whatever is discussed will remain a private issue until the client decides otherwise. Confidentiality is crucial to the success of the counselling process. It is one of the most important issues in a counselling situation. For example, as health workers are bound by the Hippocratic Oath to maintain the highest standards of confidentiality, it becomes part and parcel of their standard medical practice to which all patients have a right. Trust is the most important factor in the relationship between Counsellor and the person being counselled. Any breach of the Confidentiality especially in the context of HIV Counselling and test result may be serious.

WHO (2008) stressed that; confidence is the being part of the motivation for patients seeking counselling and testing services because they expect to be served confidentiality. This way, confidentiality is part of what creates demand for counselling and testing services and must therefore be upheld at all times.In the Voluntary Counselling and Testing (VCT) program, testing may be either anonymous testing, no names are recorded and the results do not have personal identities, while in confidential testing, names or other identities may be recorded, but confidentiality of result must be maintained.

Confidentiality is based on the belief that the individual has the right of autonomy, the freedom to make decisions for one self, included in this case, decision about entering therapy and controlling the release of information about participation in therapy. Autonomy is an ethnical principle with roots in

western philosophy nowhere else on the planet (especially in Nigeria) is this principle given such an elevated status. In fact in some cultural traditions/ethnic groups, freedom to self-govern clearly takes second place to loyalty to family or difference to the wishes of elders, even with full complete adults. The notion that family members can be excluded from information about a loved one's mental health is fundamentally inconsistent with some cultural values, just as incompatible in those cultures is the belief that a person who want acceptance from the family can defy the wishes of elders to satisfy a personal desire or goals

In such a context, confidentiality of communication in counselling can become complicated, as Meer and Vandecreck (2002) illustrated so well in their description of three cases of adult clients from South Asia receiving therapy in the United Sates, Upon learning that these adults were in treatment, the clients' families demanded complete disclosure about the content and progress of therapy. They also expressed great distrust of the therapist and high level of hostility at the idea that a family member had discussed private family matters with a stranger in the first place. Complicating the matter further, was the reluctance of the clients to voice any disagreement with their parents' demand, a behaviour that violated cultural standard of respect. This above content is happening in our various cultural or ethnic groups in Delta State.

How can a professional comply with the ethical mandate to honour confidentially in such situation? One obvious way is to ask the client to sign a release of information. However, that is only a partial solution to the dilemma, because the client feels little freedom to assert themselves. The more ideal ethnical repose is to anticipate the complication of clients whose value system are likely to differ from the value system underlying the professions ethical principles and to discuss an approach to family commutation at the initiation of service. Indeed, family treatment, if possible, may be the preferable mode of service in such a situation (Schwebel and Hodari, 2005).

Factors That Aid Confidentiality

Nevas and Farber (2003) described several Therapists' actions that can foster or aid the continue positive attitudes of clients and Counsellors in counselling services. They recommended that, when Counsellors provide a secure environment in which they are most likely to seek counselling services and to give a full and frank account of their maladjustment or the root of the problem, respect for client's autonomy and support public confidence and trust in counselling service.

Welfel (2010) , stressed that, confidentiality has been threatened by several new developments, managed care persistence and extensive demand for sensitive clients information, coupled with the uncertain protection of that data once it is released become a major concern for professional. She also further stressed that, the convenience and ease of electronic communications technology such as the facsimile machine and the internet make them attractive vehicle for client's communication.

Confidentiality of counselling disclosure is often also protected by legal statutes. In many states, the clients of mental health professional can prevent those Counsellors from testifying in court with information material revealed in counselling, and such material is called privileged communication. There are some major exceptions to confidentiality, although some of these are quite limited in scope applicability. These include (i) a client's request for release of confidential information to him or herself or to a qualified professional, (2) a court order for confidential information, (3) an ethnic complaint or lawsuit against a Counsellor, (4) limitation to confidentiality based on statutes.

One of the factors among Counsellors and clients is the trust development during counselling relationship/services. Zest (2010) stressed that trust is the most important factor in the relationship between the Counsellor and the person being counselled.He further stated that, confidentiality can occur when the client and the Counsellor develop effective communication, understanding, co-operation and caring as well as concern about the problems.

Limitation of Confidentiality in Counselling

One of the puzzles in counselling is "where does the balance lie between avoiding deferring people from seeking therapy because of fear of breaches of confidentiality, and the benefits to society and the individual, when this requires the Therapist to breach confidence. Scheiders as cited in Wefel(2010) stated that confidentiality is not always absolute there are situations where entrusted secret may be revealed;

i. **If the client gives consent:** The first limitation to confidentiality is based on the client's disposition to autonomy. A client who wishes to relate personal information elsewhere has a right to have disclosure made, that means unless exception to where confidentiality exists. Counsellors obtain written permission from clients to disclose or transfer record to legitimate third party.

ii. **If the Court demands for it in a Legal suit:**Winslede and Bell (1994) stressed that, the second major limitation to confidentiality occurs when the Court demands access to

records of the Counsellor's testimony. There are several circumstances under which this may occur and under which privileged communication statute usually do not apply. Confidentiality is generally not protected when aCounsellor act as an expert - witness or as a consultant for the Court to evaluate a person involved in a legal proceeding.

iii. **If the clients bring a legal action against their Counsellor:** The third limitation of confidentiality occurs when clients bring legal action against the counsellors (Swenson as cited in Wefel, 2010). If a client wishes to sue a professional for negligence or breach of contract, the client must have the right to confidentiality. The professional have the right to defend themselves against malpractice claims. This is the reason why the client must waive his right to confidentiality.

iv. **When such information will enhance the practice of the counselling profession and research:** Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain and dispose of records and data relating to their professional and scientific work in order to facilitate provision of services either by them or by any other professional, all for replication of research design and analyses, meet institutional requirement, ensure accuracy of billing and payment and ensure compliance with law.

v. **Other Client's Litigation:** The fifth limitation comes into play when clients initiate against another party, a civil legal action that includes claim of psychological harm or emotional distress. Shuman, Foote and Swenson as cited in Wefel, (2010) opinion that the claim of psychological injury makes any relevant counselling material potentially available to the Court.

vi. **Dangerous to client:**There is limit to confidentiality when clients are at risk of violence to others. Wefeland Beebe (2009), communication from clients who are dangerous to themselves or to other people are not always protected by the same level of confidentiality as other client's. When a Counsellor judges a client to pose an immediate threat to others. Tobes and O'Connor, (2009) stated that when clients are at immediate risk of suicide, the Counsellor's primary obligation is to protect the client from the self-destructive impulse. They further explain that, limitation of confidentiality can be based on, if the secret is not valid, common welfare to the community and if the information is harmless.

Difference between Confidentiality in Counselling and Friendship

Confidentiality of the professionals' relationship differs in many respects from that of friendship. First with few exceptions, every portion of the conversations betweenCounsellors and their clients are confidential, no matter how irrelevant it may seem. Boxas cited inTobesand O'Connor, (2009) suggests that by guarding the privacy of even inconsequential disclosures, the professional is reassuring the client that more personal material will be kept safe. After all, much of the materials clients disclosedis sensitive information to which no one else in their lives, not even their closest friend or partners, is privy to, for example, a student may admit that she has done an abortion to a Counsellor before she tells anyone else.

The next distinction between confidence in friendship and professional setting, relates to client assumptions about the therapeutic process. The client's usually assumes they can trust Counsellors. Research suggests that most clients expect that virtually everything disclosed in counselling will be held in strict confidence (Miars and Iterzoy as cited in Tobes and O'Connor, 2009). So unless the professional engages in an informed consent process about confidentiality and its limits, clients are likely to hold onto this mis-exception of the absolute nature of the therapeutic privacy.

The third contrast deals with the difference in consequence for the violator of the confidence. If friends violate a confidence, their major risk is the rupture in the friendship. If a professional violates a confidence, the individual's reputation, job and licence may be at stake and he or she may be vulnerable to civil action for malpractice or breach of contract.

Finally, confidentiality in counselling encompasses not only the words spoken between professionals and their clients, but also all records related to those interactions and the identity of the clients. A professional is obligated not to disclose even the names of client, without their permission. Scholars have named this form of confidentiality, contact confidentiality (Alia and Martin, 2003). Counsellor are expected to provide a therapeutic environment in which clients words cannot be over heard, their records are kept secure from unauthorized people and their presence at the office is protected to fullest extent possible.

The following ways help the Counsellor to create therapeutic environment:

Counsellors have committed relationship with other adults. The norms of committed relationship suggest the adult partners share information about their daily lives with each other. This sharing not only helps the partners feel supported and revitalized for the next day, it is also a symbol of closeness between them (Barker and Patterson, 2002). The counsellor is not expected to share it with families and friends but they can share it with another professionals or supervisor.

Barker and Patterson (2002) Observed that Counsellor frequently share information about client session with their partners. Woody (2003) refers to sharing of private client information with friends and family members. Wefel (2010) suggested that the best way to resolve the conflict between family loyalty and professional responsibility is to develop a regular supervision or consultation relationship with another professional to deal?

Bond and Barbara as cited in Tobes and O'Connor, (2009) are of the view that some Therapists seek to protect their clients from being identified in supervision by only discussing them anonymously (by withholding their identity, or pseudonymously, by substituting a fictitious identity typically a false name. To prevent a breach of confidence, the protection of the client's identity must be sufficient to prevent the client identity being deduced, even by somebody who has knowledge of that person. For example, the supervisor may have met the client socially and learned some details of her life without the therapist knowing of these encounters.

Concept of Empathy

A basic assumption when using multiple ways of knowing in Counselling is that, a definition of empathy involves understanding the emotional meanings of a client from a broad perspective. In keeping with current terminology in counselling (Ivey, &Zalaquett, 2010), a comprehensive definition of empathy also conveys the essence of Rogers's (1957, 1959) classic formulations. With these assumptions in mind the following definition of empathy would seem to have a counselling use: "attainment with the feelings and meanings of an individual's experience from an immediate or extended perspective," (Clark, 2007, p. 162).

Empathy is most often defined by the metaphors of 'standing in someone else's shoes or seeing through someone else's eyes. After combining and synthesizing the different ways the word is used, here are the four basic acts of empathy that I have come up with. The empathy literatures characterized by debate regarding the nature of the phenomenon. We propose a unified theory of empathy divided into ultimate and proximate levels, grounded on the emotional link between individuals on an ultimate level, emotional linkage supports group arm, vicariousness of emotions, mother-infant responsiveness, and the modeling of competitors and predators; these exist across species and greatly affect reproductive success. Proximately, emotional linkage arises from a direct mapping of another's behavioural state onto a subject's behavioural representations, which activate responses in the subject. This ultimate and proximate account parsimoniously explains different phylogenetic and ontogenetic levels of empathy.

In 1957, Carl Rogers published a classic and provocative article that identified empathy as an essential variable for engendering constructive personality change in the therapeutic process. Empathy, in addition to congruence and unconditional positive regard, has achieved a consensus standing in the professional literature as a core condition in facilitating the treatment relationship in counselling (Feller and Coltone, 2005). Although empathy and empathic understanding have been recognized for fostering open communication and trust since early in the 20th century, Rogers and his colleagues brought prominence to the quality of the relationship as a critical factor in successful treatment outcome (Barrett-Lennard, 2003). In a supportive emotional climate, clients frequently experience both a sense of being deeply understood and a diminishment of psychological threat (Clark, 2007). With an enhancement of empathies understanding, clients generally increase their level of therapy satisfaction, likelihood of compliance, and involvement in the treatment process (Bohart, Elliot, Greenberg and Watson, 2002).

Over a period of decades, Rogers' definition and descriptions of empathy continued to evolve while he popularized its therapeutic function in a number of publications (Raskin, 2005).Cowan, Presbury and Lenis (2013) stated that, we normally think of empathy in counselling as a benevolent act in which the insightful counselling deeply understands the grateful client.

Types of empathy

As Counsellors, we are committed to helping others, and we often shy away from causing pain. As a result, many Counsellors confuse empathy with being warm and sympathetic. Thus, a number of Counsellors who hope to be empathic wind up simply being nice instead. But clients do not change simply because someone has been relentlessly nice to them. Rather, true empathy involves not only emotional resonance but also "getting" the client from within the frames of reference that organize his or her subjective life.

Baron- Colen (2010) observed these types of empathy; a sympathetic impulse is one component of empathy and it involves feeling an emotion in response to someone else distress that moves him to want to alleviate another suffering. This is a natural human response and part of our normal reaction to clients suffering, but it cannot be allowed to be the primary guide to our interventions as Counsellors.

A second component of empathy is the affective component, which involves feeling an emotional attainment that is called "Looking out the client's window". It is this attentive resonance that allows clients to go deeply into their pain with the participation of the Counsellor as a sensitive

companion and compassionate guide. The Counsellor must not become either over activated or under activated by the client's distress, because then the client will disengage and re-enact past disappointments. The Counsellor must empathically be in tune, which is called the client's "Window of tolerance". When a Counsellor is not sufficiently responsive, clients conclude that the Counsellor does not care. More commonly, when the Counsellor losses the empathic stance and over identifies with the clients pain, the client concludes that expressions or certain aspects or sectioned off parts of self has the power to injure or damage the care giver.

The third or cognitive component of empathy, which allows the Counsellor to understand, validates and illuminates the client's inner world of meanings. This perspective taking allows the Counsellor to use accumulated knowledge of how the client is likely to respond to certain empathic interpretations and interventions. The art comes in the balance of challenge and support.

An Integral Model of Empathy

After reflecting at length on Rogers' (1964) threefold ways of knowing, I realized that it is possible to expand on his perspectives of empathy and conceptualize a new empathy structure that is integral to the counselling process (Clark, 2002, 2004, 2007, 2009, 2010). In contrast with Rogers'view that empathy and empathy understanding primarily relates to an interpersonal modality, I am convinced that empathy may be therapeutically directed toward a client through each of the three knowledge channels. In a broadening of Rogers's original framework, the scope of empathy can surely extend beyond the immediate frame of reference of a client.

From a conceptual stance, subjective, interpersonal, and objective modalities constitute an integral model for using empathy in counselling. Subjective empathy enables a Counsellor to momentarily identify with a client, through intuitive reactions and fleetingly imagine and experiences what it is like to be a client. Using interpersonal empathy, the Counsellor attempts to grasp the phenomenological experiencing of a client from an immediate or extended perspective. Objective empathy features a counsellor's use of theoretically informed observational data and reputable sources in the service of understanding a client.

A basic assumption in extending Rogers' as cited in Tobes and O'Connor, (2009) empathy framework is that multiple and complementary modes of knowledge can contribute to a more comprehensive and accurate understanding of a client. Many Counsellors tend to view interpersonal empathy as the primary focus of empathic understanding, and subjective and objective empathy

represent ways of knowing that conceptually may be less familiar to practitioners. At the same time, there are potential biases and cautions in using an integral framework of empathy, and a counsellor needs to be aware of these concerns. In the following section, I will introduce an integral model of empathy in the treatment process relating to subjective, interpersonal, and objective empathy. Within the integral model, subjective empathy is closest to a Counsellor's immediate experience in interactions with a client; therefore, this modality is addressed first.

Subjective Empathy

As a reciprocal process, subjective empathy relates to a Counsellor's awareness of his or her sensibilities and internal reactions in response to the experiences of a client. Through a form of personal knowing, a counsellor vicariously experiences, for a momentary period of time, what it is like to be the client. When attempting to empathically understand a client, the counsellor fleetingly engages in processes, involving identification, imagination, intuition, and felt-level experiencing. In a sense, a Counsellor's self becomes a tool for empathy understanding and forming hypotheses in an immediate counselling context. In many instances, Counsellors may already use the processes but may not be explicitly aware of their relationship to empathy. Through identification, a Counsellor engages in a partial and transitory assumption of a client's experiences as if it were his or her own. The imagination capacity of a Counsellor has the potential to briefly evoke images and emotional reactions that may be similar to a client's experiences. In a third empathic interaction, using his or her intuition enables a counsellor to rapidly generate impressions and hunches relating to a client's functioning. Finally, felt-level experiences refer to a Counsellor's sensitivity to somatic or physical reactions that arise when empathically listening to a client.

Identification

When a Counsellor empathizes with a client, there is often a kinship with the person because of a perceived similarity of experiences (Stewart as cited in Tobes and O'Connor, 2009)). Emotional intensities and environmental conditions may vary qualitatively, but there is sufficient commonality of experiencing to evoke a level of identification. The Counsellor's identification and engagement with a client may last for only a moment (Katz, as cited in Tobes and O'Connor, 2009)). In a less favourable situation, a Counsellor may find it difficult to identify with a client, because of a paucity of common life experiences and perceptions (Shapiro, as cited in Tobes and O'Connor, 2009)). The cultural backgrounds

of the client and Counsellor may also be dissimilar to the point where the practitioner encounters limitations and constraints in the identification process. At these times, a Counsellor is in a position to engage other facets of subjective empathy or call on other knowledge channels to gain an understanding of the client from a broader cultural perspective. In other instances, a Counsellor may not readily shift out of a state of identification with a client, and psychological boundaries begin to merge through an excessive emotional involvement (Teich, as cited in Tobes and O'Connor, 2009)). Over a period of time, treatment progress may reach an impasse unless the counsellor gains an awareness of modes of knowledge that provide more expansive and possibly more balanced perspectives.

Imagination

Through the process of identification with a client, it is possible for a Counsellor to engage his or her imagination in a quest to infer what it is like to be the person for a fleeting period of time (Tobes and O'Connor, 2009). Accordingly, a Counsellor assumes a creative and exploratory posture to stimulate emotionally toned mental images of the individual (Agosta, 1984; Margulies, 1989; Poland, 2007). As an example, a school Counsellor visualizes events as a 15-year-old student plaintively recounts spending weekend evenings in the company of her mother, while desperately wishing that the telephone would ring in order to avoid the prospect of another night without the companionship of a friend. In such instances, Counsellors are typically able to recall times when they felt rejected or overlooked, and these experiences facilitate imaginary associations. It is likely, for instance, that most Counsellors must call on their imagination to grasp clients' experiences involving long-term physical neglect or lengthy periods of impoverishment. In other contexts, a client's physical state may seem corporally foreign, and the Counsellor can only imagine the pain that is incurred when one is morbidly obese, chronically disabled, or experiencing a life-threatening illness.

