

ANNAMALAI



UNIVERSITY

DEPARTMENT OF PSYCHOLOGY

STUDENTS COUNSELING CENTRE

SINCE 1980

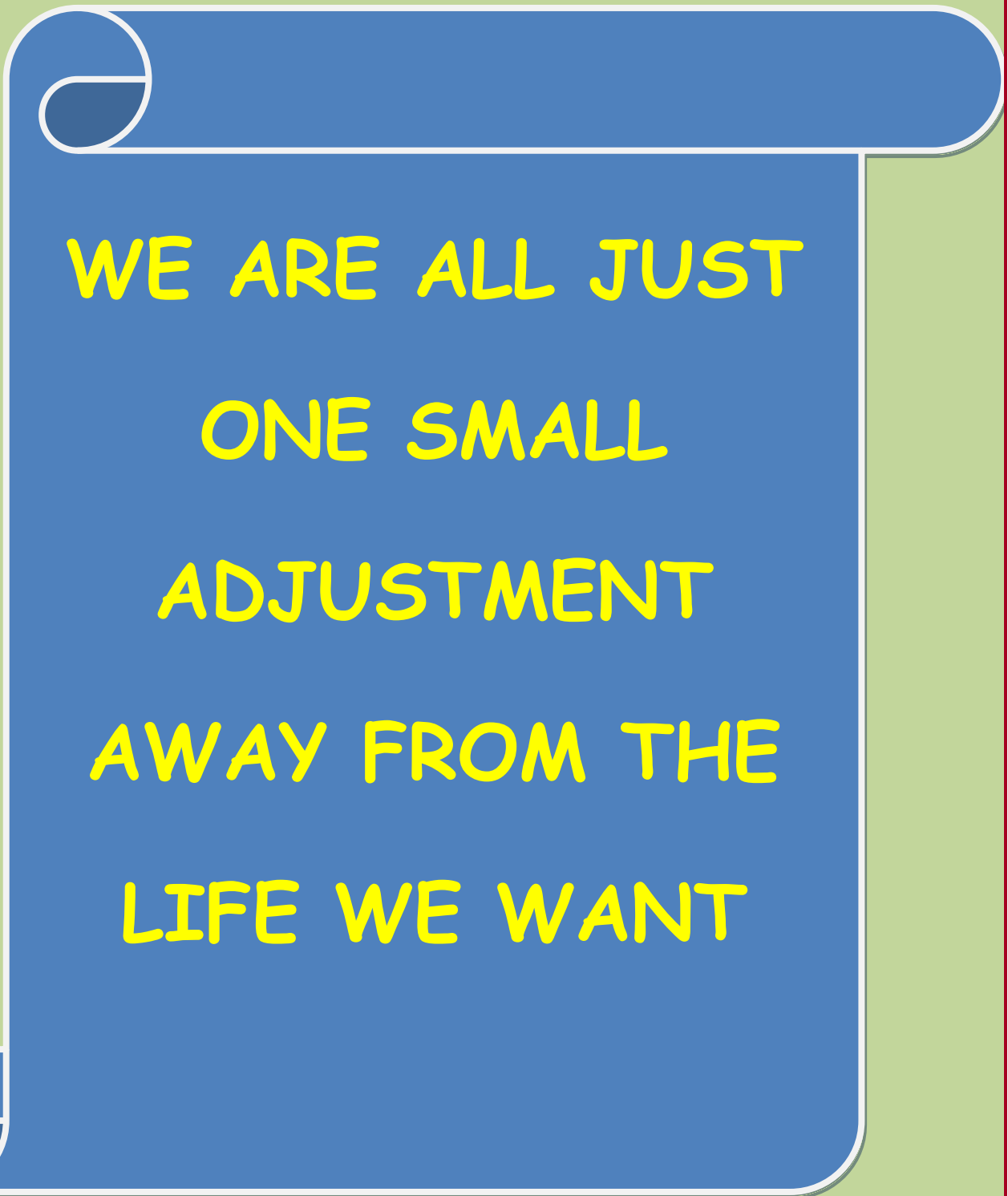
REPORT SUBMITTED TO THE VISITING

NAAC PEER TEAM (2015- 2020)

