

The relation of intention, skill and communication behavior of an experienced counselor in psychiatric nursing counseling

– Targeting the counseling of a depressive client –

精神科看護カウンセリングにおける、意図、技法そして態度の関連

– うつ状態の患者への対応 –

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Abstract

The purpose of this study was to explore the relation among intention, skill and communication behavior of an experienced psychiatric nursing counselor in the counseling of a depressive client. A video tape of the counseling was recorded and the dialogue of the counselor was classified to communication behavior, skill and intention. In the counseling, the counselor created a trust relation using the intention “Exist in a neutral position and draw concern so that the client can talk freely from an equal basis” or “Understand what the client was going through, his agony or pleasure and express empathy” by using the skill of {Accept} which was expressed by the communication behavior of [Agreement]. Once it was found out that Mr. A was in a critical situation in the conversation intended to “Diagnose the medical condition”, the counselor “Expressed his opinion” that the client should be hospitalized immediately by the skill of {Express the opinion of the counselor} with the communication behavior of [Information giving] or [Counsel]. Then the counselor “Assisted the client” to take the necessary process for hospitalization, as well as to change the perceptiveness of the client that it was not due to him but the manager. Other relations were also seen where the counselor achieved intentions by using several skills and the skills were expressed by several kinds of communication behaviors.

Other relations were also seen where the counselor achieved many intentions by using several skills and the skills were expressed by several communication behaviors. This is actually what the counselors are doing in their counseling though it would have significance in understanding what an effective counseling would be by sorting out and reviewing through an objective method.

Key words : intention, skill, communication behavior, RIAS, depressive client

I Introduction

The goal of counseling in psychiatric nursing is that “the client should feel trust and a sense of security about his counselor and develop a relationship to be able to talk about his/her anxiety, concern and distress without

the fear of rejection”¹⁾ and “to reduce the pain of the client and to support to be able to advance personal relationship and participate in civil life”¹⁾. While considering the client’s occasional conditions and feelings, the counselor will face clients in each situation with the “intention” to meet his/her goal eventually. For example, if a client would say that he would like to disappear the counselor would initiate a conversation to find out in how much serious condition the client is in. In this situation, the intention of the conversation is to diagnose the medical condition. Detail is needed to diagnose the medical condition thus the counselor may retrieve information by using a “skill” to ask question, such as “Why would you think like that?”. The skill chosen by the counselor is produced as a “communication behavior”. For example, the communication behavior “Why would you think like that?” is called “open-ended question” which is an unstructured question in which possible answers are not suggested. Thus, the conversation of a counselor in psychiatric nursing counseling consists of three elements which are intention, skill and communication behavior. When diagnosing the client’s medical condition as in the above example, however, one may use the skill to draw out further information by encouraging the conversation (e.g. “Please proceed.”) beside of asking a question. There is also a chance that the communication behavior is used as the confirmation about what the client has already mentioned, namely “You would like to disappear, is that what you are saying?”. There may be various kinds of relation of intention, skill and communication behavior. It is believed that an experienced psychiatric nursing counselor knows the relations well and is capable to use the three elements in a free and effective manner during counseling. But there has been no study reported which would explain about the relations of those three elements in a structured way so far. To shed light to the relation among intention, skill and communication behavior would reveal the structure of an effective conversation of an experienced psychiatric nursing counselor and may provide a basic data to the less-experienced.

Based on this perspective, Noro et al (2015)²⁾ analyzed the counseling for a client suffering from schizophrenia to find out the relations between intention and skill as well as the relations between skill and communication behavior. In this study, a further study was made about the counseling for a depressive client by an experienced nursing counselor to examine the relation among intention skill and communication behavior.

II Method

1 Subject and situation

A video tape of a counseling recorded on May 2014 was analyzed which lasts for about 57 minutes. The counselor is a male in his sixties who received his professional education in a graduate school and has more than 30 years of experience in the department of psychiatric nursing. The client (Mr. A) is a male in his fifties who lives in his house and attends the counseling on a periodic basis.

The scenes consist of the following situations: Mr. A who took a temporary leave for depression and just returned to work is afraid of his manager who is constantly running Mr. A down. Mr. A feels that he doesn’t fit in the company and fights against the conflict that he might lose his job if he would take a leave next time

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which would cause trouble to his family. Feeling sorry for his family and feeling guilty about his worthlessness makes him lose confidence about himself and starts to think about self-destruction. In the counseling, the counselor is listening to Mr. A carefully to understand Mr. A's pain and recommends to receive hospital treatment and to be hospitalized.