Intuition

Another subjective process that potentially contributes to empathically understanding a client involves, and is dependent on a Counsellor's intuitive faculty. In contrast with a more conscious and deliberate use of reasoning, intuition relates to a Counsellor's sensitivity to immediate responses and hunches that come to mind in interactions with a client (Tobes and O'Connor, 2009). Consequently, a Counsellor's intuitive judgment relies on rapidly formulating hypotheses about a client and generating

tentative means of apprehension. As the Counsellor Experience's tacit images and flashes of insight, overall patterns of a client's functioning begin to emerge.

From an instrumental perspective in counselling, intuitive knowing has the potential to inform therapeutic interventions and facilitates strategic decisions (Hankammer, Snyder, &Hankammer, 2006). In a specific example, during an initial counselling session with a client, a Counsellor intuitively senses that the individual may possibly be suicidal. After consideration of other knowledge sources, in addition to intuition, the Counsellor initiates a comprehensive psychological evaluation. More important, it is also necessary for a counsellor to recognize that intuition entails tacit "gut reactions," and these are inevitably susceptible to practitioner distortion and biases. In this regard a Counsellor may attempt to balance intuitive judgments and perceptions of a client with more examined processes. Finally, although intuition may be perceived as a somewhat mystical operation, it is a common means for persons to ascertain understandings in everyday life (Gladwell, 2005; Goodyear, 1979).

Felt-level experiencing

When interacting with a client, a Counsellor may resonate with visceral sensations for a fleeting period of time. In these instances, a Counsellor reacts, in a bodily felt way, to evocative expressions of a client recognized that, in counselling, a client continually experiences physical or somatic responses and a flow of emotions and meanings. This felt-level experiencing also occurs with a Counsellor as he or she empathically responds to a client. In these instances, a Counsellor may experience corporeal reactions, such as tightness in the throat or chest, which enables him or her to build hypotheses relating to a similarity in the client's realm of experiencing (Cooper, 2008). Felt-level experiencing is grounded in the assumption that the Counsellor, in an embodied way, receptively attunes to his or her own somatic and emotional functioning. Drawing from the potential of a sensing body, the Counsellor vicariously experiences, for a momentary period of time, what it is like to be the client. An example is, while empathically listening to a client who has been diagnosed with an eating disorder, the counsellor periodically experiences sensibilities of fullness in her stomach and slight gagging reactions. These momentary reflexive actions of the Counsellor usually occur when the client recounts episodes of binging and purging, and they are often accompanied with visual images of the individual enacting the behaviour.

Interpersonal Empathy

Through a relational process in the integral model, a Counsellor strives to empathically understand the phenomenological experiencing of a client and demonstrate a sensitive attainment to the perceptual field of the individual. As a way of knowing, interpersonal empathy involves perceiving a client's internal frame of reference and conveying a sense of the private meanings to the person (Haugh& Merry, 2001; Rogers, 1975). Through the counselling process, it is possible for a counsellor to empathically understand a client on an immediate here-and-now basis and also develop a general sense of how the client experiences life from an extended empathy perspective (Goldberg, 1999). For example, a young adult client is angry about being passed over for a promotion, and he expresses in counselling, a determination to abruptly quit his job. The Counsellor empathically processes the client's resentful feelings and his desire to leave a place that he perceives has hurt him. Simultaneously, the Counsellor hypothesizes that the client maintains an ingrained conviction that people in general treat him unfairly. Through an interpersonal exchange, over several treatment sessions, this perception becomes recognizable to the client with respect to his outlook on life and the injustice of it all. As a consequence, processing the client's immediate and extended perspectives contributes to a deeper and more comprehensive level of empathy understanding. Finally, interpersonal empathy is subject to biases and distortions inherent in the perspectives of a client or in inaccuracies relating to the observations of significant others familiar with the individual that may be shared with a Counsellor (Rogers, 1975).

In a relational field it is necessary for a Counsellor to empathically respond in order to demonstrate an understanding of the explicit and implicit messages of a client. To this end for more than 40 years, there has been a focus on developing the communication skills of Counsellors in many educational programs. Rogers (1975) was disdainful of early training efforts because he thought that there was too much emphasis given to technique-oriented interactions. This instrumental activity, in Rogers' (1975) view, was in opposition to a practitioner attitudinal stance that values the integrity and personhood of the client. Late in his life, Rogers (1986) further repudiated training procedures that depicted reflection as a rigid and wooden exchange while equating the technique with empathy. At the same time, it is likely that Rogers would have agreed that it is necessary to attempt to develop a broad range of Counsellor Intervention that integrates empathic understanding. Empathy can remain an abstract phenomenon only at the interpersonal level unless it is somehow operational. In this regard, it is possible to significantly expand the function of empathy beyond the technique of reflection in the counselling process. For example, after a Counsellor confronts a client because of inconsistencies in his or her behaviour, the Counsellor empathizes with the individual with respect to what it is like to be challenged.

Objective Empathy

From a referential perspective of the integral model, it is advantageous for a Counsellor to use theoretically informed resources to enhance an empathic understanding of a client. Objective empathy relies on a consensus of judgments from reputable reference groups composed of individuals external to a client's frame of reference (Clark, 2004, 2007). Accordingly, a Counsellor uses conceptual material and formalized observations that offer a potential for informing and enriching a way of knowing a client. Examples of referential data are multicultural research findings, normative self-report inventories, and diagnostic classification manuals. As homothetic and externally situated information, the material potentially contributes to an idiographic understanding of a client (Aiken, 2003). Specifically, a familiarity with a homothetic or a general way that persons experience cultural forces enables a counsellor to assess how an individual client responds to influences within his or her particular culture (Ivey, D'Andrea, Ivey, &Simek-Morgan, 2007; Sciarra, 1999).

When Counsellors encounter such questions, their use of objective empathy involves integrating referential information with other ways of knowing that are more experientially grounded. In this regard, Hansen (2000) referenced a Counsellor's capacity to blend experience-near and experience-distant perceptions of a client to effect a deeper level of empathy. In an experience-near stance, the Counsellor attempts to empathically grasp the functioning of a client through a close emotional relationship. This observational material may be processed through the counsellor's experience distant mode, which represents his or her theoretical knowledge and informed perspectives. Finally, there is a potential for error and biases relating to objective data, when such materials arbitrarily categorize or stereotype clients, regardless of the best practices of peer review and peer acceptance from the literature (Duffy, Gillig, Tureen, & Ybarra, 2002). In interactions with a client, it is possible for the Counsellor to pursue a human engagement with the person by calling on the full breadth of empathic understanding through multiple ways of knowing (Hansen, 2000).

Relationship between Compassion and Empathy

Just like with empathy, there are many definitions of compassion and it can get confusing. There seems to be two major ways it is defined:

It is a sub category of the empathic experiience. It is applied to suffering and feeling into the suffering of someone, often with a sense of deep presence and consoling, as well as with a desire to alleviate the suffering. This is the referred definition.

It is seen as form of sympathy. First we empathize with someone, feel their suffering, but then a secondary feeling comes up where we feel sorry for them. This is more of a patronizing looking down on the person's approach.We can empathize with all the different motions, sensations and feelings that someone may have, joy, sadness, caring, fear, loneliness, creativity, connection, grief, excitement, boredom, pain, and suffering. Compassion is the name applied to what happens when we empathize with pain and suffering. This can also be called empathic concern by some. It follows the same process as empathy, so compassion is a subset of the empathic process. Wheel and feel of compassion is based on the following:

1. Self-Compassion: Feeling compassion for your own pain and suffering. (Self-consoling)

2. Mirrored Compassion: Via mirror neurons, feeling someone's suffering. When we see someone in pains our own pain neurons fire.

3. Imaginative or Cognitive Compassion: This is based on the sense of self-awareness, when we recognize ourselves as separate beings. We can imagine the suffering someone is going through from their perspective.

4. Compassionate Action: The desire and action to alleviate the suffering, often with consoling. Some call it empathic concern.

5. Feel of Compassion. Feeling: What does compassion feel like as a sensation in your body? Warm, comforting and safe

Metaphor: What is your metaphor of compassion? I have heard it described as being like putting out a fire (Batson, 2009). Strict dictionary definitions have a hard time separating the feelings of empathy, sympathy, compassion, and pity. Often these words are used to define each other; however research on the concepts has begun to pull them apart.

Empathy is considered a mirroring or vicarious experience of another's emotions, whether they are sorrowful or joyful.Sympathy on the other hand, is a feeling of sorrow associated specifically with the suffering or need of another. These are examples of fellow-feeling, and they require a certain degree of equality in situation or circumstances. Compassion is much like

sympathy, in that it stems from the suffering of snottier, but it also includes the need or desire to alleviate suffering" (Eisenberg 2006).

Batson (2009) stresses that; the term empathy is currently applied to more than half a dozen phenomenon.

1.   Knowing another person's internal state, Including thoughts and feelings

2.   Adopting in posture or matching the neural responses of an observed person.

3.   Coming to feel as another person feels

4.   Intuiting or projecting oneself into another's situation

5.   Imagining how another is thinking and feeling

6.   Imagining how one would think and feel in the other's place

7.   Feeling distress at witnessing another person's suffering

8.   Feeling for another person, who is suffering (empathic concern) An other-oriented emotional responsibility by and congruent with the perceived welfare of someone in need, Includes feeling sympathy, compassion, tenderness and the like (i.e. feeling for the other, and not feeling as the other)"

Stephanie (2007), Identify with the other adopting his or her perspective. This definition extends beyond what exists in many animals, but I employ the empathy is in many animals but I employ the term "empathy" even if only me first criterion met as I believe all of these elements are evolutionarily connected and proximate bases.

Counselling Implications of an Integral Model of Empathy

The counselling utility of a multiple-perspective model of empathy largely depends on the quality of a Counsellor's strategic and technical applications of the ways of knowing. From a strategic standpoint, it is appropriate for a Counsellor to use subjective, interpersonal, and objective empathy on an individual basis or through a combination of the modalities. Most often, a Counsellor is able to develop hypotheses about a client by integrating data from multiple perspectives. An awareness of the potentialities and constraints of distinct knowledge channels enable a practitioner to use the modalities more effectively. From a technical stance, a Counsellor may integrate empathic understanding as a component of a broad

range of counselling interventions. As an instrumental activity of a Counsellor, empathy has a potential to inform the judicious use of therapeutic techniques across the counselling process.

Strategic Applications in Counselling

Although there are variations in the importance that contemporary theoretical orientations attribute to empathy, most theories of counselling and psychotherapy acknowledge the therapeutic value of empathically understanding a client. A multiple perspective model has the potential to enrich and deepen the empathies process, and integral empathy may effect conciliation between theoretical positions that appear incompatible. In a counselling context, the consciousness of a Counsellor oscillates between the three ways of knowing relating to empathy, and these states have a capacity to serve a purposeful function. There are therapeutic limitations inherent in each knowledge channel, and a comprehensive definition of empathy should include a Counsellor's attainment to a client's experiencing from both immediate and extended perspectives.

Inclusiveness

It is possible to identify empathy as a salient construct, with varying degrees of qualitative emphasis, across most treatment orientations. In a review of current theories of counselling and psychotherapy, I was able to identify 13 modalities that provide a relative focus to empathy and empathic understanding (Clark, 2007). Although empathy is widely recognized by numerous treatment approaches, the attention given to empathic understanding in the professional literature differs considerably among the various traditions (Cochran & Cochran, 2006; Gilbert, 2007; Hartley, 1995; Nystul, 2011; Watson, 2002). With respect to particular therapies, empathy holds a significant position in person-centred therapy and self-psychology. Rogers and the person-centred approach have been pivotal in identifying empathy as a core condition and critical factor in the counselling relationship (Kirschenbaum, 2004). The self-psychology framework of Heinz Kohut expanded the treatment function of empathy in terms of a datagathering activity with the potential to inform curative treatment interventions (Kohut, 1977, 1982; Tobin, 1991). In particular, psychoanalytic treatment has a lengthy, albeit variable, history among the writings of scholars in the field (Ornstein, 1979). Numerous other contemporary approaches mention empathy as a recognizable factor in their counselling models.

Enrichment

Integrating perspectives from multiple ways of knowing potentially contributes to an empathic understanding of a client that is more accurate and comprehensive. Drawing together converging lines of synthesis in an orderly way may also reduce the possibility of biases and distortions that tend to occur when a Counsellor relies on a single knowledge channel (Eagle &Wolitzky, 1997). Rogers (1964) recognized the importance of deliberately interweaving the three ways of knowing in order to form evolving hypotheses that may be confirmed or disconfirmed. An integration of perspectives involves a hermeneutic method by repeatedly attempting to empathically understand a client from different trajectories (Keil, 1997; Packer, 1985). Hermeneutic activity also provides a cross-check or corrective procedure for deepening awareness and appreciation of a client's functioning in a broader context (Edwards, Dattilio, & Bromley, 2004). As an example, it is possible for a Counsellor to develop a hypothetical model of a client that becomes progressively more refined and accurate by making numerous and varied attempts to empathically understand the person (Greenson, 1967; Pepinsky&Pepinsky, 1954). Over a period of time, a coherent and holistic client model begins to emerge that serves to organize what is known about the individual in terms of his or her experience and potentialities.

Conciliation

An awareness of a multiple-perspective model enables a Counsellor to integrate theoretical conceptions in counselling that may initially seem incompatible with experientially grounded findings or observations. By recognizing differences in how theory-based materials traverse the ways of knowing, a Counsellor may be more receptive to the use of potential tools for empathically understanding a client. For example, the tradition of individual psychology emphasizes understanding the uniqueness and indivisibility of a client (Adler, 1927; Oberst& Stewart, 2003). Toward this end a counsellor typically calls on experiential and phenomenological knowledge channels to grasp a sense of a client's functioning. At the same time, within the Adlerian literature, constructs such as the tasks of life and safeguarding tendencies represent an objective way of knowing that may be applied on a subjective basis to particular individuals (Oberst& Stewart, 2003).

Consciousness

Although a Counsellor may have a preference for engaging a specific knowledge channel in counselling, it is inevitable that he or she will spontaneously experience shifts in the modalities (Clark, 2007). Typically, there is a vacillation among the ways of knowing that emerge into a Counsellor's consciousness in a therapeutic context. For example, in an initial counselling session, as a client in middle

adulthood expresses feelings of anxiety, the counsellor empathically resonates with a slight tension in her own face and chest. Almost simultaneously, the Counsellor observes the client's fixed body posture and trembling hands. Within seconds, in a less than empathic response, the Counsellor has a tangential thought about her daughter's recent breakup of a long-term relationship. Each of these impressionistic reactions comes into the counsellor's awareness from a particular knowledge avenue, and even thoughts that seem intrusive may yield important understandings for treatment consideration. In particular, countertransference material may surface that represents conflictive issues of a Counsellor that have a potential to hinder an empathic understanding of a client (Rosenberger & Hayes, 2002). In another example from psychoanalytic theory, Sullivan (1953) observed that a practitioner's experiencing may shift between subjective and objective capacities in a participant observer role. Sullivan recognized the therapeutic utility of empathically responding to a client may traverse from an emotionally engaged position to a more reflective stance and vice versa. Finally, in recent research in neuroscience (Decety& Jackson, 2006; Gallese, 2001), with implications for empathy, mirror neurons activate when a person observes an individual perform an action, and there is a concurrent stimulation of corresponding neural circuits as if the observer were executing the action.

Constraints

There are inherent limitations for empathically understanding a client when a Counsellor inflexibly or exclusively uses a particular modality (Clark, 2007; Rogers, 1964). In this regard, Rogers (1964) was critical of some current existentialist thinkers for largely rejecting an objective way of knowing accused behaviourists of placing too much emphasis on the objective mode and being scornful of other modalities. The person-centred approach of Rogers has also been criticized for overemphasizing the interpersonal channel of knowing by primarily focusing on the internal frame of reference of a client (Bozarth, 1998). Yet Rogers certainly did express his personal views and emotional reactions in counselling, especially in a later period of his life through the form of feedback in groups (see Barrett-Lennard, 2003; Kirschenbaum, 2004).

Concept of Attending

Attentive body language (eye contact, leaning forward slightly, encouraging gestures) Eye contact is important and polite (in Western society) when speaking or listening to another person. This

does not mean that the counsellor stares at the client, but maintains normal eye contact to show genuine interest in what the client is saying.

Geldard and Geldard (2011) suggest that to assist clients to relax, Counsellors can include in their repertoire, the matching of non-verbal behaviour. This skill can take a little time to learn effectively, but it begins with the counsellor sitting in the same position as the client. For example, if at first the client is sitting on the edge of her chair with her arms outstretched resting on her knees, the Counsellor can reflect or mirror this position. As the client speaks more, the Counsellor can either lean forward, to indicate empathy and understanding, or slowly slide back into the chair to take up a more relaxed sitting position.If the rapport has begun to be built between client and Counsellor, the client is likely to follow suit. This will reduce the anxiety levels for the client

Attending Behaviour: Basic to Communication

Culturally appropriate visuals, vocal quality, verbal tracking, and body languagewhich depending on the individual client and culture, anticipate fewer eye contact breaks, a smoother vocal tone, a more complete story (with fewer topic jumps), and a more comfortable body.When we use attending behaviour, we all have one goal in common: to reduce interviewer talk-time while providing clients with an opportunity to examine issues and tell their stories. You can't learn about the other person or the problem while you are doing the talking! Changing the focus of the interview may also be used to stop needless client talk at any time during the interview. But always use attending with individual and cultural sensitivity.

Four Aspects of Attending

Attending behaviour consists of four simple but critical dimension but all need to be modified to meet individual and cultural differences.