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**“A UNIVERSITY WITHOUT A PHILOSOPHY AND PSYCHOLOGY
DEPARTMENT IS LIKE A MAN WITHOUT HEAD AND HEART”**

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**WE ARE ALL JUST
ONE SMALL
ADJUSTMENT
AWAY FROM THE
LIFE WE WANT**

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Counselling was based on man's concern for his fellow men and their well-being, particularly the younger members of society. Counselling is in its essence a 'helping relationship'. It aims at helping the clients to gain better insights about themselves and progress towards realizing their potentials. Counselling is not a novel institution; it had existed since the origin of human civilization. Man has sought comfort, help and solace informally from his close associates. However, it is only during the recent past counselling emerged as a distinct scientific entity.

Presently, civilization has become indescribably more composite, requiring strenuous efforts on the part of humans to cope with many forces, apparently contradictory, influence the speed and rapidity of change, which makes man's dependence on adult members prolonged. Especially, the technological innovations and multiplicity of industrial organizations have made a major impact upon people's lives; it has resulted in social and vocational mobility. Child-rearing practices have also been affected. One important way in which man tried to cope with the rapidly changing world around him was to start the guidance movement which later led to the growth of counselling movement. Modern counselling is a product of the educational system. It has deep roots in the concern for the individual's freedom, rights, dignity and worth as a human being

Need for the students counselling centre

All organizations are rampant with inter-personal and intra-personal dynamics which may or may not be productive. Hence, a counselling facility is thus a prerequisite for the smooth functioning of any organization. In this academic institution, the issues that come up for counselling are student centred.

The students counselling centre in Annamalai University was started by the Psychology department as early as in the year 1961 under the initiative and

supervision of eminent scholar and renowned Psychologist Dr. Adinarayanan, the Founder-Head of the Department of Psychology. The cases undertaken every year have grown ever since.

In recent years the student population in this institution has increased rapidly owing mainly to its reputation and numerous courses offered. Many students come from far of places belonging to different cultural, linguistic, educational and socio-economic backgrounds and face problems of adjustment to this new environment.

In the present scenario the age-old dilemma of how to study effectively is not a prominent problem reported. This might be owed to the experience gained in prior educational exploits. The records indicate that decision-making stands out as the most prevalent issue brought forth by students. They find themselves unable to deal efficiently with the choices, possibilities and probabilities of everyday life.

Other significant areas of concern among the students population are the absenteeism, examination anxiety, low self esteem, doubtfulness and poor memory, irritability leading to inability to sustain productive relationship with fellow students and teachers, few students also approach the centre with stammering problem

Further issues that affect the student population are:

- 1. Inability to study*
- 2. Nervousness and unable to speak in the class*
- 3. Aloofness and inability make friends.*
- 4. Inappropriate and irrelevant patterns of behaviour*
- 5. Emotional disturbances and academic difficulties*
- 6. Slow learning and other learning disabilities*
- 7. Absenteeism and inattention.*

The above mentioned problems encountered the students necessitate the presence and functioning of students counselling centre imperative.

Objectives of student counselling centre

The collegiate or university student is for a practical purpose an adult with no adult responsibilities. So a complete counselling programme at higher education level should comprise an extension of the various services provided to the pupils at the earlier stages of their lives. It should be multidimensional dealing with their feelings, thoughts, and behaviours. Hence the major objectives of the educational counselling include the following;

1. *Develop a sound philosophy and positive attitude towards life.*
2. *Identify the problem areas or difficulties of students, their potentialities and limitations.*
3. *To mitigate suffering, reach appropriate solutions, and become sensitive to the different aspects of the environment.*
4. *Enhance the ability for constructive self-guidance and self-direction among students.*
5. *Encouraging students to accept more responsibility for their choices and actions.*
6. *Facilitating greater independence in the student and fostering harmonious student-teacher relationship*
7. *To address the problems of inappropriate and self-destructive assumptions entertained by students.*
8. *Exploring the hidden talents and potentials of the students and realizing them.*
9. *Resolving emotional conflicts and ensuring effective interpersonal relationships.*

10.Strengthening extra-curricular activities confidence building measures in the student and taking

