A PHENOMENOLOGICAL EXPLICATION OF THE EXPERIENCE OF COUNSELLING CHRONIC CALLERS IN LIFE LINE

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TO MY WIFE

SUE

AND MY CHILDREN

JUDITH
TIMOTHY
LAURA

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INTRODUCTION: 24 HOURS AT LIFE LINE

The morning counsellor arrives at the Life Line house in a Johannesburg surburb apprehensive about the morning's telephone counselling. It is just before 8 a.m. and the director arrives at the same time. They chat, and as they enter the back door of the house they meet the weary midnight counsellor waiting for them so that he can go to work. "Not a busy night", he says, "a few calls before midnight, and then nothing until 5 a.m. when a very depressed lady phoned. She could hardly speak, there were long pauses, but she seemed to feel better when the call ended after about an hour. I feel bombed--looking forward to an early night tonight".

The director, a social worker before she joined Life Line, walks to her office at the end of one of the long passages of the house. On one of the walls is a chart plotting the organisation's financial position--a red line just below a blue one. Other charts show the numbers of counsellors and the numbers of calls each month. She looks through the previous day's reports, written up by the counsellors after each call. "The standard of counselling is improving," she thinks with relief, pouring herself a cup of coffee. "It's a pity that the turnover of counsellors is so high. So few stay long enough to develop their skills properly".

The secretary arrives and starts on the enormous task of organising the counselling roster, telephoning counsellors to fill all the shifts. "If everyone booked their own shifts as they are supposed to", she fumes, "there would not be all these unfilled spaces on the roster". In the counsellors' room two doors from the director's office the morning counsellor looks up previous reports. She notes that a caller from yesterday said he may call back to talk some more.

The phone rings. "Hello, this is Life Line, can I help you?" she answers, knowing that other people are answering the phone with the same words all over the world. "I hope you can, well I don't know, perhaps no one can, tell me do you think there is any purpose to life?"

"You seem to be battling with that question at the moment."

"Yes I am ....."

"Can you tell me about it?"

"Well, its like this, you see this morning at breakfast, we had a terrible fight, my husband took the children's side, he has been lately very ....." (silence).

She starts to cry. The counsellor waits. When she stops the counsellor says, "It has been a hard morning for you ....."

"Yes, - it has, I don't know what to do anymore, it wasn't always like this. When the children were younger, things were much easier, we never fought, they were such good kids

really - I suppose adolescents are difficult, but I never believed it could be so bad ....."

"You are finding them very difficult and they weren't always ....."

"Yes, I don't know, I don't know why they treat me so badly, and my husband doesn't help either, he is never at home anyway, and when he is at home he won't listen to me, or help me with them, I don't know anymore."

"It seems that you feel very alone in this."

"Absolutely. You know, my son, he is fifteen, told me at the table that he wanted four rand for school today. When I asked him why, he said that I was always prying into his business and that I didn't trust him. He then asked his father who just gave it to him and told him to enjoy it. I just kept quiet as I didn't want to start a fight with my husband as well, but I did say I wish I could get money so easily. He said 'Have I ever refused to give you any money?' You know I never ask for money I don't need, sure he never refuses to give me money, but he never just gives me any, I always have to ask for it and I have to tell him why I need it."

"It seems unfair to you that your son can get money without saying why he needs it whereas you must explain why you need it."

"It's very unfair, but that wasn't all. Then my daughter said, in her most sarcastic voice, 'I wish you and Dad would behave like grown-ups, like you keep telling us to' and then just jumped up and left to go to school. Then he said, 'Why is she in such a bad mood this morning?' as though it was all my fault."

"Gosh, you must have felt pretty bad after that ....."

"Awful, awful ....."

"Ja. Yes, ----- yes."

"What do I do?"

"You want to do something to stop this fighting and don't know what."

"Oh I know it's not all my fault, how can it be? I just feel that I need help. I can't go on like this, none of us can. I think we need to see someone."

The counsellor suggests she contact FAMSA and perhaps work out the problem in ongoing family counselling with them.

After the call is over the counsellor fills in details which could be inferred about the caller's age, race, etc. as well as the duration of the call. Then she writes up the gist of the call and how she felt about her counselling. Another call, more demanding of her skills follows. So the morning passes. The phone has rung five times. Her records show that of the five callers all are English speaking and three are women. One is a young boy with problems at school and the fifth is a man who has recently lost his job.

Because her morning is busy, she does not see much of the office staff, but she is aware of a coming and going of people involved in the training course. In last year's training course she had been a group leader and she remembers how much this had contributed to her feelings of involvement with the organisation. She had calculated that during those

four months of training she had spent about twenty hours a week on some Life Line activity. "It was too much" she thinks, "I just didn't have the time." This year she is only counselling once a week and has offered to help out in the selection of new counsellors who are finishing their training course. This is always a difficult experience as those trainees who are turned down feel very disappointed and rejected.

It is now close to one o'clock. As she leaves the Life Line house the afternoon counsellor arrives with a load of books: she is studying psychology through UNISA. Before settling down to counsel she chats to the director and the secretary about the coming fund raising meeting.

The phone only rings twice during the afternoon shift. One call is from a lonely woman and the other is from a "chronic caller." The first call lasts about an hour. All she can do is stay wth her and acknowledge her feelings of loneliness and isolation. The chronic caller is someone whom she has spoken to often. He always talks on in an aimless sort of way, and doesn't listen to her at all. She ends the call after twenty minutes, feeling irritated. It's the same thing every time he phones.

At about six the two evening counsellors come on duty. One is a senior counsellor with seven years experience, the other

still on probation. The probationer takes the first call. It is from the same "chronic caller." After an hour and a half she ends the call as she feels her head is buzzing and nothing constructive is happening. They have to close the counselling room door because of the noise from the people on the training course. Otherwise the evening is surprisingly quiet. There is only one other call, from someone wanting the name of a friendship bureau. The senior counsellor who takes the call is alert for a submerged loneliness problem but does not find the caller willing to talk about his feelings. He only wants advice and is rather surprised that he is not given the name of such an organisation.

At eleven, the midnight duty counsellor arrives as the training course is ending. The chairs are put back into place, the washing up is done. The midnight counsellor moves the phone to the table next to the bed, channelling the other line through the answering device in case a call came through while he was busy on the line. The recorded message says, "This is Life Line, we would very much like to help you. Unfortunately the counsellor on duty is busy at the moment, please call again in half an hour." The house is quiet for the first time since the morning.

Origins

Life Line was started in Sydney, Australia, in the 1950's. Alan Walker, the founder of the organisation, relates in his book how the idea developed from talking to a distressed person on the phone.

The journey from the original idea to the reality of a functioning body of volunteer telephone counsellors was not easy. The founder and his followers, all Methodist clergymen, questioned whether non-Christian talking or counselling could ultimately be therapeutic. This conflict still presents problems in the organisation today. Nevertheless in spite of the problems, political, religious, and practical, the idea took hold. Its appeal was widespread, and within three decades the organisation was functioning in the United Kingdom, (as Samaritans) the United States (as Teleministries) Canada, New Zealand, South Africa, Taiwan, South Korea and Japan.