1. Visual/Eye contact. If you are going to talk to people, look at them.
2. . Vocal qualities. Your vocal tone and speech rate indicate much of how you feel about another person. Think of how many ways you can say "I am really interested in what you have to say" just by your vocal tone and speech rate.
3. Verbal tracking. The client has come to you with a topic of interest; don't change the subject. Keep to the topic initiated by the client. If you change the topic, be aware that you have and realize the purpose of your change.

4.   Body language: attentive and genuine. In general, clients know you are interested in them if you face them squarely and lean slightly forward, have an expressive face, and use facilitative, encouraging gestures. If you are a naturally warm and caring person, this likely comes easily (Barrett-Lennard, 2003; Kirschenbaum, 2004).

Attending is easiest if you focus your attention on the client rather than on yourself. Note what the client is talking about, ask questions, and make comments that relate to your client's topics. Attending responses follow the client's verbal statement. Each might lead the client in a very different direction. Interviewers need to be aware of their patterns of selective attention and how they many unconsciously direct the interview. Finally, non-attending responses may sometimes be helpful in discouraging certain client talk and focusing the interview.

Attending is vital in all human interactions, be they counselling, medical interviews, or business decision meetings. It is also important to note that different individuals and cultural groups may have different patterns of listening to you. For example, some may find the direct gaze rude and intrusive, particularly if they are dealing with difficult material. Consider the possibility of teaching attending behaviour to clients. Social skills training may be useful for those who are shy or depressed and for many others in distress. The business person who is overbearing and talks constantly can also benefit from learning how to attend.

Concept of Openness

Openness to experience is one of the domains which are used to describe human personality in the five factors Model. Openness involves active imagination, aesthetic sensitivity, attentiveness to inner feelings, and preference for variety and intellectual curiosity. A great deal of psychometric research has demonstrated that these qualities are statistically correlated. Thus, openness can be viewed as a global personality trait consisting of a set of specific traits, habits, and tendencies that cluster together.

Openness tends to be normal distributed with a small number of individuals scoring extremely high or low on the trait, and most people scoring moderately. People who score low on openness are considered to be closed o experience. They tend to be conventional and traditional in their outlook and behaviour. They prefer familiar routines to new experiences, and generally have a narrower range of interests. People high in openness tend to have more liberal political views, whereas those who are low in openness tend to be more conservative, and are more likely to endorse authoritarian, ethnocentric and prejudiced views.

Openness has moderate positive relationships with creativity, intelligence and knowledge. Openness is related to the psychological trait of absorption. And like absorption has a modest relationship to individual differences in hypnotic susceptibility. Openness has more modest relationships with aspects subjective well-being than other Five Factor Model personality traits. On the whole openness appears to be largely unrelated to symptoms of mental disorders. Religious fundamentalism and to a lesser extent general traditional religiosity tend to be associated with loss of openness, whereas open mature religiosity and spirituality tend to be associated with high openness (Hansen, 2000).

Measurement of openness

Openness to experience is usually assessed with self-report measures, although peer-reports and third-party observations are also used. Self-report measures are either lexica or based on statements. Which measure of either type is used, is determined by an assessment of psychometric properties and the time and space constraints of the research being undertaken.

According to research by Gosling (2008), it is possible to assess openness by examining people's homes and work places. Individuals who are highly open to experience tend to have distinctive and unconventional decorations. The following can the used to measured openness of clients:

Psychological aspects

Openness to experience has both motivational and structural components. People high in openness are motivated to seek new experiences and to engage in self-examination. Structurally, they have a fluid style of consciousness that allows them to make nouvelle associations between remotely connected ideas. Closed people by contrast are more with familiar and traditional experiences.

Creativity

Openness to experience correlates with creativity, as measured by tests of divergent thinking. Openness has been linked to both artistic and scientific creativity, as professional artists and scientists have been found to score higher in openness compared to members of the general populace.

Intelligence and knowledge

Openness correlates with intelligence, correlation coefficients ranging from about r =30 to r = 45. Openness is moderately associated with crystallized intelligence but only weakly with fluid intelligence. A study examining the facets of openness found that the Ideas and Actions facets had modest positive correlations with fluid intelligence (r.20 and r=.07 respectively). These mental abilities may come more easily when people are dispositional curious and open to learning. Several studies have found positive associations between openness to experience and general knowledge. People high in openness may be more motivated to engage in intellectual pursuits, that increase their knowledge Openness to experience, especially the Ideas facet, is related to need cognition, a motivational tendency to think about ideas, scrutinize information, and enjoy solving puzzles, and to intellectual engagement(a similar construct to need for cognition).

Absorption

Openness to experience is strongly, related to the psychological construct defined as 'a disposition for having episodes of 'total' attention that fully engage one's representational (i.e. perceptual, enactive, imaginative, and ideational) resources'. The construct of absorption was developed in order to relate individual differences in hypothesability broader aspects of personality. The construct of absorption influenced Costa and McCrae's development of tile concept of openness to experience in their original NEO model due to the independence of absorption from extraversion and neuroticism. A person's openness to becoming absorbed in experiences seems to require a more general openness to new and unusual experiences. Factor analysis has shown that the fantasy, aesthetics, and feelings facets of openness are closely related to absorption and predict hypothesability, whereas the remaining three facets of ideas, actions, and values are largely unrelated to these constructs. This finding suggests that openness to experience may have two distinct, yet related sub-dimensions: one related to aspects of attention and consciousness assessed by the facets of fantasy, aesthetics, and feelings; the other related to intellectual curiosity and social political liberalism as assessed by the remaining three facets. However, all of these have a common theme of 'openness' in some sense. This two-dimensional view of openness to experience is particularly pertinent to hypothesability,however, when considering external criteria other than hypothesability, it is possible that a different dimensional structure may be apparent, e.g. intellectual curiosity may be unrelated to social political liberalism in certain contexts.

Relationship to other personality

Although the factors in the Big Five model are assumed to be independent, openness to experience and extra version as assessed in the NEO-PI-R have a substantial positive correlation. Openness to experience also has a moderate positive correlation with sensation-seeking, particularly, the experience seeking facet. In spite of this, it has been argued that openness experience is still an independent personality dimension from these other traits because most of the variants in the trait cannot be explained by its overlap with these other constructs. A study comparing the temperament and character inventory with the Five Factor model found that, Openness to experience had a substantial correlation with self-transcendence (a 'spiritual trait) and to a lesser extent novelty seeking (conceptually similar to sensation seeking). It also had a moderate negative correlation with harm avoidance. The measures the preference of "intuition," which is related to openness to preference Robert McCrae pointed out that sensation versus intuition scale "contrasts a preference for the factual, simple and conventional with a preference for the possible, complex, and original," and is therefore similar to measures of openness.

Social and Political attitudes

There are social and political implications to this personality trait. People who are highly open to experience tend to be politically liberal and tolerant of diversity. As a consequence, they are generally more open to different cultures and lifestyles. They are lower in ethnocentrism, social dominance orientation, and prejudice. Openness has a stronger (negative) relationship with right-wing authoritarianism, than the other five-factor model traits (conscientiousness has a modest positive association, and the other traits have negligible associations). Openness has a somewhat smaller (negative) association with social dominance orientation than (low) agreeableness (the other traits have negligible associations). Openness has a stronger (negative) relationship with prejudice than the other five-factor model traits (agreeableness has a more modest negative association, and the other traits have negligible associations). However, right-wing authoritarianism and social dominance orientation are each more strongly (positively) associated with prejudice than openness or an of the other five-factor model traits.

In regards to conservatism, studies have found that cultural conservatism was related to low openness and all its facets, but economic conservatism was unrelated to total openness, and only weakly negatively related to the Aesthetics and values facets.1-The strongest personality predictor of economic conservatism was low agreeableness. Economic conservatism is based more on ideology whereas cultural conservatism seems to be more psychological than ideological and may reflect a preference for simple, stable and familiar mores (Hansen, 2000).

Subjective well-being and mental health

Hansen (2000) Openness to experience has been found to have modest yet significant associations with happiness, positive affect, and quality of life and to be unrelated to life satisfaction, negative affect and overall affect in people in general. These relationships with aspects of subjective well-being tend to be weaker compared to those of other five-factor model traits, that isExtraversion, neuroticism, conscientiousness, and agreeable Openness to experience was found to be associated with life satisfaction in older adults, after controlling for confounding factors. Openness appears to be generally unrelated to the presence of mental disorders. A meta-analysis of' the relationships between live-factor model traits and symptoms of psychological disorders found that none of the diagnostic groups examined differed from health controls on openness to experience.

Openness and personality disorder

At least three aspects of openness are relevant to understanding personality disorders: cognitive distortions, lack of insight and impulsivity. Problems related to high openness that can cause problems with social or professional functioning are, excessive fantasizing; Peculiar thinking, diffuse identity, unstable goals and nonconformity with the demands of the society.

High openness is characteristic to schizophrenic personality disorder (odd and fragmented thinking), narcissistic personality disorder (excessive self-valuation) and paranoid personality disorder (sensitivity to external hostility). Lack of insight (shows less openness) is characteristic to all personality disorders and could explain the persistence of maladaptive behavioural patterns.

Hansen (2000) the problems associated with low openness are difficulties adapting to change, low tolerance for different worldview or lifestyles, emotional flattening and a narrow range of interests. Rigidity is the most obvious aspect of (low) openness among personality disorders and that shows lack of knowledge of one's emotional experiences. It is most characteristic of obsessive-compulsive personality disorder, the opposite of it known as impulsivity

Drug use

Psychologists in the early 1970s used the concept of openness to experience to describe people who are more likely to use marijuana. Openness as defined in these studies as high creativity, internal

sensation novelty seeking and authoritarianism. Hansen (2000) several correlational studies confirmed that young people who score high on these cluster traitsare more likely to use marijuana. More recent research has replicated this finding using measures of openness.

Cross-cultural studies have found that cultures high in Openness to Values have higher rates of use of the drug ecstasy although a study at the individual level in the Netherlands found no differences in openness levels between users and non-users. Ecstasy users actually tended to be higher in extraversion and lower in conscientiousness than non-users.

A 2011 study found Openness (and not other traits) was increased by psilocybin. The study found that individual differences in levels of mystical experience while taking psilocybin were correlated with increases in Openness(Bojuwoye, 2006). Participants, who met criteria for a complete mystical experience, experienced a significant mean increase in Openness, whereas those participants who did not meet the criteria experienced no mean change in Openness. Five of the six facets of Openness (all except Actions) showed this pattern of increase associated with having a mystical experience. Increases in Openness (including facets as well as total score) among those had a complete mystical experience, were maintained more than a year after taking the drug. Participants who had a complete mystical experience changed more than T-score points between baseline and follow up by comparison. Openness has been found to normally decrease with ageing by T-score point per decade.

Factors that Influence Openness of Counselling Interview

Openness has been associated to some factors which influence level and extent in counselling interview. For instance, gender of both Counsellor and client, self-esteem, marital status, shyness, desperation, past experience, age, social class, topic of communication, circumstances of openness, reciprocity, race/ethnic group/cultural value, and language of communication, seating arrangement, and administrative authority (Bojuwoye, 2006) have been identified to have influence on openness.

Gender

Although findings on the influence of gender on openness have not been conclusive, some studies have observed that women have demonstrated greater comfort in disclosing to female Counsellors than to the male Counsellors. This finding is consistent with that of Simons and Helms as cited in Bojuwoye (2006) who found that both college and non-college women preferred women Counsellors. Also, other studies have found that the presence of female Counsellors rather than racial similarity was a significant variable in stimulating personally relevant material, as clients were able to

explore themselves more extensively in interviews with female counsellor (Journard 2011,). Consistently found that females tended to be more openly self-disclosing than males. On the other hand, some researchers found men to be more prone to openness than females in certain situations such as when dealing with strangers (Rosenfield and Herron, 2009). Also, Nkwonte (2009) found no significant relationship between gender and clients' openness. This observation is consistent with Heppner and Pew's as cited in Bojuwoye (2006) finding that there was no significant relationship between clients' openness to counsellors and counsellor's' sex. It is clear that, 'findings on the relationship between gender and openness have been inconclusive. The role which the sex of aCounsellor plays in counselling relationships cannot be over looked in any attempt to discover hindrances to clients' openness during counselling. The sex of the Counsellor is likely to influence openness, depending on the topic of the clients' concern (Owuamananam, 2004). Some female therapists (Chester, 2001) have suggested that some female clients prefer female Counsellors, because female clients have problems that are unique to women, and female clients expect counsellors who declare such expertise to demonstrate skills that are appropriate for women. This implies that a female client, who wishes to discuss a particular personal problem with a female Counsellor, will be reluctant to disclose it to a male counsellor. Her self-disclosure to a male counsellor depends on her social exposure with the opposite sex and the level of interaction and whether or not she feels the male Counsellor has enough understanding of her type of problems. Thus, if the clients have this attitude towards the Counsellor, sex could then be a barrier to clients' openness.

It is not professional to assume that a Counsellor would not be able to handle a client's problem, because of Counsellor's gender. This is because a trained and qualified Counsellor is professionally competent to help clients' solve their problems but self-disclosure is likely to be more effective if clients have Counsellors of their choice(Bojuwoye, 2006).

Age

The influence of age on counselling outcome has attracted the attention of Counsellors. However, research findings have not been consistent on the issue. For instance, Nkwonte (2009) reported that the counsellor's age has a significant influence on client's openness, she stated that clients (secondary school students) preferred young Counsellors as their disclosure 'targets,' only when they disclose physical concerns and boy/girl relations. On the other hand, Boulware and Holmes (2003) found that male and female university students preferred older male therapists, for obtaining help with vocational concerns while women tended to choose older female therapists first for personal problems.

However, Owuamanam (2004) explained that in some societies like Nigeria, age plays a very important role and people generally ascribe wisdom to an older person and therefore tend to consult them for advice, but there are times one would prefer disclosing a personal problem to a peer with whom there could be some freedom' rather than a much older person. Moreover, students are seen too often time react favourably to young teachers or Counsellors especially if they are good or brilliant. Thus, age could at times hinder client's self-disclosure depending on topic of concern. A young client with sex-related problems is likely to feel uncomfortable disclosing to a much older Counsellor. On the other hand, the same young client is likely to feel much freer discussing his feelings with a young Counsellor, whom he views to belong to the same 'generation' with him.

Subject of Disclosure

The topic of discussion affects the level of disclosure in counselling. It has been observed that people are willing to open up more readily on some topics than on others.Journard (2011) noted that people are more likely to disclose non-committal issues such as hobbies, interests, academic work and political attitudes than their sex life or financial affairs. It can be pointed out that people quickly give biographical information (e.g. residence, age, education), but are reluctant to divulge inner fears. He asserted that generally,people are willing to reveal socially desirable things about them such as; membership of some 'admirable clubs, while they tend to be reluctant to disclose their membership of socially undesirable clubs or secret cults. However, an average Nigerian child could be found to be very reluctant and uncooperative in a counselling relationship, when it comes to revealing or disclosing the family concern to a stranger such as a Counsellor. To him, it could be a sign of weakness or betrayal. Hence, the topic of disclosure could possibly influence a client's self-disclosure.

Circumstances of self-disclosure

Another factor that is related to the topic of disclosure is the circumstances of self-disclosure. This factor has enormous impact on openness. For instance, if one wants to disclose to another that he has fallen in love or that he wants to discontinue a relationship, the discloser would want to wait for an appropriate time and place for such a disclosure. The information is not likely to be revealed anywhere and anyhow. Thus, there are appropriate situations for certain kinds of self-disclosure (Weiten, 2003). Generally, people would value privacy when they want to disclose deep-rooted feelings or engage in significant self-disclosure. This implies that if the Counsellor's office is not secluded or isolated, where

privacy can be guaranteed, the client may not feel comfortable disclosing personal concerns to a Counsellor.

Language of Communication

Communication is very important in interpersonal relationship. For a client to be able to gain from such a relationship, he or she should be able to express him or herself well to the understanding of his or her helper. Communication cannot take place if the speaker on one hand cannot have a clear concept of what he wants to pass across and the receiver on the other hand cannot interpret the message of the speaker (verbally or non-verbally), and respond in the manner the client (speaker) can understand. In other words, language barrier exists where the two parties involved in contact do not speak and/or understand the same language. In this regard, verbal communication is seriously affected. Thus, for an effective openness to take place in a counselling process, the two inter-locators must be in contact(Bojuwoye, 2006).

Reciprocity

One situational variable which figures prominently in openness is reciprocity. It has often been pointed out that people disclose more, when other people reciprocate by making disclosures to them (Cozby, 2003). It is important to note that when one person is brave enough to divulge some inner secret, the other person often will communicate his or her interest and the acceptability of the disclosure, by sharing some similar intimate information. If the Counsellor does not disclose his or her own information due to the demands of the counselling profession, and he or she fails to demonstrate the skills of sharing, caring, empathizing and acceptability, the client is likely to withhold his or her secrets. Extensive client talk is an important attribute of effective counselling. Thus, a client's willingness to talk is usually a sign of good working relationship between the Counsellor and the client. Similarly, the Counsellor's self-disclosure plays an important role in facilitating clients' own openness. This assertion is supported by Mack's (2009) study of counselling in Nigerian universities. He pointed out that positive response could be elicited from Nigerian clients, if the Counsellor himself can open up. He further observed that Nigerian clients were sensitive to distrust, especially from those who are not their age group, and a counsellor who fails to open up invites suspicion and distrust from his clients.

Seating Arrangement

Seating arrangement has not been given much attention in openness. Some research findings on the contributions of seating arrangement to openness of counselling interview have not been conclusive. Some studies have revealed that, across the corner of the desk is the most referred arrangement for effective counselling (Sommer, 2009). However, the findings of Sommer (2009) are not consistent with those of Nkwonte (2009), Brookmann and Mellar (2003) which reported that the most preferred position in counselling situation is across the table position (formal position). This preference (across the table) where the client sits opposite the Counsellor, with a table intervening might be due to the fact that clients perceived the counsellors role as that of a teacher, an adviser, a superior or a boss; one who is of a high status. Thus, the results of Nkwonte's study using Nigerian-subjects is not surprising bearing in mind the cultural background of the students Traditionally, Nigerian culture does not permit someone of a lower status to sit side by side with another person of a higher status, more so, if that person is an elder. Hence, a client sitting side by side with a Counsellor is not common in Nigerian culture since it could be interpreted to mean lack of respect. The clients would therefore prefer face to face seating arrangement which gives them a feeling of intimacy with the Counsellor, because the distance between them is limited. The position also provides clients security which could promote self-disclosure and enables them to have a clear view of the Counsellor, so as to observe the verbal and non-verbal behaviours which enhance self-disclosure. Thus, the seating arrangement in the counselling room could influence a Nigerian client's self-disclosure.