In addition to the above mentioned goals the students counselling centre also various psychological characteristics of the students using standardized psychological tests such as:

1. Intelligence (IQ)
2. Emotional intelligence (EQ)
3. Attitude
4. Interests
5. Personality
6. Aptitude
7. Motivation
8. Adjustment, etc

Psychological tools used in the counselling centre

Certain psychological instruments often used to diagnose students problems by the counsellors in the counselling centre are:

1. Mooney Problems Check List
2. Beck's Depression Scale
3. Type A/Type B Stress Questionnaire.
4. Bell's Adjustment Inventory
5. Minnesota Counselling Inventory (MCI)
6. Minnesota Multi-Phase Personality Inventory (MMPI)
7. Thurstone Interest Schedule
8. Concept Formation Test
9. Kohs Intelligence Battery.
- 10.Alexander Pass-along Test
- 11.Differential Aptitude Tests

12. Stammering Suppressor

13. Brain Polariser

Functioning of the students counselling centre

The students counselling centre functions in the department of psychology from between 3 pm am to 5 pm on all working days of the university. A separate room has been allocated and maintained exclusively for the purpose of student counselling. After the initial contact with the student-client through personal effort or by referral, the professor and head of the psychology department who also in-charge of the counselling centre identifies the problem and allocates a suitable staff for counselling based on their area of specialization

The Faculty offering counselling:

1. Dr. J.M. Asgarali Patel, Head of the Department, a specialist in career counselling, vocational guidance, communication skills and personality development.
2. Dr. K. Govind, Associate Professor of Psychology, an expert in community guidance mental health and stress management.
3. Dr. K. Nagalakshmi, Associate Professor, a researcher in the field of women problems and counselling students with problems of eating disorder and delinquency.
4. Dr. N. Balakrishnan, Assistant Professor, a researcher in the fields of social gerontology and e-culture. Counsels students with stammering and absenteeism.
5. Dr. G. Umadevi, Assistant Professor, a researcher in the area of decision-making, counsel's students' problems with disciplinary
6. Dr. R. Neelakandan, Assistant Professor, a researcher in environmental psychology, counselling the students on stress management and personality development.

Counselling Process

The cases are allocated to the staff members on the basis of the problems reported by the students. Once assigned the counsellor and the client together sort out and fix their convenient timings for the counselling sessions and continue to meet and interact till the termination of the counselling process. Generally, the counselling process progresses through the following stages;

Stage 1: Initial counselling sessions the counsellor focuses mainly on establishing a rapport with the student-client. All misconceptions and doubts on the part of the client are resolved by the counsellor. Confidentiality of the information is guaranteed to the client. The client is motivated to overcome all inhibitions and resistance on his/her part. Hope and assurance regarding helping the client to overcome his/her problem is provided.

Stage 2: Few counselling sessions are devoted for case-history taking of the client. Thorough information about the student-client, for example, demographic information, birth trauma if any, childhood and school experience, relationship with parents, relatives, teachers and friends, serious ailments in the past or present, any other significant experiences, etc are obtained. If necessary, information is also obtained about students from their parents, teachers, classmates, etc. In-depth study of the individual case is made and a separate profile is maintained for each student-client.

Stage 3: Some sessions are exclusively dedicated for administering certain psychological tests considered appropriate to gain more insights about the student's personality traits, Intelligence, interests, attitude, emotions, etc. The psychological tools are selected and administered on the basis of the hazards encountered by the students.

Stage 4: This stage marks the onset of therapeutic counselling whereby the counsellor identifies and employs suitable counselling techniques depending on the

nature of student's problem. During these sessions the student is made to learn appropriate patterns of behaviour and discard maladaptive behaviour patterns. The duration of the treatment depends on the intensity of the student's problem. The counselling sessions are usually accompanied by home assignments which the student is instructed to practice. Simultaneously the progress made by the student is assessed and recorded by the counsellor and the counselling session is terminated when both the counsellor and the student perceive that here after the student could manage and resolve his/her problem independently.

Stage 5: This stage comprises of the follow-up phase. The students are occasionally called upon by the counsellor and a feed-back is obtained about their progress and to ensure that there is no relapse.