2 Procedures

The study protocol was reviewed and approved by the Institutional Review Board of Sanyogakuen University. The procedures of this study are as follows; 1) divide the dialogue of counselor into a small unit and classify each unit into communication behavior, 2) classify each unit into skill, 3) classify each unit into intention, 4) count the number of units in each communication behavior, skill and intention, 5) examine the relations of the three elements by providing an example.

1) Classification of the communication behavior

Noro classified the communication behavior while referring to Roter Interaction Analysis System (RIAS)³⁾. RIAS is a coding system the most world widely used to code the communication behavior of medical visit. The feasibility and validity of applying the RIAS to Japanese medical conversations has been investigated and confirmed by Ishikawa et al⁴⁾. The RIAS unit of analysis is called "utterance", a complete thought defined as the smallest discriminable speech segment to which a code classification may be assigned³⁾. Codes are mutually exclusive and exhaustive so that every expressed thought is assigned to only one category that reflects the communication behavior.

2) Classification of skill

Kawano classified each utterance of the counselor by referencing the therapeutic communication skills¹⁾ under skill. Therapeutic communication skills do not specify about the definition of each skill thus it was defined by Kawano based on the study of Noro et al (2015)²⁾. When a skill appeared, which did not appear in the study of Noro et al (2015)²⁾, it was defined by Kawano and added as a new one.

3) Classification of intention

Again, Kawano who has performed the counseling grouped each utterance of the counselor by reviewing the intention. Kawano has grouped and defined the intention based on Noro et al (2015)²⁾ and came to a conclusion by reviewing with Kawano. When a new intention was found in this counseling, Kawano defined it and added it as a new one.

III Result and Discussion

1 Communication behavior of the counselor during the counseling

The total number of utterance made by the counselor was 306. Table 1 indicates the communication behavior, the definition, number of utterances, and percentage to the total number of utterances of the

counselor in this counseling.

Table 1 Communication behaviors of the counselor during the counseling

Communication behavior	Definition	Number of utterances	%
Personal	Greetings, conversation on non-medical topic.	3	1.0
Laughs	Laughter, tells jokes.	4	1.3
Agreement	Shows agreement or understanding. Indicators of sustained interest, attentive listening or encouragement.	147	48.0
Disagreement	Shows disapproval, criticism, complaint, rejection.	8	2.6
Remediation	Apologies	3	1.0
Empathy	Statements that paraphrase, interpret, name or recognize the emotional state of the client. Statements that indicate that the client's emotional situation, actions, or thoughts are understandable and normal.	13	4.2
Concern	Statements indicating that a condition or event is serious, worrisome, distressing or deserving special attention and is of particular concern at this point in time.	4	1.3
Reassure	Statements indicating optimism, encouragement, relief of worry or reassurance.	8	2.6
Partner	Statements that convey the counselor's alliance with the client in terms of help and support, decision-making, or the development of the therapeutic plan.	1	0.3
Information giving	Statements that do not explicitly direct client's behavior. Characterized by content presented in a neutral manner.	28	9.2
Counsel	A counselor is suggesting what the client should do or about the solution. Characterized by the intention to convince to change the behavior or to provide instructions to the client. Includes the imperative statement like "You should ~".	25	8.2
Open-ended question	Questions which cannot be answered by "Yes", "No" or in a word or two.	3	1.0
Closed-ended question	A directly asked question to inquire about something specific which can be answered by "Yes", "No" or in a word or two.	12	3.9
Check	To repeat the client's words by asking "Is this correct?" to confirm if the counselor's understanding is correct and sharing the same vision.	10	3.3
Request	An expression to request client's opinion, permission from the client and repetition of client's previous statements.	7	2.3
Gives orientation	Ask the client to do something like "Please ~" or to tell the client about what is going to happen like "I am going to ~".	7	2.3
Transition words	A sign to move to another behavior, making an unmeaningful sound to keep the initiative of the utterance.	6	2.0
Silence	Silence of a certain level of length.	17	5.6
Total		306	100

"Agreement" is the most seen which covers almost the half with 147 utterances (48%). It is an utterance to indicate that the counselor is listening, agreeing or understanding Mr. A's talk. It can be concluded that the counselor was indicating a lot of utterances to listen and accept the Mr. A's agony. "Information giving" covered 9.2% when putting together with "Counsel" where both contents covered 17.4% in this counseling. This can be concluded from the fact that the counseling scenes consisted of Mr. A in a survival situation where the counselor had to inform the current situation or solution and there was a need to advise Mr. A about the way of acting.