Cultural Influence

The effect of race and related cultural variables in the counselling process has received increased attention in recent professional literature. The studies of Counsellor Educators (Adedeji, 2006, Bojuwoye, 2006; Idowu, 2005; lmoukhome, 2005) have suggested that client openness in interpersonal communication might be greatly influenced by their cultural value orientation. Some other studies have concluded that racial similarity is a significant factor in counselling relationships, with more positive outcomes when the counselling is composed of individuals of the same race (Bryson and Bardo, 2005;. The openness nature of Nigerian clients is influenced by socio-cultural norms that govern ideas, feelings and patterns of interpersonal relations. Idowu (2005) has stated that the Nigerian client is family-oriented and this trait affects their openness behaviour. They find it difficult to reveal family secrets or personal problems to a stranger (friend or Counsellor) whom they fear could use the information disclosed against them. He further suggested that American Counsellors would face problems with

Nigerian clients whose characteristics and cultural background are different from those of their western counterparts.

The Nigerian culture has elements that pose a problem to openness. The way Nigerians relate to one another should be taken into consideration in any attempt to achieve positive results in counselling relationship. The manner and channel of communication are based on age and status. A Nigerian child is born to respect elders and those in authority. He is likely to adopt a non-verbal passive posture in a counselling interview, which by his tradition is a sign of respect to the Counsellor. However, this attitude of the client will be interpreted by a Counsellor, who does not know the client's culture, as reluctance to disclose or interact. The client's ability to disclose as expected in counselling relationships depends on the Counsellor's ability to establish mutual trust and employ the questioning technique(Bojuwoye, 2006).

Progress in counselling requires that clients have an equalized relationship with Counsellors (Boy and Pine, 2008). Boy and Pine (2008) stated that when clients sense that the relationship with a particular person is equal; they can trust the relationship and invest themselves in moving toward more positive behaviour. They maintained that when the interpersonal influence between a client and a Counsellor is equal, the client is able to invest honesty in- the counselling relationship and without any fear of reprisal from the Counsellor. Some Counsellors surround their role with administrative authority and this diminishes the effectiveness of their counselling. When Counsellor possesses administrative authorities, this can have negative effects on client's lives. Clients are reluctant to have an honest, open and revealing a point.

Relationship between confidentiality and the openness of clients in counselling Interview

Bojuwoye (2006) Confidentiality is critically important in counselling where clients need to feel able to discuss sensitive thoughts and issues without worrying that they might be communicated to others in ways that could harm them, by damaging their reputation or upsetting others. Therefore, therapy is usually possible only where there is a high degree of respect for clients' confidence and privacy. On the other hand, badly managed confidentiality can have the completely opposite effect, destroying ways of working together and leaving the client feeling betrayed, hurt and misunderstood and Counsellor Reputation or interfering undermined.

Bond and Barbara (2005) stressed that well managed or good practice concerning confidentiality in counselling can strengthen the therapeutic relationship as trust is deepened and clients feel

increasingly secure and respected. It safeguards the Counsellor in order to breach the important law. This is because; breaches of confidence can incur legal liabilities or penalties.

Personal information in the wrong hand can be very damaging to person's relationships, employment and public reputation in the wider community. Clients are taking a risk in talking to a Counsellor, and it is only the expectation of confidentiality that makes this risk acceptable. Many clients may want to discuss sensitive personal information about them and they may also give information about other people involved in the events they want to discuss.

Wefel (2010) in her book opines that, if the receiver of a secret promises confidentiality but fails to honour that promise, the other person feels betrayed and the relationship is ruptured or compromised. For her, clients expect that the private material they reveal to a professional will not be shared without their consent. If clients discover that their trust has been misplaced, they feel betrayed and professionals' reputation diminishes, even in the best of circumstance, clients usually have conflicting feelings about revealing sensitive information to professionals. On the other hand, they feel a need for support and direction; they worry that they will be judged negatively for private thoughts and feelings about which they themselves feel uncomfortable. Thus, both clients and friends reveal secrets when they believe the receiver is worthy of their confidence and will not berate them for their fault and failings (Cullar, 2011).

The relationship of confidentiality in counselling creates a crucial way of success in counselling process and creates demand for counselling in schools and testing services of HIV in hospitals (Appel, 2006). Confidentiality creates trust in the relation between the Counsellor and the person being counselled as well as establishing and maintaining client's trust when certain cases are opened up by the client to the Counsellor. Zest (2005) stressed that, confidentiality in Voluntary Counselling and Testing (VCT) program makes client to seek for HIV test, which helps to safeguard and secure the life of the clients. Newton as cited in Bojuwoye, (2006) argues that, privacy is an essential component of individuality and selfhood. If the individual loses the power to decide who knows his or her secrets, then in many respect no true self remains.

Relationship between empathy and openness of client in counselling Interview

Beyond strategic applications, a Counsellor may use empathy as an integral component of various interventions throughout the counselling process. Concurrently, an empathy implementation of

counselling techniques has an effect of advancing the quality of the counselling relationship (Kelly, 1997; Trusty, Ng, & Watts, 2005). As a Counsellor acquires an empathy understanding of a client, this awareness may contribute to effectively formulating and executing a range of therapeutic interventions. In this respect, empathy may serve as a higher order frame of reference with the potential to guide and inform the instrumental activity of the Counsellor. Accordingly, across each of the multiple stages of counselling, it is possible to identify specific treatment techniques that allow for a key role of empathy (Clark, 2007).

The relationship of empathy to particular Counsellor intervention in the counselling process may be understood with respect to a client's frame of reference. In this regard, Welfel and Patterson (2005) referred to a "continuum of lead" that differs in terms of a client's awareness and frame of reference. The continuum provides a useful framework for comparing the therapeutic impact of different Counsellor Techniques. The extent of a counsellor's lead typically increases through the counselling process, as the quality of the therapeutic relationship develops and there is a deepening understanding of a client. Particular Counsellor intervention at one end of the continuum, such as silence and reflection, are minimally leading and are close to perspectives aligned with a client's frame of reference. When a Counsellor demonstrates empathies understanding in these instances, empathy serves to affirm a client's experiencing. In contrast, other interventions at the other end of the continuum, such as confrontation and interpretation, may largely be outside of a client's awareness, and empathy provides a means to acknowledge a client's experiencing of new perspectives. In a counselling example, in response to an adolescent's expression of anger toward her sister, a Counsellor uses the technique of reflection to affirm the extent of the client's feelings within her frame of reference. In a contrasting intervention, at a later point in counselling, the Counsellor uses a confrontation to identify contradictions in the client's behaviour, that are less familiar to the individual in terms of her awareness. In this instance, however, the client rejects the Counsellor's observations, and therefore it is necessary for the counsellor to empathically process with the client what it is like for her to feel misunderstood.

Of the various counselling techniques, reflection is most intrinsic to a Counsellor's expression of empathy, and as a result, reflection has incorrectly been equated with empathy. Within a three-stage model of counselling, various interventions in addition to reflection enable a counsellor to therapeutically use empathy (Clark, 2004, 2007). Assessment, counsellor self-disclosure, questions, and the use of touch are selected interventions with the potential to integrate empathy into their functions in early periods of counselling. In more challenging phases of the counselling process, when the treatment focus emphasizes exploring therapeutic material, beyond the client's frame of reference, other techniques can contribute to empathically understanding a client (Pearson, 1999; Ridley,

Ethington, & Heppner, 2008). In particular, confrontation, cognitive restructuring, refraining, and interpretation are representatives of counselling interventions with a potential to stimulate new client's perspectives in an empathy context. Finally, for counsellors working with groups, empathy has a prominent function in enhancing the treatment quality of various interventions and for improving empathy communication among group members (Clark, 2007; Scheidlinger, 1966; Stone & Whitman, 1980).

Relationship between attending and the openness of clients in counselling Interview

Attending behaviour is very important to effective interviewing. Attending involves the things we do which communicate to clients that we are listening and ready to respond. It carries the message that we are there with the client that the client is important to us and deserves our attention. Effective attending behaviour also makes our listening more effective; it puts us in a position and a frame of mind which increases our chances of hearing, seeing, and otherwise sensing what we need to pay attention to in order to be most helpful.Bojuwoye, (2006) there are several things which we do to attend:

1. **Distance.** Maintain an appropriate distance from your client. You need to be close enough to hear and be heard, to communicate that you are involved, and to reach out to touch if necessary. At the same time you, do not want to invade the personal space which people need around them to be comfortable. There are many factors which influence how much space we need and how much closeness we prefer. Big people, especially men, need more distance. There are sub cultural and age differences. There are infinite individual differences which mean that you need to be very sensitive to the issue of distance when interviewing all the different people you will see. There is a general rule that four and a half feet is a good starting point. If possible, give your client the opportunity to move closer or farther away by providing a chair with casters or which moves easily, and respect their decisions about distance when they make them.

2. **Orientation:** One of the most important things we can do to attend is to sit or stand facing the client squarely. Most interviews are conducted with both the worker and client sitting, and it is important to be aware that the chair which you are using is oriented to face the client as much as possible. This communicates that the client is the centre of our attention. It lets those people whom we are helping know that we are there for them.

3. **Posture:** It is also important to have an open and relatively erect posture when interviewing. Make sure that you are not crossing your arms and legs, especially your arms. A closed posture

communicates that you are not receptive to what the client has to say. Opening up communicates your willingness to hear, that you are open to what the client has to say. This does not mean that you are sprawled-out; it does mean that your arms are at your side and your feet are on the floor. You should be erect enough to be alert, but not rigid. It is OK to have your back against the back of your chair, but you should not be leaning back, and for most of us it is good to bend forward at times, especially when we are listening to something that the client is saying which is especially important.

4. **Eye-contact:** With most clients it is valuable to maintain frequent, but not constant, eye-contact. We want to pay attention to what our client is saying, but we do not want to get into a staring-match. Sometimes we need to be especially sensitive to cultural differences regarding eye-contact; there is a wide variation as to how much is acceded. We do not want people who are taught to avoid eye-contact to be put in uncomfortable situations. The Cultural Diversity course which is required for a social work degree is an excellent source of information about those kinds of differences. When we do use eye-contact it is important to remember that it does not always, and usually should not, have to be eye-to-eye contact. We can pay attention and show that we are listening by watching our client's mouth and gestures. We need to be careful never to stare at parts of the body which make people feel uncomfortable, but we do need to attend to body language.

5. **Reduce mannerisms:** We need to minimize the things we do which can be distracting. Everyone has nervous habits or mannerisms which can be annoying, or at least irritating to someone who has important ideas to communicate. Social workers need to avoid stretching, fidgeting, scratching, or doing similar things. It is certainly natural to change position during the course of an interview, which may last as long as an hour, but movement should not be distracting. One way to do this is to use the time when we are speaking, rather than listening, to shift our weight or otherwise move. If you need to get up, invite the client to do the same or offer an explanation.

6. **Be comfortable:** Most of all it is important to communicate to your clients that you are comfortable. If you are comfortable it will increase their ability to be so. This advice may contradict some of the above ideas, but it should always be considered. Exceptions can be made in order to be comfortable. For example, many women are taught to cross their legs or the ankles in order to sit properly. I remember my grandmother reminding my sister how to sit like a Lady. Social workers have grandmothers too and we all need to respect what our bodies have learned over the years. It is also valuable to continue to train yourself to be the best social worker

possible. Be comfortable when you are attending to your clients, but teach yourself to become more and more comfortable doing those things which clearly communicate that your clients are important and you want to be tuned into them.

Bojuwoye, (2006) Contemporary counselling could be hardly imagined without different communicative and psychological techniques, which made the communication between both sides less formal and more successful. Present day communication within the counseling area could be hardly without listening and attending the client: "Active listening and responding appropriately are two of the key skills a Counselor or Therapist must apply during one-to-one counseling sessions with a client. Being able to communicate effectively is an important requirement, in any type of therapeutic counseling work. Understanding the importance of these skills, and being able to apply them accordingly, is a valuable asset for a career in counseling" (John 2010). From the first look, it does not seem to be difficult: listen attentively to the client and try to understand the core ideas of the represented answer. A number of studies were devoted to business counseling and it showed that some counseling managers could not use or consciously avoid using the skill of active listening and there is a number of various reasons for this. But the main reason why a Counselor does not use active listening skill is his personal voice, which is so charming and makes impossible to attentive listening, understanding the problem.

The majority forget about the simple truth: Every man could be understood only; when his is attentively listened to, as every human have two ears and only one mouth. This simple truth is the directing factor in the counselor's work, as before replying he or she needs to understand what the problem is. Let's try to understand why listening is so important.

What is actually attending in the contemporary Counsellor's work? It goes without saying that attending is an essential part, which plays a significant role within the working process and communication of Counsellor and client: "Attending is a skill that involves the genetic Counsellor observing a client's verbal and nonverbal behaviours as one way of understanding what clients are experiencing, and displaying effective nonverbal behaviours to clients during counselling sessions. Egan as cited Bojuwoye, (2006) Elaborate upon these two major aspects of attending, which he refers to as psychological attending and physical attending respectively.

Bojuwoye, (2006) Different forms of counselling expect from different forms of attending that is why physical attending such as, in genetic counselling which is a widely used practice. The core aim of attending is devoted to your whole attention to the client. We should not forget about the fact that counselling is a supportive service within any area of business and attending means respectful attitude

and let the client be open and relaxed: "Attending also means a Counsellor must pay attention to everything a client says and does. This includes reading the client's body language and also taking into consideration all the silences and pauses in the conversation. Actively listening not only conveys information, but also encourages the client to continue talking. In a one-to-one counselling relationship, this is the supportive service that a counsellor must provide. Failure to do this will mean the client is not being supported fully, and may not feel able to disclose or make progress" (Rowlinson, 2010). Warm welcoming, creating comfortable atmosphere, eye contact and active listening are the parts of attending and they play one of the most significant roles in being a successful Counsellor.

Bojuwoye, (2006) both psychological and physical aspects of the attending are very significant. Psychological attending deals with sensing experiences: "Psychological attending is sensing experiences, to the extent possible, through the eyes of the client rather than through your own. You intuit the feelings and attitudes that clients have or might have had by being in tune with both verbal and nonverbal messages. Psychological attending involves being sensitive to client's feelings and experiences. It consists of both perceiving and processing various client messages. For example, many clients communicate their emotions only non-verbally. Therefore, psychological attending is an important Counsellor skill for recognizing client's feelings. The same time we should not also forget about physical attending as it also plays a significant role within the whole process: "Physical attending is the way that you use your body to communicate your understanding to the client.Good physical attending can alleviate client apprehension and understanding the necessity of attending in the work of a Counsellor, would be a good advantage for promoting personal career, becoming a successful specialist in different areas that counselling deals with.

Relationship between Marital status of counsellor and openness of clients in counselling Interview

The fundamental ethnical responsibility to protect the client's rights to confidentiality does not change in married clients or unmarried clients counselling. The professional must not disclose the identity of clients or information revealed in counselling or psychotherapy to those who do not have a right to it. The presence of others in the room when an individual client reveals personal information complicates confidentiality from both an ethical and legal perspective.

First, as the codes indicate, the professional cannot guarantee that other people hearing these disclosure will also respect the clients privacy of course, the practitioner emphasizes the importance of confidentiality in any multiple- clients situation and ask all participants (couples) to honour confidentiality, but has little power to enforce that request (Welfel, 2010).

In couple counselling, Counsellors clearly define who is considered "the clients" and discuss expectation and limitation of confidentiality. Counsellors seek agreement and document in writing, such agreement among all involved parties having capacity to give consent concerning each individual right to confidentiality and any obligation to preserve the confidentiality of information known (Welfel, 2010).

When Counsellor agrees to provide service to several persons who have a relationship such as spouses, significant others, or parents and children, they take reasonable steps to cavity, at the outset, that is, which of the individual are clients/patients and the relationship the counsellors will have with each person. The Counsellor will have each person, this clarification includes the Counsellor's roles and the probable uses of the services provided or the information obtained (Welfel 2010). She further stated that in code of ethnic, of a group counselling, if it becomes apparent that Counsellors may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), Counsellors take reasonable steps to clarity and modify, or withdraw from role appropriately.

Welfel (2010) stressed that, common thread is that the degree to which confidentiality can be honoured is directly related to love and trust among the couples. Benjamin (2009) stated that the level of confidentiality is guaranteed within Counsellors and individual, that one to one counselling than when the third party is involved in the counselling process. Married client lack the capacity of confidentiality than the individual who is not married because the third party is involved in the process.

Relationship between Gender of counsellor and openness of clients in counselling Interview

Although findings on the influence of gender on openness have not been conclusive, some studies have observed that women have demonstrated greater comfort in disclosing to female Counsellors than to the male Counsellors. This finding is consistent with that of Simons and Helms as cited in Bojuwoye (2006) who found that both college and non-college women preferred women Counsellors. Also, other studies have found that the presence of female Counsellors rather than racial similarity was a significant variable in stimulating personally relevant material, as clients were able to explore themselves more extensively in interviews with female counsellor (Journard 2011,). Consistently found that females tended to be more openly self-disclosing than males. On the other hand, some researchers found men to be more prone to openness than females in certain situations such as when dealing with strangers (Rosenfield and Herron, 2009). Also, Nkwonte (2009) found no significant relationship between gender and clients' openness. This observation is consistent with Heppner and Pew's as cited in Bojuwoye (2006) finding that there was no significant relationship between clients' openness to counsellors and counsellor's' sex. It is clear that, 'findings on the relationship between

gender and openness have been inconclusive. The role which the sex of a Counsellor plays in counselling relationships cannot be over looked in any attempt to discover hindrances to clients' openness during counselling. The sex of the Counsellor is likely to influence openness, depending on the topic of the clients' concern (Owuamananam, 2004). Some female therapists (Chester, 2001) have suggested that some female clients prefer female Counsellors, because female clients have problems that are unique to women, and female clients expect counsellors who declare such expertise to demonstrate skills that are appropriate for women. This implies that a female client, who wishes to discuss a particular personal problem with a female Counsellor, will be reluctant to disclose it to a male counsellor. Her self-disclosure to a male counsellor depends on her social exposure with the opposite sex and the level of interaction and whether or not she feels the male Counsellor has enough understanding of her type of problems. Thus, if the clients have this attitude towards the Counsellor, sex could then be a barrier to clients' openness.