Before the commencement of therapeutic counselling, a meeting is organized by the counsellors of the Psychology department to discuss the modalities of helping the client.

Generally, in majority of the cases the prognosis is usually good because the issues are basically developmental in nature. The students counselling centre receives approximately around 200 cases. Mostly the clients prefer to be anonymous and request not to make any record of their cases and problems, especially female clients, and since the major purpose of the centre is to help the students with an academic interest many cases have not been recorded.

Extension services of the students counselling centre

The teaching staffs and students of the psychology department apart from attending to the problems of the university students through counselling centre also do extend their services beyond the campus to the general public. The students

counselling centre of this university as part of its community guidance programme organizes counselling camps in villages creating awareness regarding the significance of mental hygiene. Visits are also made to schools and problems such as absenteeism, poor academic achievement, dropouts, etc are addressed. Stress anxiety and phobias among the residents in places affected by natural disasters such as tsunami are also dealt with

Extension services rendered by the counselling centre are:

1. On March 20th, 2015 community guidance programme was organized at Mudasalodai, village in Chidambaram Taluk.
2. On March 17th, 2017 community guidance service programme was organised at Vannarapalayam, Parangipettai in Chidambaram Taluk
3. On March 28th, 2018 One day camp was organized at Chinnur village, Parangipettai Panjayat Union, Chidambaram Taluk.
4. On September 5th, 2018, visit to Sri Ragvendra Special School for the Challenged students in Chidambaram Taluk.
5. On March 19th, 2019, community guidance programme was organized at Kovilampoondi village in Chidambaram Taluk.

Future plans

In future the counselling centre plans to expand and benefit from other presently untouched areas, such as:

1. *The installation of a full time cent director to oversee all, the requirements and eventually attain self-sustenance status.*
2. *Integration with other departments to provide exclusive human relations management services especially in the areas of students discipline, and self-management.*

3. Vocational counselling for all students on exit from the university and articulating their vocational interest thereby ensuring pre-employment activities in that direction.

4. Collaborating with the university medical centre to provide psychological services along with medical care.

Overall, the students counselling centre strives to create an academic climate that is conducive by rendering psychological counselling services to cater the welfare needs of the student community of Annamalai University.

CASE STUDIES

The samples of few cases undertaken by the students counselling centre of the Department of Psychology, Annamalai University are briefly highlighted in the following pages:

Case 1

Name (changed): Ms. Meera

Age: 21 years.

Gender: Female.

Course: MSc Mathematics.

Physical ailments: Nil.

Problem: Academic Stress.

Diagnosis: The client was a mediocre student with high level of aspiration. She was motivated by her parents to pursue medicine but due to insufficient Marks in her higher secondary exams was unable to fulfil the desire of her Parents. Now in order to compensate for her failure she aspires to become a Civil servant. Simultaneous preparation for both MSc Maths and Civil Service exams to the exclusion of any recreational activity has put her under much academic stress.

Remedial measures: The client was given Jacobson Progressive Relaxation for 2 weeks continuously and was instructed to practice it continuously thereafter. The importance of recreational activities and its positive impact upon mental health was explained. She was made to choose certain subordinate goals and was advised not to get fixated with one goal.

Outcome: The client reported marked reduction in stress and was able to concentrate better in her studies

Case 2

Name (changed): Mr. Kailash

Age: 25 years.

Course: MDS.

Physical ailments: Nil

Problem: lack of Communication Skills.

Diagnosis: Psychological tests indicated that the client's self-esteem was low and also possessed an inadequate self-concept. He also reported feeling anxious in crowded situations. He tended to become more self-conscious in the presence of others. He was solitude minded and pointed out his inability to communicate well with others.

Remedial measures: Confidence building measures were undertaken by identifying some of the latent potential in the client and motivating him to realize them. His self-esteem was enhanced by making him involve more in his professional activities. He was trained in transactional analysis and was directed to observe and analyze the behaviour of others in gatherings rather than to becoming self-conscious. Training in both verbal and non-verbal communication skills was imparted. Counselling was spread over a period of 4 months.

Outcome: Client developed a positive self-concept. He became effective in his communication with others. His anxiety level in the presence of others also got remarkably reduced.