Some of the early members understood the function to be evangelical and indeed saw this as its only claim to validity and authenticity. However irreconcilable the two views -- evangelism and non-directive counselling -- seemed to be it

was not in the field of counselling that conflict surfaced but in the implications that through counselling the counsellor would become more Christlike in showing the qualities of compassion and acceptance of suffering whatever its causes.

Life Line is not a suicide prevention centre even though the telephone call which inspired it was from a suicidal person. Alan Walker was concerned that there could be many more people in Sydney who were alone in their distress. Exactly what he had in mind is not clear from his account. He reasoned that many sorts of distress are of a kind which can be alleviated with the help of others. Focussing on the category of people who seemed to have no family or friends to alleviate their distress, he proposed forming a group which would take the place of these absent others. The availability of this group would be greatly increased by the use of the telephone.

What form would their help take? Motivation and intent were not enough, method was also needed. The church, seen by Alan Walker as alienated from the needs of the community, could not provide the method. It is not obvious from his account where he felt the lack lay or why he turned to Rogerian methods. It could have been that the church's idiom for expressing its charity was outdated and that he thought that modern man could respond with greater faith to the language of psychology than the language of religion. Pathology today

is a more acceptable term than sin, neurosis than wickedness or psychosis than demon possession.

Nothing has been more challenged over the brief existence of Life Line than its Christian basis. The community at large, conditioned by secular assumptions, believes that the Christian dimension of Life Line is irrelevant. Within the Church itself there are people who are prepared to say that Christian belief and practice do not add anything important to counselling. The opening of Life Line Centres in Asia brought the problem into sharp focus. Many believed that human concern and kindness were enough and that the Christian faith had nothing unique to offer.

In June 1962, the first training course was held, consisting of biblical lectures, discussion groups and courses on counselling. The major lecture in the course was entitled "How Jesus helped people". Alan Walker says, (1967, p. 17) "In the counselling course an attempt was made to equip telephone counsellors with a rudimentary knowledge of some of the major human problems which they would face and basic principles of counselling. Telephone counsellors were but contact people, but it was necessary for enough insight to be gained for an assessment of seriousness of need to be made."

It is to a sub-editor on the Sydney Morning Herald that the organisation owes its name. A newspaper report of a public

meeting called to support the venture was headed "Telephone Lifeline."

Life Line opened on Saturday March 16th, 1963. The preparation for the opening had taken two years. Many people had presented themselves for training, and the first call came in a minute after the office opened. It was an immediately successful undertaking. The call rate rose steadily during those early years. Within a short time, the organisation was viewed with interest in other parts of Australia, and branches were soon opened in other cities.

The first office to open in South Africa was in Cape Town, in 1968. As more and more centres started operating in this country, Life Line constituted itself as a welfare organisation and registered as such with the Department of Social Welfare and Pensions.

The Life Line Manual which Sydney proposed as a model for all branches lays down these 12 rules of telephone counselling (Walker, 1967, p. 25):

1. The supreme purpose of the Life Line centre is to lead men and women to Christ.
2. The weaving of people into therapy groups and into worship is part of the complete answer to much human need.
3. Treat every ring as serious and genuine, yet be alert

for the humbug and the hoaxer.

4. Record name and address of callers whenever possible.
5. Telephone counsellors must at all times remain anonymous.
6. Careful and full written records are to be made from notes taken down during every telephone conversation.
7. Channel all action from calls as far as possible into normal 9 - 5 working day. Only in extreme emergencies envisage sending a trouble team during the night.
8. No action can be taken on the invitation of another person other than the one in need. It is almost impossible to aid someone who does not desire it.
9. Where possible urge people to come to the Life Line centre for interviews.
10. Counsellors must not take action alone in answer to calls without consulting with Life Line staff members. Financial aid must not be given by counsellors from their personal or Life Line resources. All assistance must be distributed through the Life Line organisation.
11. A telephone counsellor is a contact person, those in need must be referred to the appropriate divisions of Life Line.
12. Trust and expect the guidance of the Holy Spirit in every conversation and all counselling situations.

These rules are not followed to the letter by all branches. Branches discuss their differences at Life Line Congresses and a certain flexibility is allowed to each centre. The Johannesburg branch, for example, does not try to obtain the

names and addresses of callers. It gives interviews at the Life Line centre only rarely and never sends out "trouble teams."

Organisational Structure

Each branch of Life Line is controlled by an executive committee. This committee consists of a chairman, a vice-chairman and about 6 other elected members. The committee is elected at every annual general meeting at which all members of Life Line are eligible to vote. In Johannesburg there are two categories of members, counselling members and non-counselling members. These latter seldom attend AGMs and their membership really takes the form of financial support.

The executive employs full time, part time, and temporary staff members to administer and run the organisation on a day to day basis. The Director of the organisation is empowered to carry out certain functions and also to hire and fire, but is answerable to the executive committee. She (for it is usually a woman) is responsible for the smooth running of the branch. The executive is in turn guided by its constitution which makes it responsible to the Life Line body and the Southern Transvaal Welfare Board. The annual budget for the

Johannesburg branch is R48,000. The bulk of this money is used to pay the salaried staff.

Money is collected in a variety of ways. In terms of the Fund Raising Act, the organisation can collect money from the public. Examples of sources of funds are street collections, membership fees, donations from businesses and profits from a second hand shop, which trades in normal shop hours with tax free proceeds. The Johannesburg municipality assists by waiving rates and taxes for the offices owned by the organisation.

The counselling team are volunteers, mostly because the organisation cannot afford to pay its counsellors and partly because the Welfare Act prohibits lay people to engage in any counselling activities for gain. The Welfare Board also does not allow the organisation to claim that counselling takes place. This problem has been overcome by calling the voluntary helpers Life Line workers rather than Life Line counsellors. Internally, however, all the workers are known as counsellors.

Counsellors and Training

Each branch is required by the constitution to operate a 24 hour service. The 24 hours are divided into shifts of 5 to 6 hours, and it is generally accepted that a counsellor should not be required to attend more than one shift every two weeks A branch therefore requires a minimum of 56 active workers. Some branches, however, have two incoming lines and so require over 100 counsellors altogether.

Each worker must be trained before he can counsel on the phone. A selection process operates to accept only those who possess qualities considered essential: qualities of warmth, congruence, openness and acceptance. Once a trainee has completed his training, he is taken on as a probationer and his counselling is monitored by the organisation for a period of some months before he can qualify to be a counsellor. Ongoing training, the monitoring of probationers' counselling and initial training of would-be counsellors requires the energy and time of many of the more senior counsellors. If one calculated how many man hours it took to train one counsellor to a level where he is working satisfactorily, it would become very clear why Life Line can only exist as a volunteer organisation. The costs to pay for the labour would be too high.