Benjamin (2009) stressed that, openness is related to many aspects of sexuality. Men and women high in openness are more well-informed about sex, have wider sexual experience, stronger sex drives, and more liberal sexual attitudes. In married couples, Wives' but not husbands' level of openness is related to sexual satisfaction. This might be because open wives are more willing to explore a variety of new sexual experiences, leading to greater satisfaction for both spouses.

An Italian study found that people who lived on Tyrrhenian islands tended to be less open to experience than those living on the nearby main land people whose ancestors had inhabited the islands for twenty generations tended to be less open to experience recent arrivals.

People living in the United States tend to score higher on openness to experience than those living in other countries. The highest average scores on openness are found in the states of New York, Oregon, Massachusetts, Washington, and California. Lowest average scores come from North Dakota, Wyoming, Akaska, Alabama and Wisconsin.

Relationship between age of counsellor and openness of clients in counselling Interview

Any counsellor or therapist working with minors is required to honour confidentiality in almost of the same ways as with adults. No professional may gossip about a minor client, nor may he or she share client's information with people other than parents or guardian without proper consent. The service records of a minor must be kept secure from authorized people and the identity of young clients

should also be protected. The rationale for this position is the same as the client autonomy is diminished and the trusting counselling relationship is jeopardized (Gault and Welfel, 2010).

The influence of age on counselling outcome has attracted the attention of Counsellors. However, research findings have not been consistent on the issue. For instance, Nkwonte (2009) reported that the counsellor's age has a significant influence on client's openness, she stated that clients (secondary school students) preferred young Counsellors as their disclosure 'targets,' only when they disclose physical concerns and boy/girl relations. On the other hand, Boulware and Holmes (2003) found that male and female university students preferred older male therapists, for obtaining help with vocational concerns while women tended to choose older female therapists first for personal problems.

In short, respect for the client's dignity and welfare is not a concept limited to any age group, of course, the limit on confidentiality with adults. The distinction in applying confidentiality to young clients between 11 to 25 years stem from their legal status as minors. The young are not granted the same privacy rights as adult (Benjamin, 2009). He stated that, until 1967, U.S. Law did not recognize that young children of 11- 18 years were "person" with any privacy rights in constitutional terms. In that year, U.S. Supreme Court ruling concluded "neither the fourteenth amendment nor the bill of right is for adults alone". These occurred when a 15year old who was sentenced to detention until the age of 21 for making an obscene phone call. He was given this sentence without specific charges except for delinquency and no records of the hearing were kept. An adult charged with the same offense would have been given a $50 fine and a maximum of two months in jail. Since 1967, some foothold has been gained to view children and adults as a person, however, young children of 8 year are generally not allowed to have secret from their parents or guardians (Koocher and Keith-spiegal, 1990 in Welfel, 2010). Thus, in the absence of state or federal statutes to the contrary, parents have a legal right to information disclosed in any educational or health care services or any counseling centre unless they give permission for it to be kept from them.

Rozovsky (2004) stated that APA code is even less specific in section 4.01, 4.02 and 10.01, simply stating that a Counsellor or Psychologist protects the confidentiality of information they obtain and they discuss with clients or the person legally is capable of giving informed consents, the nature and fruits of confidentiality. Fortunately, a number of ethnic scholars have examined the issue of confidentiality in counselling young children and have suggested guideline for determining how much confidentiality a child can be granted (Gustafson, Taylor and Welfel, 2010). A common thread is that the degree to which confidentiality can be honoured is directly related to the age and maturity of the young (children) of 18 years. The closer the young person is to the age of maturity, the greater the likelihood that he or she can

be granted a fuller measure of confidentiality. This judgment is based on research that found that an adolescent is capable of making judgment as competently as most adults (Mann, harmonic, and power, 2000, Welfel, 2010). In other words, they are seen to understand the nature, risks and benefits of services sufficiently to give informed consent. Fundudis (2003) stressed that, in contract, children under 11 and 14 have not been able to show the necessary level of understanding to give informed consent. Moreover, younger children tend to be less assertive and defer to authority rather than express their own wishes.

The capacity of children under 11 and 14 to understand counselling varies according to their level of cognitive development, particularly their attainment of formal operation thinking (Weithorn, 1999). When children have attained this level of thinking, they can conceptualized abstract possibilities and reason hypothetically, capacities that seem crucial for effective participation in counselling. Fundudis (2003) recommends taking into account four factors to determine a growing young competence.

1.   Chronological age (including developmental history and maturational progress)
2.   Cognitive level (including language, memory, reasoning ability and logic)
3.   Emotional maturity (including temperament stability of mood, attachment, educational adjustment and attitudinal style).
4.   Socio- cultural factors such as family values and religious beliefs

Counselling Interview

Counselling interview is also referred to as counselling process. Counselling interview is made up of two broad terms; counselling and interview.Different experts in Guidance and Counselling have not come out with a universally acceptable definition of the counselling concept.

However, Olayinka as cited in Egbule's Journal (2002) view counselling as a process by which one person assists another person in a person-to-person or face-to-face encounter. On the other hand, Odebunmi as cited in Egbule's Journal (2002) view interview/process as a systematic series of actions directed to some, or a series of changes which take place in a definite manner. He further explains the phenomenon which shows continuous change over time. Hence, it involves a series of actions or steps progressing towards the goals of maturity, which is the objective or focus of counselling.

Oladele as cited in Egbule's (2002) stressed that for any counselling interview to be successful, the following basic assumptions must be accepted:

❖   The client must be willing to participate in the process.

❖ The Counsellor must possess appropriate training expertise and personal attitude to function effectively.

❖ The counsellor must assure the privacy of the client, if the confidence of the client is to be secured.

❖ The environment under which counselling interview takes place must also provide assurance of confidentially.

Montenseen and Shmuller (2001) postulated that the counselling interview and procedures can be described as vehicles by which counselling theories and techniques are translated into counselling practice, to systematically achieve the purpose of guidance and counselling, which is to provide a helping service to the maladjusted individual.

Theories of Counselling

Counselling theories or approaches are often used as an interchangeable concept. They imply a system of therapy which professional Counsellors use as models for counselling. These theories are as follows:

i.   Client-centred therapy
ii. ABC Theory of Rational Emotive Therapy
iii. Behavioural theory

Client-Centred Therapy

Client-Centred therapy or counselling is also referred to as self-theory or non-directive counselling. This approach to counselling originated from the phenomenological theory of personality by Carl Roger as cited in Egbule (2002). The Rogerian approach to counselling is non-medical and non-authoritarian method of therapy.Thecounsellee is more involved in the client-centred therapy than the Counsellor who is more or less functioning like a catalyst or facilitator.

Carl Roger unlike Sigmund Freud did not conceive human being as queer, antisocial, anti-cultural, carnal, wicked, evil and destructive, Roger view man as good and that bad behaviour is copied from the environment and the influence of the society in which he lives.

The client-centred therapy or theory of counselling is based on certain assumptions regarding the human personality.

i.   Every individual is uniquely different from one another.
ii.   Every individual is capable of dealing constructively with his problems provided that he is made aware of them.
iii.   Every individual has the basic tendency to actualize his potentialities.
iv.   As the individual interacts with the environment in his perceptual field, the self-concept in him starts developing.

Goals of Client-Centred Therapy

i.   Making the client become more realistic in his self-perception.
ii.   To enable the client feel more confident and self-directive.
iii.   Ensuring that the client is more matured, socialize and adaptive.
iv.   Making the client to be more flexible and less rigid in his perception.
v.   Ensuring that the client recognizes his personal qualities and sees himself differently from others.

ABC Theory of Rational Emotive Therapy

Albert Ellis propounds the ABC theory of personality which falls under the Rational-emotive therapy. In his personality theory which is referred to as A-B-C- theory, it was noted that beliefs, constructs and attitudes make up the human personality. In the ABC theory of personality, point (A) causes emotional disturbance at point (C).

However, in rational - emotive therapy, point (A) does not affect or cause what happens at point (C), rather what happens at point (C) is a result of one's belief system at point B. Therefore, the rational -emotive therapist is always insisting that clients should realize that their illogical thinking and "self-talk" is the cause of their unhappiness and their general behaviour problem; before they could be assisted to embrace methods that would change their illogical thoughts and ideas (Odebunmi, as cited in Egbule, 2002).

Finally, it should be noted that rational - emotive behaviour therapy has made an outstanding contribution to counselling by introducing cognitive processes of scientific thinking and logical reasoning

into counselling. However, it must be emphasized that rational - emotive therapy is very difficult to practice in the school system. Above all, the therapy is found wanting because of its Counsellor – centeredness, thus making the Counsellor assuming the role of an expert who imposes his philosophy of life on the client, which is an unethical and unprofessional practice in guidance and counselling.

BehaviouralCounselling Theories

The major exponents of the behavioural counseling theories are John Krumboltz, Carl Thoresen, Ray Michael, Santa Bambara, Lee Meyerson and a host of others. To this group of people, counselling is essentially a learning process in which the Counsellor utilizes a variety of learning theories in the process of assisting individuals acquire desirable behaviour that can solve his problem. The behaviourist sees human behaviour as a function of the interaction between heredity and environment.

Consequently, the behaviourist excludes virtually all the theoretical and hypothetical constructs that are found in the psychodynamiccounselling and self-theory. To them, man is not at the mercy of his unconscious motivation or drives. They contended that behaviour is a product of the environment and the creation of learning conditions.

Basic Assumption on Human Personality

Behaviourcounselling theories are based on certain assumptions about the nature of man and his behaviour. Some of these basic assumptions are summarized below from the works of Shertzer and Stone, Essuman, Iwuama and Unachukwu as cited in Egbule (2002):

1.   At birth the human infant has a neutral character or   behaviour.

2.   Individual's interaction with the environment influences his behaviour.

3.   Most human behaviours are learned and can be unlearned.

4.   It is possible to modify human behaviour.

5.   Each individual has the potential to evaluate, plan and modify his   behaviour.

Counselling Process and Techniques

The counselling process in behaviouralcounselling theories is not static, fixed or pre-determined, but it is specifically designed to assist the client in solving his particular problem. Unachukwu as cited in Egbule (2002) observed that the counselling process of a behaviouralcounselling is usually warm, encouraging and empathic relationship. These can be achieved by defining the client's problem, formulating counselling goals and applying the required treatment. It is also important for the Counsellor to evaluate the achievement so far made during the counselling session and make adjustment where necessary, before terminating the counselling relationship.

Some of the techniques used in behavior counselling include systematic desensitization, relaxation, reinforcement, extinction, modelling, assertive training, operant conditioning role playing, counter-conditioning, aversive conditioning as well as stimulus and proximity control. A brief discussion of each of this behavior counselling techniques are presented below.

1. **Systematic Desensitization**: Systematic desensitization is   the most widely used and thoroughly researched therapeutic technique designed in accordance with laboratory experiment on behavioural change. This technique of behaviour modification or counselling was developed by Joseph Wolpeas cited in Egbule (2002).

    Traditionally, systematic desensitization uses relaxation for the purpose of reducing fear and pervasive anxiety. Phobias and other avoidance condition response. Systematic desensitization involves three treatment stages of construction of anxiety hierarchy, deep muscle training and relaxation stage.

    Stage One - This involves the training of the client in a progressive muscular relaxation skill. AFatino and Legan as cited in Egbule's (2004) they reported that this newly acquired ability to achieve relaxation may compete with arousal (anxiety), associated with stimuli that elicit fear. This deep muscular relaxation to replace the tension present when the client is confronted with an anxiety producing situation or thought.

    Stage Two - The second stage involves the development of a stimulus hierarchy, consisting of services of discrete situational descriptions of anxiety - provoking stimulus presented in ascending order of arousal properties. All the stimuli in the hierarchy are somewhat similar to the focal object of fear and the step of the hierarchy move the client progressively closer, either to a real object or to an imagined fear inducing object or event.

Stage Three - This stage involves the combination of the newly acquired relaxation response with the presentation of the fear-inducing items in the hierarchy. The client moves through the hierarchy while relaxed and signals the therapist when any anxiety is experienced. The therapist then prompts the client to terminate the image and utilize his relaxation skills so as to associate relaxation instead of tension with arousing stimulus item or object.

The above stages can be used for persons or clients who have phobias or irrational fears. Such fear for examination condition, darkness, snakes and other animals or even water can be desensitize systematically through the application of the three treatment stages discussed above.

2. **Modelling** - The use of models in development of appropriate behaviour in the modification of behaviour and learning have been well researched in literature. Some of the exponents of this development include, Margaret Mead, Kurt Lewin, Albert Bandura and Mary Jones. Modelling as a technique of behavior counselling, is deeply rooted in social learning theory. Studies have shown that substantial reduction in fear can be achieved through modelling.

    This has being demonstrated by Bandura as cited in Egbule (2002) when he studied a group of young children who had irrational or strong fear of dog. In the experiment, Bandura showed some of the fearful children a film of other children fondling dogs fearlessly. Another group of fearful children were made to watch other children playing with dogs. In this experiment, the former is the symbolic or film model, while the latter is a live model. The result indicates that both groups of children improved, judged by their ability to approach and handle dogs. However, the children shown a live model made faster improvement (Bandura, as cited in Egbule, 2002).

    The above experiment indicates that clients can learn by observation, imitation and modelling. Therefore, Counsellors should encourage clients to imitate acceptable 'behaviours exhibited by others in real life situations or films.

3. **Assertive Training -** Assertive Training involves the use a combination of social modelling, role play, and behaviour rehearsal (Achebe, as cited in Egbule, 2002). This technique of bebehaviourcounselling helps the client to implement behaviour which he is capable of, but fails because of unrealistic anxiety. This is as a result of the client's general posture, timidity and shyness. The role of the Counsellor under this situation is to encourage the clients to over-come their situations.

In providing assertive training the Counsellor creates a conducive situation which will enable the client to verbalise his experience. The client is actually asked to state what does not involve forcing a client to acquire certain asset which he does not possess. Rather, it involves helping the client to recognize their assets and potentials and to decide what to do with them through the assistance of a professionally trained Counsellor.

On this basis, the Counsellor models the desired behaviour giving the assets and potentials of the client. It is then left for the client to role-play the model, while the Counsellor observes what is going on, and reinforces to achieve the desired behaviour or goal.

4.   **Operant Conditioning and Reinforcement -** It was Thorndike as cited in Egbule (2002) who first initiated the principles that led to operant conditioning theory of learning. However, the development of Operant conditioning and reinforcement as a technique of behaviour modification is associated with an American psychologist Skinner. The principle underlying operant conditioning as a technique of behaviour modification or counselling is that individual's response pattern is capable of being altered, depending on the consequences that follows. This is because the responses are not associated with any environmental stimuli; rather, such responses are emitted by the individual. Hence, they are called operant. This according to Odebunmi as cited in Egbule (2002) implies that the cause of behaviour lies with the individual.

Consequently, the individual needs reinforcement. Reinforcement is defined as a stimulus which follows and strengthens a response. Reinforcement is very significant in learning new behaviour and maintaining an old one based on the principle that the probability of any behaviour occurring again is directly related to what happens to the person after that behaviour occurred previously (Unachukwu, as cited in Egbule, 2002).

In using this technique Counsellors should be mindful of the following:

1.   Only responses that are significant should be reinforced.

2.   Time interval in reinforcement should be considered.

3.   Reinforcement should not be used indiscriminately and unnecessarily.

Finally it should be noted that the major goals of operant conditioning and reinforcement as a technique of behavior counselling is to enable   the individual develop the skill of self-reward or reinforcement which may not necessarily be materials in nature as he strives to modify or develop new and acceptable behaviours (Odebunmi, as cited in Egbule, 2004).

Empirical literature

The empirical studies on confidentiality, empathy, attending as correlate of openness of clients in counseling interview were carried by few authors in the field of psychology.

Obiunu (2015) who carried out research on the relationship between confidentiality and empathy on the openness of client in a counseling session for 125 secondary school students in Ethiope East Local Government Area of Delta State. The finding indicated that there is a significant relationship between confidentiality, empathy and openness of clients towards counselling interview and there is no significant relationship between gender and openness of client in counselling interview. This finding is consistent with the positions that there is correlation between confidentiality, empathy and openness of client in a counselling session and there no correlation between gender and openness of clients in counselling session. The implication is that being male or female is not the point in opening up in a discussion of this kind. It is therefore, show that confidentiality and empathy between a client and a counsel is to establish a bases for developing a feeling of belongingness and warmth which allows the client to freely tell their stories knowing that their secret are being kept safe. This brings a balance of trust between the counsellor and client. Thus confidentiality brings about a good relationship between the client and counsellor which creates an atmosphere wherethe client can easily express his/her self.

Zest (2005) who carried out study in Confidentiality policy on voluntary counseling and testing program in New York. The findings revealed that, confidentiality in voluntary Counselling and testing (VCT) program makes client to seek for HIV test, which helps to safeguard and secure the life of the clients and there is relationship between confidentiality and openness of client during counseling.