Case 3

Name (changed): Mr. Boobesh

Age: 20 years

Gender: Male.

Course: MSc Botany.

Physical ailments: Nil.

Problem: Uncontrolled anger (short tempered) resulting in aggressive behaviour frequently

Diagnosis: The client exhibited high level of frustration and was also found to be emotionally unstable. It was identified that most of the goals entertained by the client was unrealistic and hence were not gratified. The client seemed to possess a rigid value system which was inconsistent with current trends. He also was very superstitious and consequently suffered from intra-personal conflicts.

Remedial measures: The client was treated with Rationale Emotive Therapy. He was trained in muscular relaxation techniques and was made to practice certain anger management techniques. He was helped to overcome his superstitious belief by making him choose pragmatic goals in his life. He counselling sessions went for duration of 3 months 4 sessions per week.

Outcome: Client reported reduction in anger, showed improvements in interpersonal-relationships and exhibited increased level of tolerance.

Case 4

Name (changed): Mr. Manoj

Age: 19 years.

Gender: Male.

Course: MA History

Physical ailments: Nil.

Problem: Home Sick.

Diagnosis: The client was found to be average in intelligence, extravert though referred by his classmates as reserved. Frequently absented from the class and exhibited slight hypochondria tendencies. It was found that his order of birth was 6 and was the last born in his family. This was the first time he was away from his home. He was found to be pampered by his parents and felt unsecured being away from them.

Remedial measures: The client was counselled to understand and realize the social significance of academic achievement. He taught about the importance of becoming independent. He was instructed to strengthen his peer network. The social skill training was imparted to the client for counselling session over a period of 3 months.

Outcome: The frequency of hypochondria complaints and absenteeism got reduced. He was able to involve himself more in the new academic environment.

Case 5

Name (changed): Mr. Subash

Age: 21 years.

Gender: Male

Course: MA History.

Physical ailments: Nil.

Problem: Vocational Guidance.

Diagnosis: The client had cleared the combined defence services examination (CDS) and was offered the opportunity to join the Indian Army as a second lieutenant but he is being the only son for his parents who insisted to decline the offer hence he was under conflict whether to accept or reject the offer.

Remedial measures: The Vocational Interest of client was assessed by the counsellor, and it was found that he had an inclination for these types of jobs. He was motivated to undertake the assignment offered by Indian Army and his parents also were called upon to the students counselling centre and counselled to encourage them to take up the job offer.

Outcome: Client took the decision to join Indian Army.

Case 6

Name (changed): Mr. Abhishek

Age: 19

Gender: Male

Course: MA Linguistics

Physical Ailments: Nil.

Problem: Sleeplessness.

Diagnosis: The lifestyle of the client regarding his daily activities was analysed. It was found that the client was a smoker, and his dietary habits were poor. He was lethargic and his study habits were inadequate. He was found to be awake long through the night hours and slept very late. He was highly unsecured about his prospects and worried much about it most of the time. His social support network also found to be insufficient.

Remedial measures: Initially he was referred to take psychiatric help for overcoming his sleeplessness. However, later the client was advised to make certain life-style changes. Modifications in his food habits were introduced and he was motivated to give-up smoking. He was directed to sleep earlier in the nights and wake-up early in the mornings. Insecurity in the client was overcome by making him choose an appropriate goal and to be dedicated to it. The counselling was for duration of 3 months with 4 sessions a week.

Outcome: The client was able to overcome his problem of sleeplessness effectively and showed decrease in the frequency of smoking, the social support network of the client also increased.

Case 7

Name (changed): Ms. Pooja

Age: 22 years.

Gender: female.

Course: MSc Nutrition.

Physical ailments: Nil.

Problem: Obesity.

Diagnosis: The client was over weighted (95 Kg versus Height 7 feet) found to have a body-mass index ratio inappropriate. She was depressed because of her inability to do many tasks due to her obese nature and because of other criticism about her appearance. Her eating habits were examined, and it was found that she overate which was a compensation for the academic stress she was experiencing. Owing to obesity she also exhibited withdrawal symptoms.