2 The skill used during the counseling by the counselor

Next, skills used in this study including the definition, number of utterances and the percentage to the total number of utterances are shown in Table 2.

Table 2 Skills used during the counseling by the counselor

Skill	Definition	Number of utterances	%
Question	Questions in an open or closed way using words to make it easy for the client to talk.	11	3.6

Accept	Express empathy to the client that the counselor is listening to what was said and what was said has a valid point.	84	27.5
Encourage the conversation	Express verbal/non-verbal messages to make the client easier to talk.	66	21.6
Effective silence	Arrange some utterance for the client to talk about his feeling. Express the intention of the counselor that there is no need for a conversation or show the importance of the utterance spending together.	17	5.6
Encourage the client to express his feeling	Question the client to express his feeling. The counselor may murmur the feeling of the client by engaging in self-questioning.	1	0.3
Encourage the client to express his opinion	Question the client to express his opinion. The counselor may murmur his opinion of the client by engaging in self-questioning.	15	4.9
Express the feeling of the counselor	Counselor expresses the feeling when he reacted to the client's experience.	3	1.0
Express the opinion of the counselor	Counselor expresses the opinion about the client's experience.	33	10.8
Tell the good points	Express in words about the good points (opinion, behavior, character etc.) or making efforts.	3	1.0
Express humor	Express the grueling experience of the client as a joke or turn it into a smile.	3	1.0
State the reality	Talk about what is currently going on and what needs to be done now.	18	5.9
Provide information/suggestion	The counselor informs about what is necessary to the client and states several solutions or necessary measures	29	9.5
Agree	The counselor agrees to the client's opinion, behavior or action.	8	2.6
Representation	The counselor in own words looks from the client's point of position and view to express what the client hasn't mentioned yet.	4	1.3
Guidance	The counselor leads and talks for the ease of the client's action.	3	1.0
Repeat	Repeat what the client has expressed using same words.	2	0.7
Confirmation	Ask the client about the counselor's understanding to be appropriate or not.	2	0.7
Paraphrase	Use another word with the same meaning to express what the client has mentioned.	1	0.3
Apologize	Express the counselor's mistake, error or failure in a direct fashion.	1	0.3
Permit	The counselor is asking the client for permission about the action he is about to take to be appropriate or not.	1	0.3
Shelved plan	The counselor once accepts when a client asks for an advice or implicate about his thoughts, opinions or actions. In that case, the topic won't be dealt for now and the focus will be shifted to another topic.	1	0.3
Total		306	100

The skill of "Accept" was the most used with 84 utterances (27.5%) and followed by "Encourage the conversation" (21.6%). Using those skills, the counselor was sending a message to Mr. A that he is listening and accepting and would like to proceed with the conversation. On the one hand, the counselor was expressing his opinion about Mr. A's situation using the "Express the opinion of the counselor" skill (10.8%). The counselor provided a solution to Mr. A using the "Provide information/suggestion" skill (9.5%).

3 The intention of the counselor during the counseling

Table 3 indicates the intention, the definition, number of utterance and the percentage of the utterance to the total.

Table 3 Types of intention used in this study

Intention	Definition (Goal of the intention, the existential reason, idea, result, aim, content etc.)	Number of utterances	%
Creating a peaceful atmosphere	To organize a space of therapy and comfort for the client to realize. To create a peaceful mood and to return to normal one's self, i.e. relaxation of tension, a humor to get in tune, have a comfortable talk and create an atmosphere.	9	2.9
Show respect to the client as a human being	Show the heart of hospitality as well as how much important, valuable human being the client is and treat him as such. This is to increase the sense of self-respect of the client. In particular, express via verbal/non-verbal means, goods and environment that the client is an important existence as a human being.	12	3.9