Lafferty, Beutler and Crage (1989) who carried out research on the relationship between counselors' values' and counsellor effectiveness for 30 therapist trainees. Trainees were categorized as more or less effective based on the comparative level of distress experienced by their clients before and aftertherapy as evidenced by the clients' scores on SCL-90-R. The finding found that counsellor trainees who placed move importance on being intelligent and reflective were also rated as being more effective. This outcome might be due to self- unaware counsellors tending to be more directive and imposing their motivations, attitudes, and values onto the client. This defectiveness may be perceived as being more helpful to high school students and may fit their expectation of a counsellor more closely. He further

suggested that, it is also possible that self-aware counsellors tend to be more conscious of the therapeutic relationship and are more critical of their own behavior.

Nkwonte (2009) who carried out research on the influence of age on clients openness during counselling interview among 200 secondary school students in Ife East Local Government Area of Osun State. The findings indicated that the Counsellor's age has a significant influence on client's openness. She further stated that clients (secondary school students) preferred young Counsellors as their disclosure 'targets,' only when they disclose physical concerns and boy/girl relations.

On the other hand, Boulware and Holmes (2003),research work on preferences for therapists and openness of client during counseling in university. The findings found out that male and female university students preferred older male Therapists, for obtaining help with vocational concerns while women tended to choose older female Therapists first for personal problems.

Elliot, Greeberg and Lietaer, (2004) who carried out research work on the role of client's openness in therapy for 4000 psychotherapy clients. The findings resonate with the widely accepted beliefthat high levels of client's openness are therapeutic. Opennessbrings about exposure to new ideas, experiences, new thoughts and a great change for both the client and the counsellor. Clients who are receptively open to their internal experiencing also have been shown to have better outcomes. When one opens up he/she is well emotionally, psychologically, mentally more adjusted because he/she has been able to express catharsis and this helps to lessen the pressure of hormones reacting in the individual's immune system.Such that bottled up emotions that can be cause anxiety, depression are being released and this in turn shapes the behavior of the client. When a client is open in a counseling interview, the relationship between the counsellor and the client strengthens and thus because of the presence of empathy and confidentiality together with unconditional positive regard the client is also more willing to reveal darkest secrets to the counsellor. Openness is important for the client so as to enable the counsellor tackle the areas which are problematic to the client.

Appraisal of reviewed literature

The literature has reviewed the theoretical framework, concepts of counselling, confidentiality, empathy and attending as well as how some factors that influence the openness of counselling interview, and how it correlate with confidentiality, empathy and attending. These were discussed.

Openness in counselling process is so important that it should not be ignored or overlooked in any attempt to achieve a positive counselling outcome. In order to facilitate clients' openness during counselling interview, counsellors should ensure high confidentiality; empathy and attending to enable clients felt free during counselling process.

Theunderstanding ofcultural background of clients is essential so that a client's behaviour in a counselling room could not be misinterpreted by a Counsellor who is ignorant of the culture. A Counsellor can engage the client in a brief discussion about his family background at the introductory stage of the relationship. It is suggested that a Counsellor of a Nigerian client should employ directive technique instead of non-directive. This is because a Nigerian client traditionally believes that the Counsellor has the solution to his problems. He is therefore not likely to talk unless the Counsellor uses questioning method to encourage him to disclose his feelings.

Furthermore, the use of counselling skills like warmth, honesty, friendliness, acceptance, trustworthiness, genuineness, attending, empathy and confidentiality by aCounsellor helps to facilitate the openness of clients during counselling interview. The demonstration of these skills in an interpersonal relationship will encourage a client to open himself to the Counsellor.

Communication is very important in counselling. The use of the verbal and non-verbal cues helps the client openness in counselling interview. Openness of counselling interview is appropriate, when the target recipient is sincerely interested andwilling to listen. The Counsellor's verbal and non-verbal transmissions or reactions are important in effective openness.Since face-to-face seating position with a table intervening has been found to be the most convenient for Nigerian students, it could therefore be suggested that this seating position be adopted to promote clients' openness.

It observed thatOpenness in counselling interview could be hampered by certain factors, but a well-trained Counsellor can achieve a successful counselling relationship by providing a conducive counselling atmosphere; make use of confidentiality, empathy and attending as skills that can help clients overcome obstacles of openness.

Following from the above, it was discovered in the review of related literature that a good number of works and studies have been done on these types of study and the review of literature emanated from journals, books articles, and other studies that have been carried out in relation to the variables identified for the study. But none known to the researcher have been done in Warri Metropolis using confidentiality, empathy and attending as independent variables and using age, gender and marital status as moderating variables hence this work.

CHAPTER THREE

RESEARCH METHOD AND PROCEDURE

This chapter describes the various research method and procedures used for the study with the following sub-headings:

- ❖ Research Design
- ❖ Population of the study
- ❖ Sample and sampling techniques
- ❖ Research Instrument
- ❖ Validity of the instrument
- ❖ Reliability of the instrument

- ❖ Method of data collection
- ❖ Method of data analysis.

Research Design

The design for this study is a correlational research method to obtain the opinion of representative sample of a target population. A correlation research is one in which a group of people or items are studied by collecting and analyzing data from only a few people or items considered to be representative of the entire group (Nworgu, 2008). This he said is so because only a part of the population is studied and findings from this are expected to be generalized to the entire population. The correlation design was adopted because these studies sought to establish the degree and nature of the correlation and prediction among the variables. The essence of the study is to provide a basis for identification of factors that influence client openness during counselling interview through a correlation analysis and prediction of confidentiality, empathy, attending, and age, marital status and gender of counsellor in Warri Metropolis of Delta State.

Population of the Study

The population of this study comprised all the clients in thecounsellingcentres in Udu,Uvwie, Okpe and Warri South Local Government Areas of Delta State. There are 30 counsellingcentres in Warri metropolis. From the record available, the population is 3000 clients. The reason for selecting these centres is because; these are the centres people do go to for counselling in Warri metropolis (Justice, Peace and Development Commission Bulletin, Warri, 2014)**See appendix.**

Sample and Sampling Techniques

The sample size for this study is two hundred (200) participants drawn from thirty (30) counseling centres in Warri metropolis. Multi-stage sampling technique was used for the study. In the first stage, the balloting sampling technique was used to select 10 counsellingcentres from the 30 counsellingcentres in Warri metropolis.In the second stage, a simple random sampling technique was used to select thirty (20) clients from 10 counsellingcentres which gave a total of two hundred (200) clients in Warri metropolis.

Research Instrument

The instrument used for the study questionnaire Title: Confidentiality, Empathy, Attending and Openness questionnaire(CEAO). The questionnaire is divided into two sections. That is: section A an B. Section A is set to seek information about personal data of the subject such as gender, age, marital status, language, ethnic groups, local government area and type of employment. While the section B desiredthe confidentiality, empathy and attending as correlates of openness of clients during counselling interview with 14 items draw from confidentiality, 14 items from empathy, 12 items from attending and 10 items from openness. In fact, most of the questions in the questionnaire were closed-ended. This requires the respondent to merely tick the most appropriate answer. The alternative answers are four point rating scale structure questionnaire requiring,Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD) types of answer. There are also a few open-ended questions for the respondents to express their opinion. The choice of this questionnaire method is for easy statistical analysis.

Validity of the Instrument

In other to ascertain the face validity of the instrument, the researcher sought the help of her supervisor as well as other senior lecturers in the department. Various items on the instrument were checked and found to be in line with the objectives of the study. Therefore the face validity of the instrument was considered adequate by expert judgment.

The content and construct validity of the instrument was estimated using the Factor Analysis method. Upon analysis, all the 14 items out of the confidentiality in counseling interview scale were retained. The content validity of the confidentiality in counselling interview scale is 53.22%, while its construct validity revealed a construct validity range between 0.37 and 0.85. Also all the 14 items in Empathy in Counselling interview scale were retained. The content validity is 63.33 while the construct validity has constructs ranging from 0.51 to 0.86. All the 12 items of Attending in Counselling Interview was also retained. The content validity of the Attending in Counselling Interview scale is 56.26% while the construct validity reveals a construct from 0.41 to 0.83. Also all the 10 items in openness in Counselling Interview scale were retained. The content validity is 53.32% and the construct validity has construct ranging from 0.38 to 0.30

Reliability of the Instrument

To ensure the internal consistency of the instrument, the researcher prior to the general administration of the research instrument, administered the Confidentiality, Empathy, attending and Openness Questionnaires to 60 respondents outside the area of study.

The Cronbach alpha (α) was used to estimate the reliability coefficient. Upon analysis, the R value of the whole instrument yielded a reliability index of 0.92. The Confidentiality in counselling Interview yielded a reliability index of 0.75; the Empathy in Counselling interview scale yielded a reliability index of 0.73; the Attending in Counselling Interview yielded a reliability index of 0.84 while Openness in Counselling Interview scale yield a reliability index of 0.82 which is an indication of a high correlation.

Method of Data Collection

The researcher administered the instrument to the respondents directly in the counseling centres which was later retrieved from the respondents by the researcher with the help of the Counsellors in that centre. 200 questionnaires were distributed and 191 questionnaires were retrieved from the field. Also, the researcher obtained some data from the respondents verbally through their consent.

Method of Data Analysis

The data collected will be analyzed using the regression method of analysis to analyze the research questions and hypotheses. Coefficient of determination was used to answer the research questions. F-test was used to test each hypothesis at 0.05 level of significance.

CHAPER FOUR

PRESENTATION OF RESULTS AND INTERPREATION

Research Question 1 and Hypothesis 1

Research Question 1: what is the extent of relationship among confidentiality, empathy, attending and openness of clients in counseling interview?

Hypothesis 1: There is no significant relationship between confidentiality, empathy, attending and openness of clients in counseling interview?

Table 4.1: Mean, Standard deviation and Regression Output of confidentiality, empathy, attending and openness of clients in counseling interview?

Variable	Mean	SD	N	%	F	R	R^2	Adj.	β	t	p
					48.26	0.66	0.44	0.43			0.00
Confidentiality	41.71	5.45	191	100							
Empathy	36.17	5.46	191	100							
Attendance	32.81	5.50	191	100							
Openness	23.78	506	191	100							
Variables in the equation											
						B	SEB				
Confidentiality						0.03	066		0.03	0.43	0.67
Empathy						0.27	0.08		0.29	3.63	0.00
Attendance						0.38	0.07		0.41	5.36	0.00
Constant						0.54	2.31			0.24	0.81

df (2,189)*Significant (P< 0.05)

The data in Table 4.1shows that confidentiality, empathy, and attendance to interview are significantly related to openness in counseling interview F (3, 187) = 48.26, p< 0.05. Hypothesis

1 is therefore rejected and the alternative hypothesis holds true. The adjusted R^2 value of 0.44. showed that only 44% of openness in counseling interview was due to confidentiality, empathy and attendance. The result further shows that there was no significant relationship between confidentiality and openness (p= 0.67), there were however significant relationship between empathy and openness (p= 0.00) and between attendance and openness (p= 0.00).The β weight however shows from the combined effect of confidentiality, empathy and attendance, that while confidentiality is not a predictor of openness (β= 0.03), empathy and attendance are predictors of openness during counseling interviews (β= 0.29) and (β= 0.41), respectively.

Research Question 2 and Hypothesis 2

Research Question 2: what is the extent of relationship between confidentiality and openness of clients in counseling interview?

Hypothesis 2: There is no significant relationship between confidentiality and openness of clients in counseling interview.

Table 4.2: Means, Standard Deviation and Linear Regression Output of Confidentiality and Openness.

	Mean	SD	N	%	F	R	R^2	Adjusted R^2	β	t	p
					33.05	0.39	0.15	0.14			0.00
Confidentiality	41.72	5.45	191	100							
Openness	23.79	5.06	191	100							
Variables in the equation											
						B	SED				
Confidentiality						0.36	0.06		0.39	5.75	0.00
Constant						8.83	0.06			3.37	0.00

df (2, 189),Significant (P< 0.05)

   The data in Table 4.2 showed that there was significant relationshipbetweenconfidentiality in counseling interview and openness of clients F (1, 189) = 33.05, p< 0.05]. This positive relationship indicates that as confidentiality increases, the openness of clients during counseling interview increases. Hypothesis 2 is therefore rejected and the alternative hypothesis holds true. The adjusted R^2 value of 0.14 showed that only 14% of openness of clients was due to confidentiality. The Beta (β) weight of 0.39 in Table 4.2 shows that confidentiality is a predictor of openness.

Research Question 3 and Hypothesis 3

Research Question 3: what is the extent of relationship between empathy and openness of clients in counseling interview?

Hypothesis 3: There is no significant relationship between empathy and openness of clients in counseling interview.

Table 4.3: Means, Standard Deviation and Linear Regression Output of Empathy and Openness.

	Mean	SD	N	%	F	R	R^2	Adjusted R^2	β	t	p
					99.42	0.59	0.35	0.34			0.00
Empathy	36.17	5.45	191	100							
Openness	23.79	5.06	191	100							
Variables in the equation											
						B	SED				
Empathy						0.54	0.06		0.59	9.97	0.00
Constant						4.10	1.99			2.06	0.00

df (2, 189), Significant (P< 0.05)

The data in Table 4.3 showed that there was significant relationship between empathy in counseling interview and openness of clients F (1, 189) = 99.42, p< 0.05]. This positive relationship indicates that as empathy increases, the openness of clients during counseling interview increases. Hypothesis 3 is therefore rejected and the alternative hypothesis holds true. The adjusted R^2 value of 0.34 showed that only 34% of openness of clients was due to empathy. The Beta (β) weight of 0.59 in Table 4.3 shows that empathy is a strong predictor of openness of clients during counseling interview.

Research Question 4 and Hypothesis 4

Research Question 4: what is the extent of relationship between attending to and openness of clients in counseling interview?

Hypothesis 4: There is no significant relationship between attending to and openness of clients in counseling interview.

Table 4.4: Means, Standard Deviation and Linear Regression Output of Attending and Openness.

	Mean	SD	N	%	F	R	R^2	Adjusted R^2	β	T	p
					118.95	0.62	0.39	0.38			0.00
Attending	32.81	5.49	191	100							
Openness	23.79	5.06	191	100							
Variables in the equation											
						B	SED				
Attending						0.57	0.05		0.62	10.91	0.00
Constant						5.01	1.75			2.87	0.00

df (2, 189), Significant (P< 0.05)

The data in Table 4.4 showed that there was significant relationship between Attending to in counseling interview and openness of clients F (1, 189) = 118.95, p< 0.05]. This positive relationship indicates that the more frequently clients attend counseling interviews the more their openness. Hypothesis 4 is therefore rejected and the alternative hypothesis holds true. The adjusted R^2 value of 0.38 showed that 38% of openness of clients was due to their regular or frequent attendance. The Beta (β) weight of 0.62 in Table 4.4 also shows that attending is a strong predictor of openness of clients during counseling interview.

Research Question 5 and Hypothesis 5

Research Question 5: what is the extent of relationship between marital status and openness of clients in counseling interview?

Hypothesis 5: There is no significant relationship between marital status and openness of clients in counseling interview.

Table 4.5: Means, Standard Deviation and Linear Regression Output of Marital status and Openness of clients in counseling interview

	Mean	SD	N	%	F	R	R^2	Adjusted R^2	β	t	p
					4.69	0.16	0.02	0.02			0.03
Married	24.22	4.72	117	613							
Unmarried	23.11	5.53	74	38.7							
Openness	23.79	5.06	191	100							
Variables in the equation											
						B	SED				
Marital status						-0.57	0.70		-0.16	-2.16	0.03
Constant						25.90	1.04			24.91	0.00

df (2, 189), Significant (P< 0.05)

The data in Table 4.5 showed that there was significant relationship between the marital status of clients married (M=24.22, SD=4.72); unmarried (M=23.11, SD=5.53)] and openness of clients to counselors during counseling interviews: [F (1, 189) = 4.69, p< 0.05]. This relationship indicates that marital status has positive influence on the openness of clients. Hypothesis 5 is therefore rejected and the alternative hypothesis holds true. The adjusted R^2 value of 0.02 showed that only 2% of openness of clients was due to their marital status. The Beta (β) weight of -0.16 in Table 4.5 however shows that marital status is not a predictor of openness of clients during counseling interview.

Research Question 6 and Hypothesis 6

Research Question 6: what is the extent of relationship between gender and openness of clients in counseling interview?

Hypothesis 6: There is no significant relationship between gender and openness of clients in counseling interview.

Table 4.6: Means, Standard Deviation and Linear Regression Output of Gender and Openness of clients in counseling interview

	Mean	SD	N	%	F	R	R²	Adjusted R²	β	t	p
					0.02	0.01	0.00	-0.01			0.90
Male	23.85	4.22	68	35.6							
Female	23.75	5.49	123	64.4							
Openness	23.79	5.06	191	100							
Variables in the equation											
					B	SED					
Gender					-0.10	0.77			-0.01	-2.13	0.09
Constant					23.95	1.31				18.23	0.00

df (2, 189), Significant (P< 0.05)

The data in Table 4.6 showed that there was no significant relationship between the gender of clients males (M=23.85, SD=4.22); females (M=23.75, SD=5.49)] and openness of clients to counselors during counseling interviews: [F (1, 189) = 0.02, p> 0.05]. This relationship indicates that gender has no influence on the openness of clients. Hypothesis 6 is therefore accepted. The adjusted R^2 value of -0.01 showed that less than 1% of openness of clients was due to their gender. The Beta (β) weight of -0.01 in Table 4.6 however shows that gender is not a predictor of openness of clients during counseling interview.

Research Question 7 and Hypothesis 7

Research Question 7: what is the extent of relationship between age and openness of clients in counseling interview?

Hypothesis 7: There is no significant relationship between age and openness of clients in counseling interview.

