

**UNIVERSITY OF SWAZILAND
INSTITUTE OF DISTANCE EDUCATION**

BACHELOR OF EDUCATION (ADULT EDUCATION) YEAR V

FINAL EXAMINATION PAPER, MAY 2006

- TITLE OF PAPER : COUNSELLING AND GUIDANCE III**
- COURSE CODE : IDE-BAE 413**
- TIME ALLOWED : TWO (2) HOURS**
- INSTRUCTIONS :**
- 1. ANSWER ALL THREE(3) QUESTIONS**
 - 2. ANSWERS SHOULD BE WRITTEN IN THE ANSWER BOOKLETS PROVIDED.**
 - 3. DO NOT WRITE ON THE QUESTION PAPER.**

THIS PAPER SHOULD NOT BE OPENED UNTIL PERMISSION HAS BEEN GRANTED BY THE INVIGILATOR

SECTION A

QUESTION 1 : (40 MARKS)

INSTRUCTIONS: Read the following scenario and answer the questions below.

SCENARIO

HELPING TO MEET THE PSYCHOLOGICAL NEEDS OF THE TERMINALLY ILL PERSONS

The above role has all along been assumed by hospitals, health workers to a certain extent, and Hospice at home, but with the advent of the HIV/AIDS pandemic this trend is changing dramatically. The ministers of health, for instance, have openly said that the country's hospitals and health facilities will not cope with the AIDS pandemic. This clearly indicates that we now have to take care of our own relatives, neighbours, colleagues or members of our congregations. We can no longer depend on the hospitals to take care of our relatives. We are all going to be forced to learn how to be able to provide for their needs through programmes such as home based care. The era of the HIV/AIDS pandemic, has indeed seen a rapid increase in the number of terminally ill persons. It is thus imperative, for us as students of counselling and guidance of adults to explore the subject "death and dying".

Impending death is accompanied by fear of the unknown. Naturally, all creatures by instinct tend to cling to life, this therefore clearly indicates that as people who often come in contact with the dying, it is important to understand our own feelings about terminal illness, death and its usual accompanying grief in order to help those we come in contact with.

Investigations have shown that most people in the caring and helping professions know how to give physical care to the terminally ill, but fail to give psychosocial care due to neglect. Oftentimes caregivers are themselves struggling with their own feelings about life, dying and death, hence in a questionable position to analyze and consider the needs of one who is facing death. Discussing one's feelings and views with others is one of the most effective ways of developing increased insight and learning how to handle personal emotions related to death and dying.

While every person reacts to the knowledge of impending death or to loss in her/his own unique way, there are similarities in the psychological responses to the situation. Dr, Elizabeth Kubler-Ross has studied the emotional responses to death and dying in detail and identified four basic stages (Kubler-Ross(1969) *On Death and Dying*). These stages do not always follow one another, they may overlap. Sometimes a person may go through

a stage but later move back to it again. The duration of each stage can vary from as little as a few hours to as long as a period of months.

I. THE STAGE OF DENIAL AND ISOLATION

This stage is characterized by comments such as “no not me”. During this stage the person is saying that death happens to others but not to her/him. The person is usually so overcome with denial that s/he hears little facts that may be described to her/him and attempts to isolate herself/himself from creativity and reality.

II. THE STAGE OF ANGER

This stage is characterized by rage and anger. The person is very likely to be critical of everyone and everything. This stage is a blessing to the person rather than a curse. Anger is the person’s defense mechanism, but her/his real anger lies with health and life. At this time we need to guard against being judgmental, and must recognize anger as a normal reaction to death that needs expressing.

III. THE STAGE OF BARGAINING

During this stage the person is saying “yes me but ...”s/he may appear to be at peace with what is happening to her/him. S/he will often make promises to God if s/he is a believer, such as promising to lead a better life in exchange for more time. It is during this stage that most people tend to get their houses in order before death. They will, for instance, take care of things; such as making a will and providing for the loved ones they will leave behind. It is recommended that at this stage as many requests as can be fulfilled should be met. Meeting these requests helps the patient to step into the later stage, even though they tend to continue to add more requests.

IV. THE STAGE OF ACCEPTANCE

The last stage of dying is marked by acceptance of death. The person has, by now taken care of unfinished tasks, and may not wish to talk because s/he really has said all that needs saying. A person may live in a stage of acceptance for a long time. Patience, careful observation and support to the dying patient is therefore of paramount importance. It is important to recognize the patient’s needs, rather than the ones perceived by the caregiver, and attempt to meet them. Allow and encourage the person to

talk and express her/his emotions freely in a non-judgmental environment. Respect the person's behaviors for they are her/his defense mechanisms.

- (a) With the aid of examples, discuss the role of systemic: family and group approach to counselling and guidance of adults in caring for the terminally ill.
[20 marks]
- (b) Describe how you could apply the above approach in a setting of your choice in Swaziland.
[20 marks]

QUESTION 2

- (a) Describe the similarities and differences between the Psychoanalytical approach and the Transactional Analysis approach to the counselling and guidance of adults.
[15 marks]
- (b) Choose any of the above approaches and describe how you would use it in a counselling and guidance setting of your choice in Swaziland
[15 marks]

QUESTION 3

- (a) What is the distinction between (i) professional/Institutional , (ii) open, and (iii) situation based counselling and guidance for adults.
[15 marks]
- (b) Discuss the effectiveness of providers of the above services in Swaziland.
[15 marks]