Exist in a neutral position and draw concern so that the client can talk freely on an equal basis	Uncritically react to the client's agony in a serious manner. Once the client expresses his feeling will act as a catalyst of change to his preference, fixation or obsession. Additionally, the client will have a keen desire to trust the counselor which leads to a feeling of security. In particular, communicate to the client in both a verbal and non-verbal manner that every single experience is meaningful and has its value to prevent the client from stop talking. The counselor should listen carefully to the client's experience and respond by body-language, then inquire further about the client's experience to be able to express about the affection of it. It is important to indicate via verbally/non-verbally means that the client was able to make his point to the counselor freely.	142	46.4
Understand what the client was going through, his agony or pleasure and express empathy	Relive the experience of the client, express the feeling of the counselor. This is to become emotionally accessible with the counselor by sharing their experience and to free them up from desolation and become objective about the situation. In particular, the client will explain about his own experience to the ground so that the counselor will be able to relive their experience (i.e. as it was experienced directly by the counselor). The counselor then will express their feeling at that point. In answer to the client's experience, the counselor will express his feeling.	49	16.0
Shake off anxiety	To avoid situations like escape of memory, incomprehensibility, suspicion and anxiety, the counselor needs to provide information and explain about his idea and behavior about what actions a client needs to take in a comprehensible manner. If necessary, it is recommended to take notes. To assist clients to take notes or use electronic devices to avoid escape of memory or confusion. Motivation of action is recommended if necessary.	10	3.3
Diagnose medical condition and state it to the client	The counselor must understand the condition/medical condition so that the client is able to understand his condition/medical condition. In particular, question as an expert to assess, if necessary to explain the results via words or graphic display so that the client can understand.	19	6.2
Express the opinion of the counselor, comment and just argument	Would open up to think objectively about the abnormal experience when pointed out. In consequence, the reaction to the medical condition would change. The client will understand that a medical treatment is mandatory just as much as counseling with the primary doctor. In primary, the counselor should express his decision and opinion directly. Sometimes, it may be necessary to point out about the abnormal experience of the client.	44	14.4
Assist the client's opinion, behavior, change or coping process and encourage him to get better soon	Understand, express understanding or propose the client's living condition and opinion. Affirm and motivate, encourage and back up so that the client would furthermore change his behavior. Substantiate resolution behavior, think together. Help to change the viewpoint and way of thinking. Question about the client's life, behavior, reason of behavior and anxiety. Check the client's behavior. This is to encourage the change of cognition and behavior and to gain problem-solving thoughts and behavior. This will let the client think objectively, remind to do all kind of thinking and change the issue in life. In particular, it indicates the decision of the counselor about the good way of thinking, behavior, change or coping process of the client in an explicit, in a clear and sometimes strongly emphasized as very good way. Asking questions in detail and when the client is talking about his life in particular detail (narrative) the counselor will express in a verbal/non-verbal manner that he has understood what was told. By thinking together about a solution, the counselor will provide an opinion so that the client has a chance to choose which solution to select. Reach out to cognition to present that there are other ways of thinking, point of views. Sometimes, it may be necessary to question why the client understood the situation that way and to illustrate that there are other meanings. The counselor needs to create an environment and question the client in a verbal/non-verbal manner so that the client can freely talk and that there is no need to conceal his opinion. Question the client in a way so that he can tell about his behavior in detail.	19	6.2
Other	No special meanings which were expressed by the flow of a behavior or conversation in a spontaneous way as a Transition words sound. A social response.	2	0.7
Total		306	100

The most seen intention the counselor used was "Exist in a neutral position and draw concern so that the client can talk freely from an equal basis" which was almost the half the total (46.4%). Secondly "Understand what the client was going through, his agony or pleasure and express empathy (16.0%). Taking this into consideration, it can be concluded that more than 60% of the utterances were consumed by the counselor to accept and listen to Mr. A without criticism, relive his agony and express the feeling which were generated in that counseling. In addition to the already established trust from Mr. A to the counselor as in "I thought that you never would criticize me like that." or "I was trying hard to carry on living to meet you today, just like that.", it is such kind of attitude of the counselor which embraced the comfort, trust and bond to be accepted to encourage Mr. A to speak at its own initiative.

Under such relationship, the counselor stepped into for treatment. It was judged that this was a critical situation where Mr. A would commit suicide thus it served to consider the understanding of Mr. A (Intention “Diagnose medical condition and state it to the client” (6.2%)). It was then communicated immediately to Mr. A to be hospitalized (Intention “Express the opinion of the counselor” (14.4%)).

4 Relation of intention, skill and communication behavior

The relation of intention, skill and communication behavior is summarized as in table 4.