Table 4.7: Means, Standard Deviation and Linear Regression Output of Age and Openness of clients in counseling interview

	Mean	SD	N	%	F	R	R^2	Adjusted R^2	β	t	p
					0.63	0.06	0.00	-0.00			0.43
Below 20yrs	25.29	3.20	7	3.7							
Above 20yrs	23.73	5.12	184	96.3							
Openness	23.79	5.06	191	100							
				Variables in the equation							
					B	SED					
Age					-0.55	1.95			-0.06	-2.80	0.43
Constant					26.84	3.85				6.97	0.00

df (2, 189), Significant (P< 0.05)

      The data in Table 4.7 showed that there was no significant relationship between the ages of clients below 20yrs (M=25.29, SD=3.20); above 20yrs (M=23.73, SD=5.12)] and openness of clients to counselors during counseling interviews: F (1, 189) = 0.63, p> 0.05]. This relationship indicates that age has no influence on the openness of clients. Hypothesis 7 is therefore accepted. The adjusted R^2 value of

-0.00 showed that less than 1% of openness of clients was due to their gender. The Beta (β) weight of -0.06 in Table 4.7 also shows that ages of clients is not a predictor of openness of clients during counseling interview.

Discussion of Findings

   Arising from the findings presented above, the following discussions were made in this study in relation to how the findings agree or disagree with the materials reviewed in related literature as well as current issues in the area under study.

   In research questions one and hypothesis one, it revealed that, there is significantrelationship between confidentiality, empathy, attending and openness in counseling interview. This relationship indicates that openness in counseling interview is often enhanced by confidentiality, empathy and attendance to interview. This implies that the client's exhibit openness during counseling interview, the more confidentiality increases; the more empathy increases and the more attending to counseling interview increases.This in lines with Constable (2011) who stressed that, trust is a cornerstone of the counseling relationship" and "confidentiality belongs to the clients". It therefore means that clients will often not open up unless confidentiality is guaranteed, and consequently, the more confidentiality is assured, the more open clients are. Glanzer (2004)'empathy is a core concept in counseling'. Yet counseling skills texts, while emphasizing the importance of empathy, give relatively little guidance about just what constitutes this skill, or how to acquire. Empathy itself is typically taken to be a basic human capacity that needs little explanation, beyond distinguishing it from sympathy. While the inference is that one can be empathic without being sympathetic, the consistent injunction to counselors is to use empathy sympathetically. It is most probable that when a counselor exhibit empathy while counseling, such counselor is likely to attract more clients, this possibly explains why an increase in empathy led to an increase in openness as indicated by the outcome of this study.

   The findings of research question and hypothesis two states that there was a significant relationship between confidentiality and openness of clients towards counselling interview. The findings indicated here support the positions that confidentiality can influence openness of clients in a counselling session. Instance of such positions include the works of (McGuire, K.N. 1991) who stated that confidentiality in counselling is a vital means of creating and maintaining asecure space which enables the clients to experience themselves and express themselves with as great degree of freedom as possible. It is a key that opens the door to an effective counselling interview and that is why Okobia(2004) stated that, when an empathic understanding is created by Counsellors, confidence will generate among clients which enables them to open up or disclose information in counselling or be honest and truthful about information being disclosed. Also Constable (2011) who stressed that, trust is a cornerstone of the

counseling relationship" and "confidentiality belongs to the clients". It therefore means that clients will often not open up unless confidentiality is guaranteed, and consequently, the more confidentiality is assured, the more open clients are

The research question three and hypothesis three findings revealed that, there is relationship between empathy and openness of clients in counselling interview. This finding is in lines with Hakansson (2003) who observed that, the term empathy has always included the idea of knowing about the awareness of another, and thus understanding is emphasized in most conceptualizations of empathy. For instance, a researcher viewed empathy as the capacity by which one person obtains knowledge of the subjective side of another person. Although understanding has been regarded as an aspect of empathy by a vast majority of researchers, the opinions have been diverse regarding two issues: (1) how to describe the understanding process occurring within the empathizer and (2) what the object of this understanding is. The latter issue includes among others the question of whether the object is the target's present experiences or life in a wider sense. How one describes these two aspects of understanding may have implications for how one views the connection between empathic understanding and concern, which is a major focus of this thesis.

The research question four and hypothesis four findings revealed that, there is relationship between attending and openness of clients in counselling interview. This finding is in lines withBojuwoye, (2006) both psychological and physical aspects of the attending are very significant. Psychological attending deals with sensing experiences: "Psychological attending is sensing experiences, to the extent possible, through the eyes of the client rather than through your own. You intuit the feelings and attitudes that clients have or might have had by being in tune with both verbal and nonverbal messages. Psychological attending involves being sensitive to client's feelings and experiences. It consists of both perceiving and processing various client messages. For example, many clients communicate their emotions only non-verbally. Therefore, psychological attending is an important counsellor skill for recognizing client's feelings. The same time we should not also forget about physical attending as it also plays a significant role within the whole process: "Physical attending is the way that you use your body to communicate your understanding to the client.

The research question five and hypothesis five findings revealed that, there is relationship between marital status and openness of clients in counselling interview.This relationship indicates that marital status has positive influence on the openness of clients. This finding is in lines withBenjamin (2009) which state that, the level of confidentiality is guarantee within marriedcounsellors because married clients disclose more information to married counsellor than unmarried counsellor during counselling process. He further stated that, married client lack the capacity of confidentiality than the individual who is not married because the third party is involved in the process.

The research question six and hypothesis six findings revealed that, there is no significant relationship between gender of counsellor and openness of clients in counselling interview.This finding indicates that gender has no influence on the openness of clients. This finding is contrary with Owuamanam (1990) observed that women have demonstrated greater comfort in displaying openness to female counsellors than to the male counsellors. This finding also consistent with that of Simons and Helms (1976) who found that both college and non-college women preferred women counsellors. Also, other studies have found that the presence of female counsellors rather than racial similarity was a significant variable in stimulating personally relevant material as clients were able to explore themselves more extensively in interviews with female counsellor.The gender of the counsellor is likely to influence openness depending on the topic of the clients' concern. Some female therapists have suggested that some female clients prefer female counsellors because female clients have problems that are unique to women and female clients expect counsellors who declare such expertise to demonstrate skills that are appropriate for women. This implies that a female client who wishes to discuss a particular personal problem with a female counsellor will be reluctant to disclose it to a male counsellor. Her self-disclosure to a male counsellor depends on her social exposure with the opposite sex and the level of interaction and whether or not she feels the male counsellor has enough understanding of her type of problems. Thus, if the clients have this attitude towards the counsellor, sex could then be a barrier to clients' self-disclosure. It is not professional to assume that a counsellor would not be able to handle a client's problem because of counsellor gender. This is because a trained and qualified counsellor is professionally competent to help clients' solve their problems but self-disclosure is likely to be more effective if clients have counsellors of their choices (Owuamananam, 1990).In the population studied, the implication is that being male or female is not the point in opening up in a discussion of this kind. There are more important variables that will determine level of openness as indicated earlier.

The research question seven and hypothesis seven findings revealed that, there is no significant relationship between the ages of counselor and openness of clients to counselors during counseling interviews. This relationship indicates that age has no influence on the openness of clients. This finding is contrary with Owuamanam (1990) who observed that influence of age on counselling outcome has attracted the attention of counsellors. However, research findings have not been consistent on the issue and Nkwonta (1989) reported that the counsellor's age has a significant influence on client's openness, and this contradicts the outcome of the present study. He further stated that clients (secondary school students) preferred young counsellors as their disclosure 'targets' only when they disclose physical concerns and boy/girl relations. However, Owuamanam (1990) explained that in some societies like Nigeria, age plays a very important role and people generally ascribe wisdom to older person and therefore tend to consult them for advice but there are times one would prefer disclosing a personal problem to a peer with whom there could be some ' freedom rather than a much older person. Moreover, students are seen too often time react favourably to young teachers or counsellors especially if they are good or brilliant. Thus, age could at times hinder client's self-disclosure depending on topic of concern. A young client with sex-related problems is likely to feel uncomfortable disclosing than to a much older counsellor. Age of counsellor is another important factor which could influence counselor's relationship, because of patient's preferences for young or old counsellors. A review of literature in the West shows that preference for old or young therapist is different for male and female clients, but this difference isn't significant. It seems that clients with no preferences regarding age of counsellor express more feeling in therapeutic meeting than those who preferred young or old therapists

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter focuses on the concluding aspect of the study under the following sub-heading:

- ❖ Summary of Study
- ❖ Summary of Research Findings and Conclusion
- ❖ Recommendations
- ❖ Contributions to knowledge
- ❖ Suggestion for further studies

Summary of the Study

This study is set to examine the confidentiality, empathy, attending as a correlates of openness of clients incounselling interview in Warri metropolis, Delta State. In order to achieve the purpose and aims of the study, the researcher formulated 7 research questions and 7 hypotheses which help to guide the study. Related literature of different authors was reviewed based on the independent variables. Correlational research design was used for the study in whichmulti-stage sampling technique was used to draw a sample of 200 respondents from the counseling centres in Warri metropolis. Self-made questionnaire Title: Confidentiality, Empathy, Attending and Openness questionnaire (CEAO) was used to collect data from the respondents. The instruments were validity by the project supervisor and other experts in measurement and t-retest method was used for the study. The instruments were administered by the researcher in which 191 instruments were retrieved from the 200 items distributed to the counseling centres. The data collected was analysed using the regression method of analysis

Summary of Research Findings

Based on the results of the data analysis, the following findings were stated:

1. There is a significant relationship between confidentiality, empathy, attending to interview and openness in counselling interview.
2. There is a significant relationship between confidentiality in counselling interview and openness of clients.
3. There is a significant relationship between empathy in counselling interview and openness of clients.

4.   There is a significant relationship between Attending in counselling interview and openness of clients.

5.   There is a significant relationship between the marital status of clients and openness of clients during counselling interviews.

6.   There is no significant relationship between the gender of clients and openness of clients during counselling interviews.

7.   There is no significant relationship between the ages of clients and openness of clients during counselling interviews.

Conclusion

Based on the findings of the study, it has been observed that openness of clients canbe influenced and achieved under the right condition. Specifically, where there is sufficient reason for the client to trust and have confidence in the process because of the ability of the counsellor to utilise relevant skills to ensure openness. Also empathic understanding when shown by the counsellor can affect openness positively. Counsellorsshould therefore recognise the need for them to ensure that they create confidence and shown deep empathic understanding so as to be able to ensure openness of client in a counselling interview.

Furthermore, there is a significant association between marital status and openness of clients during counselling interview as well as gender and age of counsellors have no significant association with openness in counselling interview, and are equally not good predictors of openness in counselling interview.

Recommendations

In view of the findings of the study, the following recommendations were made:

1.   Counsellors should always treat their clients with confidentiality and empathy, as this enables the clients to open up during counselling.

2.   Clients should not make gender or sex of their counsellor as barriers in seeking counselling when necessary and if it is a barrier, counsellor should recommend another counsllor if he/she is not able to counsell the client

3. Counsellor should utilize the relevant skills during counselling interview to ensure openness

4. Counsellors should display the skills of confidentiality and empathic understanding towards clients so as to develop trust and openness of clients during counselling interview.

5. Clients should be encouraged not to make marital status as a yardstick of not disclose information or vital issues during counselling process.

6. Counsellors should employed the techniques and skills of confidentiality, empathy and attending during counselling process which will create avenue for clients to disclose and open up during counselling interview.

7. The counsllor should assure the client before the session about his/her dirty to keep confidence whatever they discussed

Contributions of this study to Knowledge

This study may serve as useful source information in the area of personal and family life as well as guidance and counselling, with specific reference to the characteristics of the counselling, and their attitude towards their clients with these, the following were contribution to knowledge

1. The test instrument designed by researcher is one of the studies to knowledge since it was neither adapted nor adopted from any previous work. It is therefore expected to be useful to those who may want to adapt or adopt it.

2. The dearth of related literature materials concerning confidentiality, empathy, attending as correlate of openness of clients during counselling interview in Warri metropolis, Delta state and absence of empirical researches on extent of relationship between confidentiality, empathy, attending and openness of clients in counselling interview in Warri metropolis which were earlier identified as some of the limitations to this study should now be a thing of the past. We now have in this study report of relevant literature source and as an empirical study, which provides information on knowledge and confidentiality, empathy, attending as correlate openness of clients during counselling interview in Warri metropolis

Suggestions for Further Studies

Based on the summary of finding, conclusions, recommendations and Contributions to knowledge, the following suggestions were made for further Studies.

1.   This study could be replicated in other metropolitan cities of Delta state and in fact other states of Nigeria, to test the authenticity of its findings.

2.   The study could be carried out on counselling based on their higher educational attainments in order to ascertain the authenticity of its findings.

REFERENCES

Adedeji, J. (2006). 'The influence of confidentiality and openness of clients in counselling process' launching ceremony of the Counselling Association of Nigeria, University of Ibadan Chapter, Ibadan, Oyo State

Alia, C.E, & Martin, D.(2003). The Danger-to-Self-or-others exception toconfidentiality in

   T.P Remley(Ed), ACA LegalSeries (Vol.9

Aize, O. I. (2006).Identification of cultural variables in the undisclosingNigerianCounselling Client. Nigerian Journal of Counselling and Development, 4, 22-80

AmericanPsychological Association (2000). Rules and procedures for processing complaints of ethical violation, 6th Edition, Washington, D.C: Author.

Appel, P.S.(2006). Confidentiality in group therapy hospital and community Psychology

   (2nded.)Baitmore: Williams & Wilkins

Arbuckle, D.S. (2005). Counselling philosophy: theory and practice (2nded.) Boston: Allyn and Bacon.

Barrett, B.Lennard K.S &Buris S.(2003).A decision making model for ethical dilemmas in HIV- related psychotherapy in J.R. Anderson (Ed), Ethical Issues in HIV related mental   Health practice: A case book and resource manual (pp. 133-154): Washington, D.C; American Psychological Association

Baro-Colen, .R. (2010).Assessing and managing violence risk injuvenile. New York:Guilford Press.

Batson, C.M (2009).'Sex in the therapy hour;'A case of professionals. New York: Guilford.

Bojuwoye, O. (2006).*Self-esteem and self –disclosure: implications for value orientation   in counseling:Journal of Counsellor, 2 (6), 99-111.*

Bond, T. &Bourbara, M. J. (2004). Ethical guideline for researching counseling and   psychotherapy Rugby: British Association for Counselling and Psychotherapy.

Boulware, D.V. & Holmes, D.S. (2003).*Preferences for therapists and related expectancies:*

> *Journal of Consulting and ClinicalPsychology, 35, 269-277*

Boy,A.V. & Pine, G.J. (2008).*Effective counseling:Some proportional relationships: Journal   of Counsellor. Education and Supervision, 18 (2),*

Brookmann, N.C. &Mellar, Al. (2003): *Preferred seating position and distance in various situations:*
> *Journal of Countering Psychology, 20 (6), 504-   508*

Bryson, S. &Bardo, H. (2005). Race and the counseling process: An Overview:Journal &Non-white
> Concerns in Personnel and Guidance, 4, 5-15

Carkhuff, R.R. (1999). Helping and human relations: Practice and research (Vol.2). New   York: Holt Rinehart and Winston.

Carr, J.B. (2003)."Communicating and relating". California: The Benjamin Cummings   Publishing   Co. Inc.

Chester,R.A(2007).'Mentor relationships in clinical psychological doctoral programs,'   Results   of   a Natural Survey, Teaching of Psychology, 27,   261-267

Chark, P. (2007). Patient and patriarch women in the psychotherapeutic relationship in V.
> Gronick and B. K. Mornn (Ed),women in society: Studies in Power and

> Powerlessness, New York: Basic Books

Clifford, S.D (2004).'Ethical and legal issues in counselling' in O.C. Okobiaand I.R. Okorodudu (2nd Ed.), Issues, Concepts, Theories and Techniques of Guidance and counselling, Benin City: Ethiope Publishing Corporation

Cochran, L. & Cochran,C. (2006).Adolescentsattitudes toward confidentiality between the school counsellor and the adolescent:Client Australian Psychologist, Vol.30 pp179-182.

Cooper, S.E. (2008). College Counselling and Mental Health services, in Between Walsh (Ed.): Biennial Review of Counseling Psychology (Vol. 1) Pp 209-230 New York: Ruttedge

Cozby, P. C. (2003). Self-disclosure: A literature review, Psychological Bulletin, 79, 73-91

Cullari, .S. (2003): The client perspective of psychotherapy, in S. Culari (ed.), Counselling and Psychotherapy (pp.92-116). Boston: Ally & Baron

Cullari, S. (2011).*The ethics of paradox; cybernetic and postmodern perspectives on non direct intervention in therapy:*ANZFT Australian & New Zeal and Journal of family therapy, 26(3), 138-146

Constable, E. G., Kreider, T. B., Smith, T. F., & Taylor, Z. R. (2011). *The confidentialityof a confession: A counselling intern's ethical dilemma*Retrieved from

http://counselingoutfitters.com

Deikman, A. J. (2000), Service as a way of knowing, in T. Hart, P. Nelson, &K.Puhakka

(Eds.), Transpersonal knowing andexploring the horizon of consciousness (pp. 303–

318). Albany: State University of New York Press.

Decety, C.E and Jackson E. (2006). Medial Law, Texts and Materials, Oxford: Oxford University Press

Derlega, V.J. &Grezlak, J. (2003). Appropriateness of self-Disclosure in G.J Chelune and

associates, self-Disclosure origins, Patterns and Implications of Openness in   Interpersonal Relationship, SanFrancisco: Jossey-Bass

Derlega, V. J. &Chaikin, A. I. (2005). Shading Intimacy, What we reveal to others and why. Englewood Cliffs, N.J: Prentice Hall.