Why, then, are so many people willing to work for no remuneration? The answer is that Life Line serves two communities. the people whom it counsels; and the internal community of Life Line workers. Life Line provides the means for them to express their desire to serve the community. It also provides for many of its workers a sense of belonging and a sense of meaning.

This sense of belonging starts in training. Great emphasis is placed on the expression of feelings and the acceptance of people as they are. After about 14 weeks of training, 3 - 4 hours per week, the trainees complete feedback forms in which they evaluate their experiences. A very high percentage say that their experiences are extremely valuable. Close relationships and lasting friendships are formed. Many say that their training group experiences were amongst the most deeply felt and beneficial events in their lives. The training courses have a twofold goal: the acquisition of skills and the facilitation of personal growth. Through their sometimes euphoric effects on people, the internal community coalesces. For many it is a new experience to be part of a group of people who can express their feelings and value self expression in others. The training thus serves as an initiation ceremony.

"Life Line cares." But so does Checkers care, so does British Airways and so, it seems, do increasing numbers of commercial enterprises. Life Line's slogan is powerful because of the large numbers of people who feel that "no one cares", as the advertising world has realised. "Life Line cares" is intended to convey a message that the caller is of consequence. An individual knows that he has consequence in the world if people respond to his presence.

There is a difference between a felt response to one's presence and a conditioned response to one's behaviour. This difference has been obscured and largely annihilated by modern man's alienation from himself. Others lose their revealing presence to him and he to them. One can see this in any city; people do not reveal themselves to each other, but remain as so many objects, passing each other without notice. Thus the social/scientific matrix encourages feelings of helplessness in a person unless he is protected by his role. The existential possibilities for feelings of worth and personal power are thus severely restricted. Life Line's main invitation is to people who experience the lack of consequence in their lives. The slogan "Life Line cares" is actually saying, your presence is of consequence, you are invited to experience your consequence, as you are, with us.

The purpose of Life Line, seen sociologically, is an attempt to reduce the tension between the individual and society. In some individuals this tension is so great that they are too unhappy to function in society and they feel that society is incapable or unwilling to help them contribute. Alienation from society is subjectively perceived by the individual in a variety of unpleasant ways, and a cure for this alienation lies in the reconciliation between society and the individual.

The Christian sees the solution not as reconciliation between man and society but as reconciliation between man and God. If that relationship is correct then all other relationships will also be. Rogerianism, on the other hand, is essentially based on humanistic philosophy and concerns itself not with man's relationship with God but with man's relationship with man. As I have mentioned earlier, the difference in these two viewpoints has created a tension in Life Line which continues its reverberations today. Rogerians would say that the statement, "You matter to God just as you are" is almost unimaginable, because one seldom can experience God's power - the power of love - outside a relationship with a person.

It is doubtful if an organisation such as Life Line could have been established during the heyday of behaviourism or even Freudianism. Their methods cannot easily be employed via the telephone and their ethic does not easily complement charitable drive. But Rogerian non-directive reflective

counselling methods can be understood, adapted for the telephone, and practised with some competence by the layman within a few months.

These ideas have linked up with Christian charity in Life Line. The traditional charitable impetus of almsgiving was frustrated by affluence in western societies, yet the religious inspiration could not be stilled as it is so essentially a part of the Christian conviction. The expression of charity sought an appropriate outlet and found it in counselling.

A Note on Rogerian Counselling

The central hypothesis of client centered or Rogerian theory is that

> "if certain conditions are present in the attitude of the therapist, namely, genuineness, emphatic understanding and positive regard, then positive personality change will occur in the client." (Corsini, 1973, p. 124).

This reflects Rogers' concern that personal qualities, which can only manifest in relationships, are more important for therapists than techniques or theoretical knowledge. Rogers makes this point clearly when he says

> "the therapist guides the individual to self understanding, self acceptance. It is the

therapist as a human being who is the remedy not his technical skill." (op. cit., p. 121).

This hypothesis rests on an underlying view that man has an inherent tendency to self actualisation, to develop in such a way that all his capacities can serve to maintain or enhance himself (op. cit., p. 126). This self actualisation can only take place in a relationship with "significant others".

Client centered theory postulates one motivational force in man: self actualisation. It does seem, however, that there exists some logical inconsistency in this view. If all mankind is motivated towards self actualisation where does one locate destructive motivation? John C. Hoffman (1979, p. 51) gives an account of destructive motivation when he speaks about the natural goodness in human life and points to the corruption of society. What exactly is this corrupting influence? He asks. How is it possible and evidenced if there is no corruption "in" the individual but only "in" society? He is specific in his answer, saying that this corruption "is the process of imposing our demands, that leads to human disorder". The extent to which an individual is disordered is the extent to which he has yielded to the imposition of the demands of others. As one progressively yields to the demands of others so one's world is progressively denuded of meaning. Conversely, the more authentic and free of impositions the individual's experience of his world is, the less it needs validation from others and the less likely that person will be to impose his demands on theirs. The overcoming of imposing one's wishes on another,

i.e. being client centered and non-directive, is accomplished in the act of the counsellor attempting to be fully present to the client. As this happens, the counsellor also moves towards becoming more fully himself (op. cit., p. 126).

The Rogerian concept of empathy is the understanding of the client's phenomenal world and the communicating of this understanding to him. In this act of entering the client's phenomenal world, the counsellor trusts and owns his own experience of the client. The counsellor's full presence and openness to the client's phenomenal world produces the qualities of "positive regard, congruence and empathy"--for when one is truly open to an experience judgement and anxiety are precluded.

Rogerian counselling and phenomenology share this view, that to be open to a phenomenon necessarily includes being open to oneself. Openness to the self (the phenomenologists' eigenwelt) and the Rogerian concept of bringing into awareness "organismic experiencing" are fundamentally similar ideas. The difference between the two approaches is that the Rogerian self has a separate being whereas self is not separate from being-in-the-world for the phenomenologist.

The task of the counsellor/therapist is ultimately a task of morality. The counsellor who has not reached a point where his values are authentic, (i.e. free of imposition) will

therefore feel imposed upon by a client with inauthentic values. Counselling is essentially a moral task, one cannot deny this or avoid it. As I shall demonstrate later, the failure of the Rogerian method in facing this issue is one of the reasons for the problem of the chronic caller.

The Telephone

Another Life Line slogan is "Help is as near as your telephone" an expression of technology at the service of humanity. The differences between face to face and telephone contact have been researched. Some conclusions eg. H. Muson (1982) are that telephone contact can be as effective as face to face contact in the short term. Other findings are that the telephone discourages empathy. Most of this research has been done in a non-counselling framework.

But in any case nobody doubts that in the long term face to face counselling is preferable. For Life Line, which has committed itself to telephone counselling, this research can be helpful only insofar as it can help isolate the problems in telephone counselling. Telephone counselling needs, however, to be researched within its own paradigm. Telephone counselling may be preferred by people who are hampered by lack of funds, anxiety about identity or fear of exposure. Life Line maintains and respects the anonymity of its

callers. It does not initiate contact, believing that the caller will make the contact if he wants to and that the exercise of this desire is in itself helpful to him.