Table 4 Relation of intention, skill and communication behavior

Intention	Skill	Number of utterances	%	Communication behavior	Number of utterances
Creating a peaceful atmosphere (9)	Express humor	3	33.3	Laughs	3
	State the reality	3	33.3	Disagreement	3
	Effective silence	1	11.1	Silence	1
	Expresses the opinion of the counselor	1	11.1	Disagreement	1
	Guidance	1	11.1	Gives orientation	1
Show respect to the client as a human being (12)	Accept	3	25.0	Personal Agreement	2
	Provide information/suggestion	2	16.7	Information giving	1
				Gives orientation	1
	Guidance	2	16.7	Personal	1
				Gives orientation	1
	Question	1	8.3	Request	1
	Express the opinion of the counselor	1	8.3	Remediation	1
	State the reality	1	8.3	Information giving	1
Apologize	1	8.3	Remediation	1	
Permit	1	8.3	Gives orientation	1	
Exist in a neutral position and draw concern so that the client can talk freely from an equal basis (142)	Accept	64	45.1	Agreement	62
				Check	1
				Request	1
	Encourage the conversation	55	38.7	Agreement	51
				Remediation	1
				Concern	1
				Gives orientation	1
	Question	9	6.3	Request	1
				Closed-ended question	4
				Check	3
				Open-ended question	1
	Effective silence	6	4.2	Transition words	1
	Encourage the client to express his opinion	2	1.4	Silence	6
Closed-ended question				1	
Agree	2	1.4	Open-ended question	1	
			Agreement	2	
Repeat	1	0.7	Check	1	
Paraphrase	1	0.7	Check	1	
Confirmation	1	0.7	Check	1	
Shelved plan	1	0.7	Check	1	
Understand what the client was going through, his agony or pleasure and express empathy (49)	Accept	15	30.6	Disagreement	1
				Agreement	13
				Empathy	1
	Encourage the conversation	11	22.4	Concern	1
				Agreement	10
	Effective silence	9	18.4	Empathy	1
				Silence	9
	Express the opinion of the counselor	3	6.1	Empathy	2
				Disagreement	1
	Agree	3	6.1	Disagreement	1
				Concern	2
Representation	3	6.1	Agreement	1	
Express the feeling of the counselor	2	4.1	Empathy	3	
Encourage the client to express his opinion	2	4.1	Empathy	2	
			Agreement	1	
Encourage the client to express his feeling	1	2.0	Closed-ended question	1	
			Empathy	1	

Shake off anxiety (10)	Provide information/suggestion	6	60.0	Information giving	5
				Reassure	1
	Express the opinion of the counselor	2	20.0	Reassure	1
				Counsel	1
	State the reality	1	10.0	Reassure	1
	Agree	1	10.0	Reassure	1
Diagnose medical condition and state it to the client (19)	Provide information/suggestion	8	42.1	Information giving	4
				Counsel	4
	Encourage the client to express his opinion	7	36.8	Counsel	2
				Transition words	2
				Open-ended question	1
				Closed-ended question	1
				Request	1
Express the opinion of the counselor	2	10.5	Counsel	2	
Accept	1	5.3	Agreement	1	
Representation	1	5.3	Empathy	1	
Express the opinion of the counselor, comment and just argument (44)	Express the opinion of the counselor	23	52.3	Counsel	10
				Information giving	7
				Empathy	2
				Disagreement	1
				Reassure	1
				Partner	1
				Gives orientation	1
	Provide information/suggestion	9	20.5	Information giving	4
				Counsel	2
				Transition words	2
				Check	1
	State the reality	7	15.9	Information giving	3
				Agreement	1
				Disagreement	1
Check				1	
			Transition words	1	
Tell the good points	3	6.8	Reassure	3	
Confirmation	1	2.3	Closed-ended question	1	
Repeat	1	2.3	Check	1	
Assist the client's opinion, behavior, change or coping process and encourage him to get better soon (19)	State the reality	5	26.3	Laughs	1
				Agreement	1
				Information giving	1
				Closed-ended question	1
				Counsel	1
	Provide information/suggestion	4	21.1	Information giving	2
				Counsel	1
				Gives orientation	1
	Encourage the client to express his opinion	3	15.8	Closed-ended question	2
				Request	1
	Express the opinion of the counselor	2	10.5	Counsel	2
Agree	2	10.5	Agreement	2	
Accept	1	5.3	Agreement	1	
Question	1	5.3	Closed-ended question	1	
Effective silence	1	5.3	Silence	1	
Other (2)	Encourage the client to express his opinion	1	50.0	Request	1
	State the reality	1	50.0	Request	1

The numbers in the brackets indicate the number of utterances for each intention.