Remedial measures: First, she was referred for thorough medical examination to ensure absence of dysfunction in any hormonal secretions. Then she was also sent to a dietician for charting out appropriate dietary habits. Physical exercise (walking) in morning and evening for 40 minute each was made mandatory. Stress management techniques were taught during the counselling session. Motivation to get the weight reduced was given.

Outcome: Client reduced her body weight by 8 Kilograms in 6 months period. She gained confidence in herself and experienced decrease in the level of depression. She was very optimistic about her weight reduction

Case 8

Name (changed): Mr. Rama

Age: 21 years.

Gender: female.

Course: MSc Statistics.

Physical ailments: Nil.

Problem: Obsessive Thoughts.

Diagnosis: The client hailed from a very orthodox religious family background. Her decision for pursuing her higher studies was unwelcome by many of her close relatives. She was introverted and submissive natured. The general outlook towards life was pessimistic. Psychological probing into the early life indicated her to be the victim of authoritative parenting style. Strict child rearing practices were meted out upon her.

Remedial measures: Initial counselling was directed towards removal of her guilt feeling regarding her decision for higher studies against the wish of her close relatives. Assertive training was given and she was trained to view life optimistically. Aversive training to overcome obsessive thoughts was given continuously for 10 days. Overall counselling process took more than 3months.

Outcome: The client indicated marked decrease in obsessive thoughts was able to relax well than before. Also began to exhibit assertive forms of behaviours in most situations.

Case 9

Name (changed): Mr. Ramachandran

Age: 21 years.

Gender: Male.

Course: MSc Statistics.

Physical ailments: Nil

Problem: lack of Decision-Making Ability

Diagnosis: The client level of self-esteem was found to be low and his self-concept was also inadequate. The client was the only son for his parents. He was pampered and over protected by his parents who encourage dependency on the part of the client. During adolescent period where one is expected to develop adult responsibilities such as independent decision-making abilities the client experience anxieties.

Remedial measures: Training was imparted to the client in problem-solving techniques and was made to understand the stages of decision-making processes. The client was motivated to take independent decisions in his choices and to become self-reliant.

Outcome: Client became confident about his decisions and was also able to arrive at decisions independently in most situations.

Case 10

Name (changed): Ms. Deepa

Age: 20 yrs

Gender: Female

Course: MSc Mathematics.

Physical Ailments: Nil.

Problem: Academic Stress.

Diagnosis: The client of late had become disinterested in her studies. She avoided attending classes which she indicated as boredom. It was learned that she few months ago has developed a romantic affair with one of her classmates and this was interfering with her ability to concentrate upon her studies. Subsequently for the first time in her academic career she failed in 3 papers in the last semester examination hence felt depressed and ashamed. She also started feeling that the academic demands were more than her capabilities.

Remedial measures: The client was trained in stress management techniques such as Jacobson Progressive Relaxation and guided imagery. She was explained the significance and benefits of completing her course successfully. She was motivated to attend classes regularly and develop systematic study habits. Counselling was spread over a period of 5 months.

Outcome: She was able to concentrate more in her studies and reported low level of stress and expressed confidence of managing it. She also cleared her arrears subsequently.

Case 11

Name (changed): Mr. Deepak

Age: 22 years.

Gender: Male

Course: MA English Literature

Physical ailments: Nil.

Problem: Mild Depression

Diagnosis: On psychological testing it was found that the client was an introverted person, his self-concept was poor and inter-personal relationship was inadequate. However, his IQ level was average but had complaints of inability to concentrate on his studies. Probing the client during the counselling interview sessions it was found that his inability to get along with friends was the major cause for his depression.

Remedial measures: The client was given assertiveness training accompanied by treatment with brain polarizer. The period of the entire counselling process lasted for 3 months with 4 sessions per week each session was for duration of one hour.

Outcome: The client showed marked improvements in his interpersonal relationship with others, spent more time with his friends, developed self-confidence and was able to overcome his sense of sadness. Academic achievement was also enhanced.

Case 12

Name (changed): Ms. Aruna

Age: 21 years.

Gender: Female.

Course: MA Psychology.

Physical ailments: Nil.

Problem: Lack of Problem-Solving Ability (inability to solve problems independently).