The two branches from which I have used data, Southern Transvaal (Johannesburg) and Eastern Cape (Port Elizabeth) receive about 1,000 calls per month (33 calls per day) and about 400 calls per month respectively.

The vast differences between calls means that attempts to categorize them has to be superficial. Typical categories used by most branches are psychiatric, emotional, family, relationship problems, money, marital, sexual. Anyone who has attempted to classify calls from the reports knows the arbitrariness and difficulty of the task. A guideline used in the organisation is to classify the calls according to how the caller presents his problem.

Any marked skewing of a distribution of types of calls can be noticed from the classification. Many branches have experienced calls from men who phone and ask to speak to women counsellors, who then masturbate imagining the presence of the woman on the telephone. If such calls increase in frequency, this situation can be investigated to determine if the counsellors are not, at some level, encouraging them. For instance at one such meeting where these calls were discussed, a psychologist suggested that the non-directive

response could be interpreted by a caller as encouraging of any intended behaviour. A directive to counsellors that they should be more confronting led to a dramatic decrease of those calls.

From the classification of calls it is evident that only a fraction of a percentage of callers phone because they are suicidal, although Life Line is often phoned by someone reporting that someone else is about to jump off a building. Different branches seem to have different policies regarding such events. Johannesburg does not send someone out to counsel the suicidal person. It confines its activities to answering calls which come from the person who asks for help directly. Other centres, like Port Elizabeth, have a group of workers who do on occasion go out to people.

Branches in Australia have found that a significant percentage of calls are from people with problems directly related to gambling compulsions. These calls are practically non existent in South Africa.

Life Line and the Helping Professions

Many professional people view the unqualified lay worker with at best an attitude of patronizing tolerance and at worst

with alarm at the damage he can do. This damage is also seen as affecting the profession itself, as the public does not, on the whole, make distinctions between the qualified and unqualified practitioners. The training of a professional psychologist inevitably places him on a somewhat elevated level in the hierarchy of the profession. It may be extremely difficult for him to accept readily and without threat to his value structure that a lay person, with far fewer years of training and resources could be a competent counsellor.

Life Line provides emotional first aid. Logically, this implies that referrals to professionals should be the norm. In practice, however, this is discouraged because it is believed that referrals, if made too readily, could be used by the counsellor as a way of avoiding the responsibility of staying with the counsellee.

Life Line in a Heterogeneous South Africa

There has been a signal failure of Life Line to take root amongst the black population of South Africa. The Department of Social Welfare and Pensions insisted that blacks could only participate in the organisation if they established their own separate branch. Soweto Life Line was created partly as a compromise by the organisation in an attempt to

involve blacks in Life Line. But Soweto Life Line is a troubled organisation. Among the many reasons are that few blacks have phones, and the problems they want to discuss are those concerned with basic survival which Life Line is not geared to solve.

Although half the population of the Witwatersrand is Afrikaans speaking, a far smaller proportion of callers to the Johannesburg branch are Afrikaans speaking, and even these tend to speak English when they telephone. Also, disproportionately to their numbers in the community, many Jewish people are counsellors: in Johannesburg, perhaps 45%. My personal quarrel with the adoption of the Rogerian method is that it assumes an intellectually, emotionally, and culturally homogeneous clientele. If it does not, then it is assuming a pan-cultural, universal relevance. I believe Rogerian methods make therapeutic sense only to white, middle class and English speaking people.

Man may indeed have a need to be accepted unconditionally. But the transmission of this acceptance from one person to another may require forms which acknowledge cultural differences. For Life Line to be more valid in South Africa, it needs to be more flexible in its counselling methods. Life Line however operates in non Western Countries as well eg. Taiwan, South Korea and Japan. In a personal communication with the International Vice Chairman of Life Line Rev. G. Irvine, it was pointed out to me that Rogerian

counselling has been very much modified in these countries. The term used for the type of counselling is relational centered approach. It maintains the focus on the clients' phenomenal world and incorporates the culturally approved resources of advice and comfort.

The Chronic Caller

The following introduction to the chronic caller phenomenon has not been derived from analysing the research data, but is based on my own experiences with the organisation. It reflects my pre-research perceptions of the chronic caller. Although these pre-research feelings and ideas do contribute to the research findings, they were bracketed in the process of explicating the data.

Chronic callers are people who phone Life Line regularly, over very long periods, often for years on end. They do not seem to respond to Life Line's telephone counselling; they invariably elicit a wide range of negative feelings from the counsellors and are often cited as the major reason why counsellors leave the organisation.

The fact that chronic callers do not seem to be helped by Life Line is not in itself so unusual. Many other callers

end their calls by saying that the call did not help them. The 'problem' lies in the fact that they keep coming back, day after day, year in and year out. They present the same story every time they phone and do not seem to have gained anything from the many hours of counselling they have received. They seldom seem in an immediate crisis and yet they will phone at all hours. One would assume that to phone at two or three o'clock in the morning must mean that the caller is in some major distress, otherwise, he could wait until the morning. Yet this is what chronic callers often do, and their apparent lack of consideration often makes the counsellor feel that the caller does not need what he can give.

And yet the counsellor cannot help asking: "The chronic caller does not want counselling, he does not benefit at all from it, he does not consider that he may be a nuisance, but he keeps calling. What is he wanting and how can he be helped?" The counsellor has feelings which serve to distance himself from the chronic caller, such as resentment, anger, irritation, and impatience. He finds himself profoundly doubting his abilities. Often he generalizes this to doubting the value of telephone counselling, and wonders whether what he is doing at Life Line has any positive worth at all. Meaning may disappear entirely from his role as a counsellor, and with it his motivation to continue.

Nevertheless, the counsellor feels compelled by his commitment to continue listening and talking to the chronic caller, with whom, by this stage he may be extremely angry. There is a conflict between his commitment and what he wants to do i.e. hang up or express his anger. The chronic caller therefore represents basic issues confronting the counsellor in a much more enduring manner than criticism presented by the organisation itself, such as discussions of values, training or role play. Whatever belief counsellors have in their effectiveness is undermined by the chronic caller, who in effect keeps phoning back to say that he has not improved.

Since this thesis is concerned largely with chronic callers the impression that can be created is that Life Line is an organisation faced with problems with which it cannot cope. This is a gloomy perspective. The nature of chronic calls is precisely so stark because they stand out from the quality of most other calls which serve as a backdrop to them. It would be worthwhile to research the experience of really satisfying calls. Such an undertaking may illuminate what goes wrong in the chronic calls. All Life Line counsellors "know" when a relationship with a caller has been mutually beneficial.