We are now going through each intention to examine the relation with the skill and the communication behavior by providing an example. In the examples, the skills are surrounded by { }, the communication behavior by []. (Example: {Express humor} - [Laughs] indicates that the skill of {Express humor} is expressed by the communication behavior [Laughs])

1) Exist in a neutral position and draw concern so that the client can talk freely from an equal basis

The most seen skill of this intention was {Accept} which indicates that the counselor was listening or offered

thumbs up about what Mr. A has mentioned (64 utterances, 45.1%). Secondly {Encourage the conversation} via verbal or non-verbal message so that Mr. A could find it easy to express himself (55 utterances, 38.7%) followed by {Question} where the counselor asked a question (9 utterances, 6.3%). Most of the skills of {Accept} or {Encourage the conversation} were expressed by the communication behavior of [Agreement], statements to show agreement or understand of what Mr. A has mentioned or via a supportive response.

The <Example 1> indicates the beginning of the counseling. The counselor was told over the phone by Mr. A that he was having difficulties at the company when returned where he suffered from a depression and had to take a leave of absence from his job. To collect extensive amounts of information, the counselor asked questions by using the communication behavior of [Open-ended question] to make it easier for Mr. A to talk about this. After that, the counselor encouraged Mr. A to talk and expressed that he has accepted the feeling of Mr. A by [Agreement].

<Example 1>

Ns: Your start day was on the 7th and how is everything going since then? {Question} - [Open-ended question]

Cl: Well, (3 seconds of silence) I somehow knew it will end up this way (Taking a deep breath)

Ns: Yah {Encourage the conversation} - [Agreement]

Cl: It's like everything is falling apart (10 seconds of silence)

Ns: Hmm. {Accept} - [Agreement]

Other than the [Open-ended question], the skill of {Question} was expressed 4 times in [Closed-ended question] where a question was asked which could be answered by just a "yes" or "no" to retrieve a particular information from Mr. A, and 3 times by the communication behavior of [Check] to repeat what Mr. A has mentioned and to confirm if the counselor's understanding was correct or not. <Example 2 and 3> indicates the serious-minded approach of the counselor to listen to Mr. A's story by asking questions using the communication behavior of [Closed-ended question] or [Check].

<Example 2>

Ns: (Each and every day, Mr. A was faced with criticism by the words of the manager: "You better be the factory head if you want to keep your current salary", to which the counselor responds) Mr. A, when does your manager say such a thing? {Question} - [Closed-ended question]

<Example 3>

Ns: (The counselor reacting to what Mr. A told about what his manager had mentioned: "Mr. A's condition got even worse because of an indulgent counselor") Did he really say that? {Question} - [Check]

2) Understand what the client was going through, his agony or pleasure and express empathy

Just like the intention mentioned in 1), the skill of {Accept} was seen mostly (15 utterances, 30.6%) followed by

{Encourage the conversation} (11 utterances, 22.4%) but the skill of {Effective silence} was used most among all intention to provide time for Mr. A to think (9 utterances, 18.4%). Most of the skills of {Accept} and {Encourage the conversation} was expressed by [Agreement] just like the intention in 1).

<Example 4> is the scene where Mr. A was expressing his guilt because he returned to work but couldn't do anything and causing trouble to others. By the communication behavior of [Agreement], the counselor encouraged to talk and mentioned that he has accepted his agony once Mr. A has completed his conversation. By inserting an interval of 18 seconds, the counselor showed an attitude to wait until Mr. A has spoken everything what was on his mind.

<Example 4>

Cl: I don't want to (sobbing), want to put the company, my family and you (2 seconds of silence) to any more trouble (10 seconds of silence), I feel so helpless (sobbing).

Ns: Yah {Encourage the conversation} - [Agreement]

Ns: (18 seconds of silence) {Effective silence} - [Silence]

Cl: I am aware (sobbing) (4 seconds of silence) that I am giving everyone a good deal of trouble (3 seconds of silence) I finally (2 seconds of silence) understood that.

Ns: I know. {Accept} - [Agreement]

The communication behavior of [Empathy] which shows empathy to Mr. A's feeling or show understanding that Mr. A's behavior is understandable was seen 13 times in this counseling. 10 out of 13 utterances were seen in this intention. <Example 5> indicates the counselor understands Mr. A's agony and that he is staying present. He also encourages Mr. A to talk about how he feels.