Diagnosis: The client was always suspicious about her choice and mostly dependent on the decisions of others. The level of anxiety was found to be high. She was over protected by her parents, being their only child, she was not encouraged to make independent choices of her own. She was found to be emotionally unsecured.

Remedial measures: Assertive training was given and was also trained problem-solving skills. She was taught the different stages of problem solving such as identifying the problem, analysing the alternatives and choosing the best alternative. Creativity exercises were also given to enhance divergent thinking.

Outcome: Client reported that she was able to make choices independently majority of the situation.

Case 13

Name (changed): Mr. Sekar

Age: 23 years

Gender: Male

Course: MSc Zoology.

Physical ailments: Nil

Problem: Poor Memory (inability to remember lessons learned).

Diagnosis: Initially the client was referred to psychiatric testing in order to rule out any possibility of brain pathology. Memory tests undertaken indicated that the memory level of the client was intact despite complaints on his part regarding the inability to remember lessons read. The study habits and the timings of the readings were probed.

Remedial measures: The client was trained in mnemonic techniques such as method of loci and peg systems. The client was also trained to learn lessons using memory cues instead of rote memorization. He was advised to focus on the meaning of the to-be-remembered materials. Changes were also introduced in the study habits and timings of study in the client. Counselling went on for 10 sessions spread over a period of one month.

Outcome: Client reported improvement in his ability to recall materials learned. He gained confidence about his ability to retain and recall lessons learned.

Case 14

Name (changed): Mr. Ashok Kumar

Age: 22 years,

Gender: Male.

Course: MSc Zoology.

Physical ailments: Nil

Problem: Phobia (fear of Darkness)

Diagnosis: The client was much frightened to go out alone in the nights and exhibited fear of sleeping alone. Had frequent nightmares and suffered from sleep disturbances. The client hailed from a remote village which was dominated by superstitious beliefs like black magic and fairy-tale of people afflicted with the possessions of evil spirits.

Remedial measures: Initial counselling sessions the client was made to understand the lack of scientific evidence regarding the existence of evil spirits. He was made to introspect and identify the causes for his fear. Guided Imagery and flooding were the therapeutics techniques adopted whereby the client was put in a relaxed position and directed to visualize as going alone in the dark night and sleeping alone during nights. Then he was also asked to sleep alone and go out in the night repeatedly.

Outcome: Client reported that he was able sleep alone comfortably and also manages to go out in the nights alone.

Case 15

Name (changed): Ms. Sushma

Age: 24 years.

Gender: Female

Course: MPhil Scholar in Tamil Literature.

Physical ailments: Asthma Patient.

Problem: Migraine Headache.

Diagnosis: The client reported the experience of one-sided headache intermittently, viz., thrice a week. Client had been experiencing it since the past six months. It was found that the client was doing a part-time job and pursuing her studies as a result she was unable to complete is project on time. Meanwhile all her batch mates did submit their projects, as result she was unable to perform well in her part-time job. The inability to accomplish her part-job as well as her MPhil project the client was undergoing intense stress. It was found that the client met with an accident a year ago and was hospitalized for 2 weeks and underwent treated for slight head injury.

Remedial measures: Catharsis (ventilation of repressed emotions) was practiced accompanied with relaxation exercises for 15 sessions spread over a month. However, there was not much progress.

Outcome: Counselling was terminated, and the client was referred to psychiatric assistance to look for any underlying organic causes.

Case 16

Name (changed): Ms. Anitha

Age: 19 years.

Gender: Female.

Course: B.E Civil engineering.

Physical ailments: Nil.

Problem: Anxiety Disorder.

Diagnosis: High level of anxiety was found in the client. It was also found that the client has adjust mental problems in the areas of home and school. The analysis of the client's past history indicated that the family environment of the client was highly religious, rigid value system was emphasized and parental style was authoritarianism in nature. The client was frequently caught in the dilemma of right and wrong behaviours. She was over cautious and highly self-critical.

Remedial measures: Systematic desensitization was given to the client spread over a period of 6 months, 3 sessions a week of duration one hour.

Outcome: There was marked reduction in the level of anxiety face by the client.

Case 17

Name (changed): Mr. Suresh

Age: 22 years.