From my own close involvement in Life Line for a decade I can say with conviction that most of the calls feel worthwhile and that most counsellors would agree with me. Some calls I have had have reached true transcendence. Increasing numbers

of calls, establishment of new centres and the general burgeoning of Life Line are not necessarily the proof of its relevance and validity, but they are not surprising considering the very many worthwhile calls that have been experienced by so many counsellors.

Yet the problem of the chronic caller remains. While working for the Department of Social Welfare and Pensions I often encountered the frustration, confusion and anger of people in deep need who did not "qualify" for assistance. When I explained to them that they could not be given material help they would ask "Sê vir my meneer, hoekom is julle dan hierso?" This was a question I often asked myself.

So often it seemed to me that the department existed for itself. The people it purported to help seemed to be just a convenient excuse for its existence. The bureaucratic machinations of the organisation consumed vast quantities of money and energy, leaving the average employee with only a residue of energy with which to help the client. Rapport was secondary to reports. The very qualities of autonomy and self respect which were supposed to be encouraged in the client were continuously eroded in the Department's employees. It was an organisation that generated despair in the hopeful and confirmed despair in the hopeless.

It was the echo of: "Sê vir my meneer, hoekom is julle dan hierso" which I heard again in Life Line when I spoke to a chronic caller. On the few occasions when I faced this question, many of my assumptions and beliefs about Life Line no longer seemed certain and in some areas were thrown into doubt. Somewhere and somehow there was an answer to the dual question of why they were not being helped and why they kept calling. I suspected that if this question was answered then light would also be shed on why other callers benefit from talking to Life Line. Could the 'problem' of chronic callers be created to some extent by Life Line and its method of counselling?

Having looked at Life Line's structure and methods, I would now like to examine some of the aims of counselling in general.

The Process of Growth in Counselling

Let us first look at the process of growth which both counselling and psychotherapy facilitate. It is generally held by psychologists that "pathological" behaviour is influenced by events in the past. These events have somehow forced the individual, without his knowing it, to behave "pathologically" in the present. The task of the psychotherapist is to help the client understand how the past is driving him in the present. Once he understands, he is no longer driven, but is free to act and behave according to his authentic nature. His authentic nature will then engage with the facts of the present and will no longer be distorted by the past.

One can have no argument with this. There is an intermediate stage during which the individual learns to be in the present. This, as I see it, is why clients so often model themselves on the therapist. Something has to enter the

vacuum, and it is the identification with the seemingly omnipresent therapist which does. This is not the final autonomous state because now the client behaves as someone else. Finally disidentification, the next stage in the process, takes place, and the individual moves towards autonomy. In becoming autonomous, he learns to live with the discomfort of his "badness" and be free enough to change his behaviour and thoughts. He can accept that some of his behaviour can be bad for himself and others, and in accepting this can correct it and move towards greater autonomy. This movement towards autonomy is known as growth.

Freud called psychoanalysis "the talking cure", and talking is also the medium of counselling. But not all talking is a form of counselling. The first difference between talking and counselling, at least at Life Line, is the willingness on the part of the counsellor to talk to anyone who calls. This is true of the caller as well: he expects to talk to someone, whom he does not know, at length and depth and about very personal matters. In everyday life one is not prepared to talk like this to strangers at least not for more than a few moments.

I believe the difference is that we do not regard ordinary speech as therapeutic. It is part of our culture to believe that healing can only be practised by someone who is specially trained. The counsellor, who has had this training, believes he is capable of exercising healing

powers. The counsellee, also trained by society's norms, feels confident that he is talking to an expert. Although these expectations may not prove to be correct, counselling can work, and often does, because it uses those aspects of ordinary human relationships which are specifically therapeutic. Seen from the perspective of ordinary talking counselling is very stylized, because it maintains focus only on certain areas.

Obvious as it seems that we do turn to others for help in times of distress, I feel this needs to be explored.

People enter counselling because they feel distress. Going back to the early stages of development Strasser (1974, pp. 299-305) says: "The baby feels comfortable, satisfied, secure ... only ... in the contact and through the contact with the mother .... The situation, indeed the whole surrounding world is felt to be peaceful, secure, comfortable". Quoting Kemplim, he says "Feeling not only makes man integrated as an individual, it also joins him with his fellow man in higher unity. According to our experience even with the adult, intensity of feeling, richness of expression and coherence with the environment are always geared to each other". Phenomenologically speaking, the quality of the world is a correlate of man's feelings.

The nature of distress is the loss of meaning and, for the adult, the loss of objective meaning. Strasser says that three basic emotional tendencies exist: "The innate desire for pleasures and the inclination to turn against whoever frustrates the gratification of this desire; the innate need for security and the aversion from what causes his dread; the desire for power and the tendency to overcome his helplessness". In behaviour they are characterized by the three contrast pairs, the extremes of love and hatred, of elation and dread, of triumph and despair. The nature of distress therefore is hatred, dread and despair.

The aspects that are therapeutic are a sharing of self. Arbuckle (1967, p. 33) says "there is a general agreement that the counsellor in his relationship with a client is sharing of his self in a personal and human confrontation with a fellow human being". Sharing of self also happens in a good friendship and other non counselling relationships but only at moments. In counselling, other factors which keep friendships going do not operate, or operate only minimally.

But this still does not tell us why we turn to the other when these emotions are experienced. Strasser says that they occur "when his existence actually or seemingly is at stake and it is then that his objective world loses its meaning. For all these emotions disappear once the warm, gentle mother reappears". As the child develops, he reaches a stage where he can know that his behaviour affects his mother and

realises his own power, which burgeons with the advent of language. Instead of crying, which is purely an expression of how he feels, he now calls for his mother. He now has some power over his mother's behaviour.

This explanation of why we reach out in distress is based on the theory that the original distress experienced by a baby is caused by the mother's withdrawal and that his distress is then alleviated by her warm presence. When we experience distress in adulthood, the basic structure is the same as those early feelings, and we turn to others for comfort. The phenomenologist's viewpoint is that all human distress is the unfulfilled actualising of our possibilities. The baby longs for an actualising of relationship possibilities with its mother, and if the mother is absent then these unfulfilled possibilities are distressing to him (Hall, 1978, p. 323).

Phenomenology however does not seek to understand man in terms of being determined by his past behaviour and experiences, but in terms of how he is present to the world. If one accepts that all human pathology is an encroachment on and an impairment of the free open fulfillment of human existence, then a foreclosing of relationship possibilities will bring with it symptoms of distress. The longing for a fulfillment of these possibilities includes a longing for relationships with others and therefore it is towards others that we turn. Distress is thus the impairment of these

relationships and the phenomenologist does not need to seek causality in childhood.

People turn to others in distress, but why to counselling or psychotherapy? Kruger (1977, p. 102) says it is clear that people who go into psychotherapy have a conviction that their lives can be different. It is not necessarily that they want their neurotic symptoms cured. Their conviction lies in their knowing that the life they are leading is making them sick and that they can change it, but they do not know how to. Those who simply want their symptoms taken away are more likely to go to medical doctors than to psychotherapists.