<Example 5>

Ns: I am really sorry to hear that. You did very well. {Express the feeling of the counselor} - [Empathy]

Ns: (50 seconds of silence) {Effective silence} - [Silence]

Ns: We spoke over the phone on Thursday, didn't we? {Question} - [Check]

Cl: Yes.

Ns: It must have been painful at that time as well, wasn't it? {Encourage the client to express his feeling} - [Empathy]

3) Express the opinion of the counselor, comment and just argument

The skill of {Express the opinion of the counselor} where the counselor expresses his opinion about Mr. A's experience (23 utterances, 52.3%) was seen most in this intention followed by {Provide information/suggestion} which provides necessary information to Mr. A or the solution provided by the counselor (9 utterances, 20.5%). To state his opinion to Mr. A, the counselor used the communication behavior of [Counsel] to advise Mr. A what actions to take (10 utterances) or [Information giving] to provide information in a neutral way (7

utterances). Also, to provide information or solution, the counselor used the communication behavior of [Information giving] (4 utterances) or [Counsel] (2 utterances).

In <Example 6>, taking Mr. A's current medical condition into consideration, the counselor sensed that the current ambulant treatment is too risky and Mr. A should receive hospitalization therapy immediately where his opinion was told openly to Mr. A as an advice. In <Example 7>, the necessary method or process for hospitalization was proposed to Mr. A as information.

<Example 6>

Ns: Mr. A, let's get a new start (2 seconds of silence) {Express the opinion of the counselor} - [Counsel]

Ns: ...eliminate depression together (3 seconds of silence) {Express the opinion of the counselor} - [Counsel]

Ns: and return to health. {Express the opinion of the counselor} - [Counsel]

<Example 7>

Ns: You told me that you live in town D so the first option would be to apply for an emergency medical admission in town D {Provide information/suggestion} - [Counsel]

Ns: or if you can wait until tomorrow I can call up someone I know. {Express the opinion of the counselor} - [Information giving]

Ns: I am not sure about the vacancies of the hospital. {Express the opinion of the counselor} - [Information giving]

Cl: OK.

Ns: If you decide for town D (3 seconds of silence) {Provide information/suggestion} - [Transition words]

Ns: You can be hospitalized for certain. {Provide information/suggestion} - [Information giving]

4) Diagnose medical condition and state it to the client

In this intention, the skill of {Provide information/suggestion} (8 utterances, 42.1%) or {Encourage the client to express his opinion} (7 utterances, 36.8%) was seen a lot. {Provide information/suggestion} was expressed in the communication behavior of [Information giving] (4 utterances) and [Counsel] (4 utterances).

In <Example 8>, Mr. A was telling that he was criticized by his manager every day and did not want to be in the company where he did not fit in or at his home where he was causing trouble which was hunting him down. The counselor attempted to evaluate the medical condition by using [Open-ended question] to encourage Mr. A to talk more about his feelings. In fact, the counselor drew out the truth from Mr. A that he was actually thinking to commit a suicide ("I wish I could disappear from this world") which implies he was in a critical condition. In <Example 9>, the counselor informed Mr. A by [Information giving] or [Counsel] that he concluded that Mr. A needs hospitalization therapy and asked for his understanding.

<Example 8>

Ns: Mr. A, may I ask what you are going to do? {Encourage the client to express his opinion} - [Open-ended

question]

<Example 9>

Ns: What you need is to rest {Provide information/suggestion} - [Counsel]

Ns: I will try (by myself) to find a place for you. {Provide information/suggestion} - [Information giving]

5) Assist the client's opinion, behavior, change or coping process and encourage him to get better soon

The most seen skill in this intention was {State the reality} which brings up what was currently going on (5 utterances, 26.3%) followed by {Provide information/suggestion} (4 utterances, 21.1%), then {Encourage the client to express his opinion} (3 utterances, 15.8%).

The <Example 10> deals about the final phase of the conversation. The counselor was concerned that Mr. A might commit suicide on his way home and advised in a realistic manner to ask Mr. A to get a taxi home, lent him the money who did not have enough money. In <Example 11>, the counselor daringly used the communication behavior of [Request] to request an opinion from Mr. A who thought that the manager's anger was because of his worthlessness which led to low self-esteem of Mr. A. To support Mr. A to change his perspective, the counselor advised Mr. A that it was not due to him but the manager who was misdirecting his anger to Mr. A rather than to himself. And in <Example 12>, the counselor expressed his opinion by using [Counsel] that Mr. A should focus not on others but on solving his agony to encourage to direct his attention to the problem resolution.