Gender: Male

Course: MSc Geology.

Physical ailments: Nil.

Problem: Loneliness.

Diagnosis: The client was a day scholar staying in his aunt's house as a paid guest. His parents are at Gulf and would be visiting India once in two years. The client is the only child, has no siblings. The parents of the client were away from him for a very long period of 12 years. The social support network of the client was inadequate, there were no intimate relationships.

Remedial measures: The client was motivate to ventilate all his feelings during the initial few sessions. Then the importance of social network and group activities is resolving loneliness was explained. The client was made to seek membership in two social service organizations, namely, NSS and Leo club. Counselling process lasted for a month with 2 sessions of 30minutes per week.

Outcome: Reduction in the experience of loneliness was reported by the client.

Case 18

Name (changed): Mr. Rohan

Age: 22 years.

Gender Male

Course: MSc Microbiology.

Physical ailments: Nil

Problem: Suicidal Tendency.

Diagnosis: The client was referred to the students counselling centre by the faculty members of the Marine Biology department. Recently he was discharged from the hospital where he was treated after a foiled suicide attempt by consuming excessive sleeping pills. From the analysis of the patient's past history it was inferred that he hails from a broken family and he resides with his father who is an alcoholic. Earlier in his life two suicidal attempts were made by the client. Psychological tests revealed that the social support network of the client was inadequate, and he suffers from chronic depression. There was absence of any long-term life goals in the client, and he reported an increase of Suicidal thoughts especially when he tends to be alone.

Remedial measures: The client was treated with Positive therapy which involves physical exercises, relaxation, counselling, and behavioural assignments. He was trained to give autosuggestions through self-hypnosis and assertive training was also imparted aimed at improving his social support network. The client was made to develop optimistic views about life through attitudinal change. He was taught the significance of having a sound philosophy in life and was helped to choose a long-term goal. The counselling process went for duration of 6 months of 3 sessions per week. After which he was referred to a suicidal crisis intervention centre in Chennai where he was counselled for further period of 2 months. The suicidal crisis intervention centre has given the client their 24 hours helpline

telephone number with the direction that in future whenever the client happen to encounter suicidal thoughts, he has to immediately contact them through their 24 hours helpline

Outcome: The client stated marked decline in his suicidal thoughts. He exhibited more tolerance towards others. His interpersonal relationship got improved and made better adjustment to his academic environment.

Case 19

Name (changed): Mr. Malaisamy

Age: 20 years.

Gender: Male.

Course: MA Economics.

Physical ailments: Nil

Problem: Stage Fear (unable to face fellow students and handle seminars).

Diagnosis: The client was identified to be a shy and timid person. He was found to be introverted and high in external locus of control. In his prior school experiences he was not exposed to taking seminar. He hailed from rural background and the school where he studied the mode of instruction was Tamil whereas here in this University, he was expected to handle seminars in English in which he was less proficient. This made him feel anxious and inferior. He feared the feedback from teachers and criticisms from his fellow classmates.

Remedial measures: Counselling in this case was done for period of 3 months, 3 sessions per week of duration one hour each session. Important tips regarding the preparation and presentation of seminars were given. The client was made to prepare and take seminars before a group of students and feedback was given regarding the errors committed and significance of maintaining eye contact and gestures were conveyed. The seminar presentation was rehearsed several times, every time encouragement was made to be given from the audience.

Outcome: Stage fear was overcome and the client even volunteered to handle seminars on many occasions.

Case 20

Name (changed): Mr. Mohan

Age: 25 years.

Gender: Male

Course: Research Scholar in Economics

Physical ailments: Left elbow slightly bend

Problem: Stammering

Diagnosis: The client was very high in his external locus of control. He was hypersensitive to the criticisms of others. He has been the victim of bullying during his school days because of his physical deformity. He was suffering from a high sense of inferiority complex.

Remedial measures: The client was treated with stammer suppressor continuously for 15 days, each session was about an hour duration Home assignment of repeatedly reciting words slowly and loudly which he found difficult to pronounce v/as given Motivation training was given by citing models with physical handicaps but was successful personalities

Outcome: The client showed remarkable improvement and was able to read materials without much stammering continuously for more than half an hour