Others who go into psychotherapy do not know what they are letting themselves in for. Their expectation is for something to be done to them (like being given an injection or a tablet) and all they need do is wait for a cure. Their subsequent disenchantment can however be overcome if the motivation to change is strong enough.

Whether the reasons for entering psychotherapy are the same as for phoning Life Line is not known. An important difference is that psychotherapists do not advertise what they do, but Life Line does (it "cares"). It may be that many people phone Life Line because they respond to its invitation. People who phone Life Line are likely to be either those who see Life Line as being able to do something

to them, or those who want to change their lives themselves but need help from someone. Chronic callers, however, do not seem to fit either category. They will not accept referral to psychologists and they refuse to come in to the organisation for face to face counselling.

The Phenomenological Method

I can recall the sense of betrayal that I felt during my first year as a student by the implications of Skinner's theories, in such contrast to the study of English novels which for me portrayed reality. I could not accept that my life and my behaviour was merely an elaboration of the rules of operant conditioning. When I expressed this to my psychology lecturer I was told "your resistance is significant". Psychology seemed to distort reality and so became for me an instrument of oppression. As a subject for a behaviourism experiment I distinctly remember "knowing" that there was something grossly contrived and grotesquely simplified about the method. My reaction was "This cannot be so" "I am not like this". Thus began my profound dissatisfaction with theories in psychology.

Psychology, as behaviourists defined it, implied that there were two types of people, the subjects, controlled by environmental stimuli, and the experimenters, who were

somehow free to do as they wished. I could not help wondering what put the experimenters in the privileged position by which they understood others by some esoteric knowledge.

When I entered therapy, I entered a world which seemed to me an answer to the alienation which psychology had been exacerbating in my undergraduate years. During therapy, my experiences were taken seriously.

Taking the individual's experiences seriously is a basic premise of phenomenological psychology. It is the study of ways in which we are in the world, called modes of being, or existentials. It does not postulate laws about the inner workings of an individual, for to do so would immediately invalidate those experiences which do not fit a theory. Behaviourism and other theories of the individual ignore the world as experienced, and concentrate on inner mechanisms or on observation of behaviour. My own movement towards phenomenology, from a severely limited childhood via behaviourism and through psychotherapy opened the world to me. It did not open my "inner psyche" to the world. For me phenomenology was the only appropriate form of research for this thesis.

Nevertheless it was difficult to make the transition from the empirical method. I thought: "If I am gathering protocols

from many people and collating their experiences, can I draw any conclusions from them if the sampling is not random?" Then it occurred to me that representational sampling was not necessary because I had no hypothesis to prove or disprove. Assuming I had followed the empirical system and found that a certain percentage of Life Line counsellors had negative feelings about chronic callers, what then? I would have found which attitudes predominated, but the data would have had no other real consequence.

In the scientific ethic, the subject is man, and the object, the material world. Man although material, is conceived of as having an immaterial and separate existence from the material world, an existence which is internal, private, and made up of experiences, feelings and thoughts, seen mostly as distortions and misapprehensions of the "real" objective world. The senses are seen as the channels through which information from the real world enters the individual and these stimuli are then organised by the brain. Through a complex of neurophysiological processes, which are sometimes prone to interpret these stimuli mistakenly, the subject man gets to know the material world.

A way of corrècting distorted interpretations of sensory stimuli is for man to trust and take as real only those stimuli which can be measured. Immeasurable information is discarded and relegated to a broad category called subjective i.e. misinterpreted information. This belief, originated by,

Descartes and continued by others, separates man and the world. This view, applied to psychology, results in attempts to make information about others real i.e. measurable. It is seen as a technical task which will be refined progressively as measuring instruments become more sophisticated.

If, however, one sees man as being-in-the-world, as the phenomenologists do, then object-subject duality does not apply. Subjective and objective are the same event, not different. Thus subjective experience, counselling the chronic caller and the object, the chronic caller, are the same process. Yet why does it appear that they are different?

The answer lies in understanding what we do with our experiences. One can never experience wrongly, but one can be wrong about the events which make up that experience, and the two can become falsely differentiated by the process of dualistic thinking. Knowledge it is believed is required to restore objectivity, but often all it does is create a false belief that there exist facts "out there" which are objective and facts "in here" which are subjective.

Once one accepts the scientific method of research one is trapped by it. The method produces its results, but those results are often so arid that they say nothing. One is then compelled either to say so, or to pretend that what has been

said, is worthwhile because the method is "scientific". This reasoning strengthened my commitment to phenomenology.

A new problem immediately arose. In numerous phenomenological studies the focus is on a single experience, such as suspicion, anger, or love, experiences usually described by one word. But there is no one experience of counselling a chronic caller. Whereas the former studies move from the essence of the experience, eg. love, to the surrounding events, in this study it was the other way around. The events called "counselling a chronic caller" are looked at in an attempt to get to the essence of it.

To illustrate, take the example of suspicion. The dictionary definition is "a feeling of partial or unconfirmed belief that something is wrong". This is commonly understood by everybody. Why then go to such lengths to research it? Yet if we were to ask someone what suspicion was, they would be hard pressed to explain it without giving an example of a time when they felt suspicious. Phenomenological research unravels the events during which suspicion is felt and in those experiences seeks the commonality which make up the totality of suspicion. One is never suspicious in isolation; one is suspicious of somebody, at some time, for some reason, rational or otherwise. It has duration, intensity and touches and intertwines with one's life at that moment. It cannot be objectified.

In researching the experience of counselling a chronic caller, I have to work differently. In the other examples the given experience, eg. suspicion, is researched in order to uncover the structure of the lived event in which it emerges. In this research the structure wherein "counselling a chronic caller" emerges is already given. It is the common experiences eg. love or suspicion, which I am trying to reveal.

Man is not equipped with a given set of emotional responses of which every experience is merely a permutation. Certain experiences are unique. The first man to step on the moon experienced something unique, but once enough people have gone to the moon, and only then, will a language for that experience develop.

Applying the Phenomenological Method

Every Life Line counsellor has much to say about chronic callers, but these are mostly judgemental statements made on reflection after the event and thus not experiences. Of course there is no such thing as raw experience, one always reflects to some extent. The respondent cannot reasonably be required to remember what he experienced exactly, and even if he could, he could not relate it accurately. And even assuming I found respondents who could relate their

experiences without reflection, it would be impossible for me to sift the genuine, on-the-spot experience, from thoughts which occurred before and after the event.

"Experiences" in this context means everything which illuminates an understanding of the experience of counselling a chronic caller. I have excluded biographical accounts of the chronic caller made by counsellors, because their contribution to the understanding of the phenomenon seems too unclear. For example, one respondent reported a sense of anger at a chronic caller for "the waste of his life". It can reasonably be assumed that her anger was due to the sense of waste she felt during the calls. It is not likely that she would respond with anger to a non-chronic caller who had "wasted his life".