<Example 10>

Ns: I will pay for the fare {State the reality} - [Counsel]

<Example 11>

Ns: (with relation to Mr. A about the manager filled with rage) Do you have any idea why? {Encourage the client to express his opinion} - [Request]

Cl: I have no clue.

Ns: I believe it is because the manager is aware that he made a mistake. {Express the opinion of the counselor} - [Information Giving]

Ns: The anger used to be meant to point against him but he does not feel responsible thus the rage is now pointed at you. {Express the opinion of the counselor} - [Information Giving]

<Example 12>

Ns: (After mentioning that there was no need to think about the surroundings) It is your agony (what we need to think about) {Express the opinion of the counselor} - [Counsel]

6) Show respect to the client as a human being

In this intention, the skill of {Accept} has been seen most (3 utterances, 25.0%). In <Example 13>, the counselor served a cup of coffee to Mr. A as a sign of welcome and exchanged greetings by the communication behavior of [Personal]) to express the attitude that Mr. A means something very important to him.

<Example 13>

Cl: Thank you for the cup of coffee.

Ns: You are welcome {Accept} - [Personal]

7) Shake off anxiety

In this intention, the skill of {Provide information/suggestion} was used most (6 utterances, 60%) with the communication behavior of [Information giving]. <Example 14> indicates the conversation just before the end. Mr. A decided to undergo hospitalization therapy (which means to leave the company) but had a strong fear to talk about it with his manager. The counselor told him that he is going to talk to the manager on his behalf to take out fear from Mr. A. For the peace of mind of Mr. A, the counselor agreed to not worry about anything by the communication behavior of [Reassure] to the response to Mr. A who was asking him that he really don't have to worry about anything.

<Example 14>

Ns: I will call you tomorrow {Provide information/suggestion} - [Information giving]

Cl: Is there anything I should be doing?

Ns: No {Agree} - [Reassure]

Ns: All you have to do is to stay at home and relax {Provide information/suggestion} - [Reassure]

8) Creating a peaceful atmosphere

Despite of being a serious scene where the concept of suicide was recalled, the counselor used the skill of {Express humor} to turn Mr. A's agony into a joke or smile (3 utterances, 33.3%) in this intention. This skill was expressed totally by the communication behavior of [Laughs].

<Example 15> indicates a scene about the reaction of Mr. A's wife in regard to the current condition of Mr. A. So far, Mr. A took a leave of absence due to depression twice. He knew that if he would take another leave, the company would let him go. Though right after he returned to work, his medical condition got worse and was not in a state to keep working. The counselor told Mr. A who felt sorry for his wife that "It is not the fault of either Mr. A or his wife because nobody could have foreseen that the medical condition would take such a sudden turn to the worse". Right after that, the counselor chuckled followed by the smile of Mr. A. The chuckle of the counselor created a space where Mr. A could feel at home which released the tension of Mr. A entrenched with agony.

<Example 15>

Ns: Though as your wife mentioned, nobody knew that it (to take a leave of absence for the third time) would come soon like this. {Express humor} - [Laughs]

Cl: Chuckle.

IV Conclusion

In this study, we aimed to explore the relation of the intention, skill and the communication behavior in a counseling for a depressive client by a well-trained counselor who specializes in psychiatric nursing. In the counseling, the counselor created a trust relation using the intention “Exist in a neutral position and draw concern so that the client can talk freely from an equal basis” or “Understand what the client was going through, his agony or pleasure and express empathy” by using the skill of {Accept} which was expressed by the communication behavior of [Agreement]. Once it was found out that Mr. A was in a critical situation in the conversation intended to “Diagnose the medical condition”, the counselor “Expressed his opinion” that the client should be hospitalized as soon as possible by the skill of {Express the opinion of the counselor} with the communication behavior of [Information giving] or [Counsel]. Then the counselor “Assisted the client” to take the necessary process for hospitalization, as well as to change the perceptive of the client that it was not due to him but the manager.

Other relations were also seen where the counselor achieved many intentions by using several skills and the skills were expressed by several communication behaviors. This is actually what the counselors are doing in their counseling though it would have significance in understanding what an effective counseling would be by sorting out and reviewing through an objective method.

Additional studies will be needed to increase the number of counseling to systematize much more the relation and to deepen the concept of intention and to sort out the classification of intention, skill and communication behavior where there are still a lot of duplicates being seen.

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