Egbule, J.F. (2002). Principles and practice of guidance and counselling(2nd Ed) Owerri: Whyte   and Whyte Publishers

Elsenberg,S.V&Strayer, L.H (2007). The field of marriage and family therapy: Journal   of   Counselling and Development, 68, 498-502

Fernald, P.A (2000): The child rights: who's responsibility? Elementary school guidance and counselling, 19, 172-189

Foote,C. & Swenson, L.C. (1999).Psychology and law for the helping professions (2nd Ed)

Practice Grove, CA: Books/Cole

Fundudis,T. (2003).Current issues in medico-legal procedures; how competent is children

to make their own decision? Child and Adolescent Mental Health, 8, 18-22

Geldeard,C. &Geldard, (2011).*Rigor, relevance and counseling research; on the need to*

Maintain our course between Scylla and Charbdis:Journal of Counselling and Development 63, 551 − 553

Gilbert,J. (2007). Patient's experience of friendship with their therapists; aphenomena   logical study of non-sexual dual relationships dissertation abstracts international

658-3707

Gladwell, S. T. (2005). Group Work: A Counselling specially (5th Ed.) Englewood cliffs,

New Jersey Prentice Hall

Gosling, A. (2008). Risk management issues that impact a therapist/coach practice: Annals

of the American Psychotherapy Association 8, 44

Glanzer, P.D. (2004). Psychological approaches to deep empathy: American Counseling

Association.pp125-127 .Retrieved from *http://www.counseling.org*

Hakansson, J. (2003). Exploring the phenomenon of empathy:Department of Psychology:

Stockholm University, Sweden, 140pp

Hansen, N.D. (2000). Navigating the Nuances: A Matrix of considerations for ethical-Legal
Dilemmas Professional Psychology: Research and Practice 30, 495-503.

Harwood, S.D. (2006). Ethical issues in rural mental health practice professional psychology.   Research
& Practice, 17, 20-23

Haugh, W. &Merry,D. (2001). Cultural considerations in release of information: Ethics   and Behaviour
12, 143 – 156

Helgin,D.T. & White-Bourne, S.M (2003). Impact of confidentiality on professional   Psychology:
Survey of practitioners: professional psychology research & practice,   19, 379-382

Helms, J.E. & Simons, J.A.(1997).*The influence of counsellor age and sex on college   students'
counsellor preference: Journal of College Student Personnel, 18,115-125*

Heppner, P.P.& Pew, S. (1997). Effects of diploma awards and counsellor Sex on Perceived
Expertness: Journal of Counselling Psychology, 24, 147 – 149

Idowu, A. I. (2008).*Counselling Nigerian students in the United States Colleges and Universities: Journal of Counselling a Development* Vol.86pp506-509

Isaac, M. L. Stone, C. George,C. &Razo, M.R. (2005). School counselor and

confidentiality: factorsaffecting professional choices, Professional school counselling, 2, 258-266

Ivey, A.E. &Zalaguett, M. (2010).*Positive strategies from development counselling and therapy: Journal of Counselling and Development, 76, 334-350*

Ivey, A.E. D., Andrea, P.R. &Simek-Morgan, R.I. (2007). Age, gender and health bias in counsellors: An Empirical Analysis, Journal of Mental Health Counselling 22, 135- 149

Journad, S. M. (2011). Self-Disclosure: An experimental analysis of the transparent self, New York: Wiley.

Kirschenbaun,K. (2004).*Dual role relationship? What make them so problematic? Journal Counselling and Development, 67, 217-221*

Lafferty, P. Beutler, C.V. &Crage, A.G. (1989).*Relationship between counselors value*

andcounsellor effectiveness: Journal Counselling and Development, 56, 209-212

Lopez, S.R. (2006). Cultural Dimensions of Psychopathology: The social world impact on mental illness in J.E Maddux and B. A.Winstead (2nd Ed) Psychopathology, foundations for a contemporary understanding, Mahwah, New Jersey: Lawrence Erlbaum

Mojoyinsola, S.M. (2008). Adolescent behaviour and development, Ibadan: Evans brothers

Nevas, D. B. &Farber, B.A. (2003).Parentsattitudes toward their child's therapist and   therapy professional psychology: Research and Practice, 32, 165-170

Nkwonte, A. N. (2009).The influence of selected counsellor and counselling variables on clients' self-Disclosure. Unpublished M.A. Thesis Awolowo University, Ile-Ife,   Nigeria

Obiunu, J.J.(2015).*Relationship between confidentiality and empathy on the openness of*

client in a counselling session: GJRA-Global Journal for research Analysis, vol. 4, Issue 2, No. 2277-8160

Okobia, O.C. &Okorodudu, R. I. (2004). Procedures in promotingeffective counseling, in

O.C. Okobia and I.R. Okorodudu (2nd Ed.), Issues, Concepts, Theories and

Techniques of Guidance and counselling,Benin City: Ethiope Publishing Corporation.

Okorodudu, R. I. &Okorodudu, G. N. (2004):Counselling for marital stability in Nigeria, in

O.C. Okobia and I.R. Okorodudu (2nd Ed.), Issues, Concepts, Theories and   Techniques of Guidance and Counselling,Benin City: Ethiope Publishing   Corporation.

Owuamanam, T. 0. (2004): Effects of counsellor characteristics on clients' rating of

counsellor effectiveness, Unpublished M.A. Thesis, ObafemiAwolowo University,   Ile-lfe, Nigeria

Owuamanam, T. O. (1990). Effects of counsellor characteristicson clients' rating of counsellor effectiveness, Unpublished M.A. Thesis, ObafemiAwolowoUniversity, Ile-Ife, Nigeria

Pattenden, R. (2003). The law of professional-client confidentiality: Regulating the disclosure of confidentiality personal information, Oxford: Oxford University Press.

Pattenden, R. (2004). Ethic in marital and family therapy, Are View of the Literature, Professional Psychology: Research and Practice 22, 171-175

Pearson, R. Ethington E. & Heppner; P. (2008). Bailout Provides more Mental Health Coverage, New York Times: Retrieved October 9, 200

Poland, M. (2007).Cultural Identity and Multi-cultural assessment, for the Clinician, in P.G. meller (2nd Edition) of hand book of Multi-Cultural Assessment: clinical Psychological and Educational Practice, San Francisco: Jossey-Base

Presburg, C. & Lenis M. W. (2013).*Peer helping programs: Helper Role, Supervisor Training; and Suicidal behavior: Journal of Counselling and Development, 74, 307-313*

Raskin, V. (2005). National Survey of psychologist sexual and physical abuse history and their evaluation of training and competence in these areas, professional psychology: Research and Practice 23, (5) 300-310

Rea, W. A. (2001).*Ethical beliefs and behaviours of pediatric psychologist: A survey, Journal of Pediatric Psychology, 16, 27-31*

Richers - Ovsiankina, M.A. (2005).Individual differences in social accessibility, Psychological Reports, 4, 391 -406

Robert, L.W. (2005). The (Mis) Treatment of Men: Effects of client gender role and life style adiagnose of counselling psychology, 37 3-9.

Rosenfield, I, B., Civikly, J.M. & Herron, J.R. (2009). Anatomical and psychological sex differences, in G.J. Chelune and Associates, self-disclosure: Origins, patterns, and implications of openness

Rowlinson, W. J. (2010). Counselling and the law: A cross-cultural perspective. Journal of Counselling and Development, 79, 422-429

Rozovsky, G. (2004). Managed cane and the independent practice of psychology, Professional Psychology: Research and Practice, 35, 185-191

Schwebel, D.C. &Hodari, A. J. (2005). Ethical principles and acculturation: two case studies, Ethics and Behaviour, 15, 131-137

Smith-Bell, S.R. &Winslade, R. (2004). Client confidentiality in marriage and family counselling association, Alexandria, V.A (Pp83-92)

Stephanie,C. E. (2007). Effectiveness of couple treatment for spouse abuse, Journal of Marital and Family Therapy: 29,407-426

Stewart,R. (2003).*Patients Responses to their own reports: Journal of the American Psychoanalytic Association, 36, 371-391*

Swenson, L.C. (1997). Psychology and law for the helping professions (2nd Edition) in E. R. Welfel (2010) (4th Edition) ethics in counselling and psychotherapy: Standards, Research and Emerging Issues Pacific Grove, CA: Brooks/Cole.

Tobes, E. & O'Connor, M.F. (2009). On the Etiology and Effective Management of Professional Distress and Impatient among Psychologists, Professional psychologists: Research and Practice, 32, (4) 341-345.

Welfel, E.R. (2010). Ethics in counselling and Psychotherapy: Standards, Research and Emerging Issues (4th Edition) Pacific Grove, CA: Brooks/Cole.

Welfel, E.R.Bunce, R. (2009). How psychotherapist use electronic communication with current clients, presented at the annual meeting of the American Psychological Association, Toronto

Whiteley, J.M. (2003).Historical perspective on the development of counselling psychology as Professions, in S.D. Brown and W. Lent (Editions) Hand book of Counselling Psychology (Pp.3-55). New York: Wiley

Woody, R.H. (1999). Domestic violations of confidentiality professional psychology: Research and Practice, 30, 607-610

Zest, G. (2006). Confidentiality Policy on Voluntary Counselling and Testing Program,

Vol. 2 New York: Cambridge University Press

CONFIDENTIALITY, EMPATHY, ATTENDING AND OPENNESS QUESTIONNAIRES

Department of Guidance & Counselling,

School of Postgraduate Studies,

Delta State University,

Abraka,

Nigeria.

Dear Respondents,

The purpose of this questionnaire is to investigate the relationship between confidentiality, empathy, attending and the openness of clients in counselling interview in Warri metropolis. Your answer to the question will be kept confidential.

Please read the questions carefully and tick in the boxes provided below.

Thank you for your co-operation.

EDMUND EMAKPOR

SECTION A

Gender = Male ☑ Female ☐

Age = Below 20 ☐ 20 and above ☐

Marital status Married ☐

Unmarried ☐

Ethnic group

Urhobo ☐

Ijaw ☐

Itsekiri ☐

Others ☐

Tribe _____

Local Government Areas:

Udu ☐

Uvwie ☐

Warri South ☐

SECTION "B"

In this section you are requested to tick either   ☑

SA   =   Strongly Agree

A   =   Agree

D   =   Disagree

SD   =   Strongly Disagree

Confidentiality in counselling interview

S/N	ITEMS	SA	A	D	SD
1	I feel comfortable when I am with the Counsellor.				
2	I feel free when I am with the Counsellor				
3	I open up when I know that the Counsellor can keep secret.				
4	I don't open up my secret because the Counsellor don't keep secret.				
5	Am not comfortable with the counselling activities here.				
6	I open up my secret due to the ability of the Counsellor to identify my issue.				
7	I open up because of the rapport the Counsellor creates.				
8	I open up due to the warmly welcome I received from the Counsellor.				
9	I open up my secret due to the love and care of the Counsellor.				
10	The conducive environment for client makes me to open up during counselling interview.				
11	I feel relieved whenever I come for counselling here				
12	The Counsellors of this centre always keep secret of their clients.				
13	I feel happy after the counselling session.				

14	I feel uncomfortable when I am with the Counsellor.				
	Empathy in counselling interview				
15	There is respect for clients in this counseling centre which makes me to open up during counselling process.				
16	The Counsellor lacks counselling skills, which makes me not to open up.				
17	There is lack of respect for clients, which makes me to keep some secret to myself.				
18	The Counsellors have respect for human dignity, which makes me to open up.				
19	The Counsellor shares the problem of clients, which makes me to open up anytime I come for interview.				
20	The feedbacks provided by the Counsellor makes me to open up my entire secret.				
21	The Counsellors are attentive listeners, which makes me to disclose more information about my issues.				
22	The devotion of the Counsellor to clients makes me to open up.				
23	The Counsellor lacks love and care, this makes me not to disclose more information about my problem.				
24	There is spirit of empathy among the Counsellors to clients, which makes me to open up some certain issues.				
25	The Counsellors do not have respect for human dignity, which makes me not to open up				
26	The Counsellor in this centre always makes people happy at the end of counselling.				
27	The Counsellors in this centre makes people to regret coming to the centre.				
28	My mind is at rest after coming for counselling in this centre.				
	Attending in counselling interview				
29	Due to lack of rapport among the Counsellors, it discourages me from opening up and not to come to the centre.				

No.	Statement				
30	The Counsellor attends to issues with love and care, which make me to open up.				
31	The attention of the Counsellor makes me to open up of my issues.				
32	Lack of goals and focus of the Counsellor makes me not attend the interview and not to open up certain issue.				
33	None attend responses of the Counsellor discourages me from talking and I have no interest in the counselling interview.				
34	The attending behaviour of the Counsellor encourages me to talk and I have not interest in the counselling interview.				
35	The eye contact between the client and Counsellors makes me to pay attention and open up.				
36	The focus of the Counsellor in this counseling centre encourages me in attending the interview and open up.				
37	The Counsellor encouraging gestures make to me to come for counselling and open up.				
38	The good rapport built between us makes me to open up.				
39	The counseling centre creates confidence in me and this makes me to come for counselling when I have issues.				
40	The rapport and empathy of the Counsellor makes me to attend this counseling centre.				
	Openness in counselling interview				
41	I open up because the counsellor is male counsellor				
42	I open up because the counsellor is female counsellor				
43	I open up because the counsellor feel the way i feel				
44	I find it difficult to open up because i am older than the counsellor				
45	I open up because the counsellor is of age and with experience				
46	The counsellor in this centre are of age and have experience to handle issues well				

47	The counsellor in this centre are too young and less experience to handle issues well				
48	The counsellor in this centre understand the body language and interprets it which make me to open up				
49	The love and care the counsellor shown to clients in this centre make me to open up				
50	I open up because of the love and care of the counsellor				

VALIDITY

Confidentiality in Counseling Interview.

Rotated/Pattern Matrix of Confidentiality in Counselling Interview.

	Items	Component		
		1( )	2( )	3( )
Q7	I open up because of the rapport the counselor creates	0.776		
Q10	The conducive environment for client makes me to open up during counseling interview	0.721		
Q8	I open up due to the warmly welcome I received from the counselor	0.711		
Q9	I open up my secrets due to the love and care of the counsellor	0.677		
Q6	I open up my secrets due to the ability of the counselor to identify my issue	0.524		
Q4	I don't open up my secret because the counselor don't keep secret.	0.369		
Q2	I feel free when I am with the counselor.		0.850	
Q1	I feel comfortable when I am with the counselor.		0.830	
Q3	I open up when I know that the counselor can keep secret.		0.539	
Q14	I feel uncomfortable when I am with the counsellor		-0.384	
Q11	I feel relieved whenever I come for counseling here			0.733
Q13	I feel happy after the counseling session			0.669
Q12	The counselors of this centre always keep secrets of their clients			0.662
Q5	Am not comfortable with the counseling activities here			-0.613

Three components were extracted from the confidentiality in counselling Interview. They are ----------, ------------, and -----------. Component 1() explains 29.61% variance, component 2( ) explained 14.49% while component three explained 9.13%.

Empathy in Counselling Interview

Rotated/Pattern Matrix of Empathy in Counselling Interview.

	Rotated Component Matrix[a]			
		Component		
		1()	2()	3( )
Q20	The feedbacks provided by the counselor makes me to open my entire secret	0.822		
Q22	The devotion of the counselor to clients makes me to open up	0.757		
Q21	The counselors are attentive listeners, which makes me to disclose more information about my issues.	0.750		
Q18	The counselor have respect for human dignity, which makes me to open up	0.719		
Q19	The counselor shares the problem of clients which makes me to open up anytime I come for interview	0.645		
Q15	There is respect for clients in this counseling centre which makes me to open up during counselling process	0.634		
Q24	There is spirit of empathy among the counselors to clients which makes me to open up certain issues	0.512		
Q23	The counselor lacks love and care, this makes me not to disclose more information about my problem.		0.863	

Q17	There is lack of respect for clients which makes me to keep some secrets to myself		0.831	
Q16	The counselor lacks counseling skills, which makes me not to open up		0.828	
Q25	The counselors do not have respect for human dignity which makes me not to open up		0.638	
Q28	My mind is at rest after coming for counseling in the centre			0.870
Q26	The counselor in this centre makes people to regret coming to the centre			0.833
Q27	The counselor in this center makes people to regret coming to the centre			-0.638

Three components were extracted from the confidentiality in counselling Interview. They are ----------, ----------, and -----------. Component 1( ) explains 25.86% variance, component 2( ) explained 21.25% variance while component three explained 16.33% variance.

Attending in Counselling Interview

Rotated/Pattern Matrix of Attending in Counselling Interview.

Qs No.	Items	Component	
		1	2
Q36	The focus of the counselor in this counseling centre encourages me in attending the interview and open up	0.819	
Q39	The counseling centre creates confidence in me and this makes me to come for counselling when I have issues	0.787	
Q40	The rappory and empathy of the counselor makes me to attend the counselling center	0.786	
Q38	The good rapport built between us makes to open up	0.762	
Q37	The counselors encouraging gestures makes me to come for counselling and open up	0.700	

	Items	0.697	
Q35	The eyecontact between the client and counselor makes meto pay attention and open up	0.697	
Q30	The counselor attends to issues with love and care which makes me to open up	0.689	
Q31	The attention of the counselor makes me to open up of my issues	0.670	
Q32	Lack of goal and focus of the counselor makes me not attend to interview and not open up certain issue.		0.831
Q29	Due to lack of rapport among the counselors, it discourages me from opening up and not to come to the centre		0.807
Q33	None attend response of the counselor discourages me from talking and have no interest in the counselling interview		0.769
Q34	The attending behavior of the counselor encourages me to talk and I have no interest in the counselling interview		0.411

Two components were extracted from the confidentiality in counselling Interview. They are ----------, and -----------. Component 1( ) explains 38.00% variance, component 2( ) explained 18.47%

Openness in Counselling Interview

Rotated/Pattern Matrix of Openness in Counselling Interview.

	Items	Component	
		1	2
Q50	I open up because of the love and care of the counsellor	0.830	
Q49	The love and care the counselor shown to clients in this centre makes me to open up	0.823	
Q48	The counselor in this centre understand body language and interprets it which makes me to open up	0.728	

Q46	The counselor in this center are of age and have experience to handle issue well	0.680	
Q45	I open up because the counselor is of age and with experience.	0.504	
Q43	I open up because the counselor feel the way I feel	0.375	
Q42	I open up because the counselor is a female counsellor		0.791
Q41	I open up because the counselor is a male counsellor		0.791
Q44	I find it difficult to open up because I am older than the counsellor		0.757
Q47	The counselor in this centre are too young and less experience to handle issues well		0.593

Two components were extracted from the confidentiality in counselling Interview. They are ----------, and -----------. Component 1( ) explains 28.96% variance, component 2( ) explained 24.36%.