The phenomenological method assumes that the researcher and the subject are equal in the search for the meaning. What I explicate from a subject's experience is directly available to the subject. No specialized knowledge or theory is required to interpret the data, as would be the case in psychoanalytic interpretation.

Having settled these questions, I set about collecting the data. I approached the Life Line office in Port Elizabeth and spoke to the director, explaining that I wanted to interview people about chronic callers. With my long

association with Life Line, my request was readily granted. No effort was made to establish any commonality amongst the nine respondents other than that they wanted to be interviewed: variables associated with motivation or any other factors were thus ignored. The counsellors were asked if they objected to having their responses taped - none did - and they were asked only one question: "Explain or describe how you experience counselling a chronic caller". No attempt was made to define a chronic caller. It was assumed on my part that the phenomenon presented no conceptual problems, and the fact that no respondent needed any clarification was sufficient proof that my assumptions were correct.

Some subjects were unclear about what was meant by the word "experience". I helped them by saying that if I asked them to describe the facts of a sunrise, and the experience of a sunrise, their responses would be quite different.

Another nine accounts were gathered in Johannesburg from the Life Line branch there. The same procedure was followed as was used in the data gathering at the Port Elizabeth branch. The two branches showed such similarity in their experiences, that I concluded the phenomenon was the same.

Selection and Explication of the Protocols

I taped the interviews with the eighteen respondents, remaining as non-directive as possible, and only asking questions when something was markedly unclear to me. When the counsellors began to generalise too much I would ask them to talk about one specific chronic caller in order to bring them back to the experience. The interviews were then transcribed verbatim. After reading them, certain inadequacies in ten were revealed. I decided at this stage not to include all eighteen protocols as this would make the thesis too long. The eight protocols which seemed the most adequate were thus chosen.

The ten were rejected for the following reasons: Two speculated extensively on the lives of the chronic caller. Their experiences of counselling were described in too limited a way to add anything to those I had chosen. One respondent gave a magnificent account of his experience of counselling, but as he saw no difference between a chronic caller and an ordinary caller, his protocol did not seem to shed any light on the topic. The protocol of the fourth respondent was more of an extended reasoning why she held certain attitudes than a descriptive account of her experiences. Three others were rejected because they were very similar in content to those chosen, and what they said was not as clearly articulated. Another counsellor seemed to have so many personal problems, that her protocol was too

obscure to have much value in this research. Yet another protocol was rejected because I was not satisfied that the counsellor was describing a "true" chronic caller. The last protocol excluded had not clearly differentiated her anger towards Life Line from her anger towards the chronic caller. However, all ten protocols were first explicated in full (see later) before these conclusions were reached. Their explications revealed no new meanings that were not present in the eight chosen.

A repeated reading of the remaining protocols suggested the rich complexity and essential nature of their meaning which would be revealed on close attention. However the protocols showed that they contained much that was irrelevant to the experience of counselling a chronic caller.

The term "chronic caller" is a misnomer because it is the counsellor/caller relationship which constitutes the phenomenon. The structure of that relationship must be described even if it is taken for granted by the respondent. In describing this structure I must make certain working assumptions, as a phenomenologist, however, I will be prepared to have my assumptions overthrown by an examination of the data.

An overall structure of the experience of counselling a chronic caller contains these elements.

(a) that it occurs only in Life Line.

(b) that it is a type of dialogue between a Life Line counsellor and a counsellee.

(c) that the dialogue emerges because of the beliefs that the counsellor has about counselling.

(d) that these beliefs are thrown into doubt by the chronic caller - hence the "problem".

The counsellors themselves define the chronic caller as someone who phones very often, although in practice many have seldom spoken to chronic callers. This is not surprising because of the working structure of Life Line: the number of counsellors required for shift work, coupled with the high turnover of counsellors. Therefore it is not to the individual's experience but the cumulative experience that we must turn to reveal the chronic caller.

A type of informal learning takes place between counsellors when they chat to each other. In this informal learning a senior counsellor will tell a probationer "all about" chronic callers. The new counsellor will often know that a caller is a chronic caller even if he is counselling him for the first time.

The emergence of the meaning as I read the protocols indicated how the method would unfold. It was clear that the data had to be arranged in a more readily available manner.

This was achieved by extracting essential themes (Kruger, 1979, p. 128). The formulation of these essential themes at times grasped submerged meanings which were not directly expressed.

These essential themes could only be derived after close reading and an attunement to the holistic sense of the protocols. As Wertz (1979, p. 13) says "In our experience different researchers have varied in their work at this phase of research, and necessarily so, for meaning units are meaning-unities for the researcher. Each researcher has his own preferred way of embracing part/whole relationships which are comfortably comprehensible for him."

Having divided the protocols into essential themes I found that the phenomenon of the chronic caller emerged more clearly. It also became clearer which constituents were relevant and which were irrelevant. The irrelevant constituents were excluded. This was a rigorous step although it was sometimes made intuitively. The relevant constituents were then grouped together in terms of similarity of meaning. This was a difficult step as interrogation of seemingly identical statements revealed subtle differences.

I then reflected upon these themes and pondered their significance in order to test whether my assumptions about

their relevance were indeed correct or not. To illustrate this process, here is an example taken from Jean's protocol: The following numbered meaning units all have a common theme.

"27. I would like to know in terms of psychology if it is right to be there with them or not.

28. I would like some direction about it.

52. I would like scientific clarification about this, whether it helps them or not.

53. I would like some direction on how to handle the calls.

82. I would like some direction."

These themes all repeat the idea that she would like some psychological insight in understanding and counselling chronic callers. At first all these statements appeared to be reflections of her counselling and not experiences of counselling as such, and therefore irrelevant. Yet as I interrogated them and attempted to make sense of them it emerged that they did indeed contribute to the experience of counselling chronic callers. In asking for direction Jean was expressing a dissatisfaction with her training and was questioning the beliefs and values she had learnt at Life Line. As I have discussed, the throwing into doubt of these beliefs and values, contribute to the emergent meaning of the chronic caller.

Having extracted the essential themes, I then translated the language of the subject into the specific language of phenomenological psychology (Wertz, 1979, p. 31). These I have termed the situated structures.

On reading these, it seemed as though a distance had been created between the respondents' language and the language of the situated structures. In Ingrid's protocol, for instance, she says "The person is not prepared to look at anything I find, so I get quite bored and I tend to sometimes switch off." In the situated structure this is stated as "Her openness towards the counsellee is rejected, so she restricts her presence to him by becoming mechanical."

Why transform her language? Firstly, phenomenological language attempts faithfully to describe the experience. The respondent may be in the habit of talking dualistically in which case what she calls the expression of her experiences are seen as translations by me, the phenomenologist. I make use of a language which I believe reflects her experiences as they are lived. Secondly, the act of distancing the phenomena from her original expression allows me, the researcher, to locate the phenomena in psychological understanding so that it can be shared with other psychologists. Wertz (1979, p. 36) expresses this idea as: "It is precisely the apprehension of implicit immanent significations that constitute the fuller psychological sense which the researcher achieves."

In what follows, I have chosen one protocol, and presented all its stages of explication i.e. 1. Verbatim transcript,

2. Essential themes,

3. Situated structure.

For the others given, I present only the essential themes and the situated structure, since to include the transcript of each would have been too lengthy.

Even to include the essential themes of all eight protocols may seem too lengthy, but I decided to include them to allow the reader to experience the same intuitive emerging of the phenomenon as I had.

Having arrived at the individual situated structures, I then combined them to form an "extended description of the situated structures" -- a general statement which combines all their elements (p. 118 - 119). This step was necessary because counselling chronic callers is a phenomenon which is shared, not solipsistic. It is a generally experienced event and does not only apply to one counsellor's world. The immanent meaning of the chronic caller is true for all counsellors. It is clear from the protocols that essentially the same experience is described in different words by different counsellors. Thus boredom with the chronic caller is described as switching off, being distracted by other

things, becoming distant, or being unable to pay attention acutely.

A multifacetted overall comprehension emerged and the chronic caller began to stand out as a phenomenon larger than each individual's experience of him. Phenomenologically this means that each counsellor reveals and is open to the chronic caller to a limited extent only. Through all eight individual expressions of the chronic caller, the totality of the phenomenon emerged.

In addition to the "extended description" I felt that a more concise underlying structure could still be extracted. Once this structure emerged, it was clear that it could be grouped into three phases (pp. 120 - 121).

Phase 1 describes the mode-of-being a Life Line counsellor.

Phase 2 is the experience of the chronic caller.

Phase 3 is the mode of expectation of counselling a chronic caller.

This last mode is a result of the counsellor's attempts at resolving the contradictions inherent in Phases 1 and 2. All three phases constitute the total phenomenon.

PROTOCOL NUMBER 1 (JOHANNESBURG)

Jean

Verbatim Description

Being with Life Line. Ah, my mental feeling about chronic callers was that they were being dismissed by other people and I felt that with the same kind of caring and sensitivity and warmth and empathy that was we must be able to get somewhere. Ah, so for me I took each caller at each call at face value, whether it be a chronic caller or not and either they were identified, or I could identify them, and in the early days I used to kind of get the feelings that I had a break through, I felt that by really reflecting and taking them seriously and really listening and empathising I was getting through, but then later on there was a frustration because on getting the same caller again, again it was as though the things I had said had no meaning, that put me in a kind of sort of sticky spot. I had to sort of reason to myself, ah whose needs were being satisfied, mine or theirs, and I realised that the kind of breakthrough that I thought I had been having were good for my ego, but in fact getting the calls again and realising that I had no impact or that I hadn't broken through or got anywhere - ah - again was my need to get somewhere and uh, so I know I experienced frustration and then I thought who am I to decide. If they want to keep phoning and they enjoy it obviously, that I was putting up as well, ah OK, that's what we are here for and then later on other thoughts came in. Am I not reinforcing their problem or is perhaps their problem or their

difficulty, being reinforced by the fact that Life Line is always there to listen, and just be warm and just be caring and to be on. Ah, at one stage I remember adopting ah, a sort of more open approach and that is one I am kind of sticking to now to a regular caller that I have spoken to before - is saying yes we have spoken before and you have told me that in the last time I spoke to you, we reached such a point hoping that something would come out of that but I -I think its disappointing that, because I feel I am not really achieving anything but then I don't know what I am supposed to be setting out to achieve, so if I am there for them, that's OK, I don't want to say no, we won't speak to them, I don't want to be a party to saying to cutting them off, but it does leave me wondering on benefit for them, benefit for me not so bad, I have passed through the frustration. I've passed through the irritation, ah, it's just that I would actually like to know whether, well when I say I would like to know, I would like to know psychologically in terms of psychology if its right for me to be there and continue what I am doing or not, I would like some direction on that that's my confusing issue at the moment, but for myself I am able to just be with them and uh just keep reflecting and give them the twenty minutes that we agreed to give them and then to terminate. Ah I find also that it has been of more, ah, value again I am not sure for who, for me or for them, to be straight and to say we have been through that before last time, ah - the tapes getting me. I am

Ah, what else about regular callers?

Me - Perhaps you can tell me of one, any one who comes to mind for what ever reason, and tell me your experience of counselling that person.

OK, ah, the whisperer was a regular caller for a long time and I got him every time I did an evening shift and every time I got ah, I did a midnight shift - it actually got scary at one stage, I found the hackles rising on the back of my neck, and I was very tense when I took those calls. Also I went through the same process of being fairly confronting at one stage and feeling that that had created a breakthrough, but then again the next time it didn't seem like it, I didn't like taking those calls. I find there are some chronic callers that are easier to be with than others, but then I suppose that applies to all counselling, ah, me, - and another thing with chronic callers that I find frustrating, I suppose is that they have spoken to so many counsellors, along the line, that they use them, they use the Life Line jargon and the Life Line way of speaking back to us and that kind of seems not real or not relevant and there isn't any realness in that you know, ah - funnily enough I also think with regular callers that ah, who are they regular for, I sometimes read reports and I can take a call and not identify it as a regular caller, and it could feel like a pretty satisfactory call to me, so I think taken in isolation each call can sometimes feel OK, and then reading the report afterwards leaves me feeling a bit conned, ah but taken in isolation nevertheless it still seems an OK call and when I say OK, I mean that the response has been there and I feel as though I have been heard and I certainly feel as though I have shared a relationship with that person, ah, when I say I

wonder who they are, regular for I mean that me as an individual might only have spoken to that person twice and therefore they are not really a regular caller for me, its only the fact that there are reports and there has been a lot said about them and direction given about them that makes them a regular caller. They only become regular for me when I have had them eight or nine times and I am always stuck in the same place, or I feel that in relation to the last time I have spoken to them there is nothing, there is a void. Ah, - I am not actually sure why, they keep phoning back, I like to think that it's because they are receiving some kind of warmth and caring that they are not receiving in the outside world, and then it's OK for me, but I also feel, that perhaps sometimes it becomes an escape from actually handling or dealing with the problems, or,- or going into a more, perhaps if it's necessary, serious form of therapy, or getting some other kind of help and then I feel it might be a blocking, a blocking thing for them to be able to keep phoning, again the reinforcement, so that is a conflict area, what I would really like is to have some scientific clarification on whether or not when they, should, they should be allowed to phone all the time, and also some direction on how to handle it, we at times to ah confront some and to ah, limit others to certain amount of time and those things are all OK but for me they don't really handle the cause of it, which is where is it all leading to and the not knowing, that, that's actually the ah, in the case of regular callers the not knowing, what it is they want, and whether what we are doing is actually for their benefit or whether it is detrimental, that is my biggest worry about the chronic callers. Ah,

there is another chronic caller who I have spoken to quite a lot, and is the "bird lady" and that there is a tremendous irritation also I find myself getting bored, and there again it is only since she has become a regular caller for me.

The first few calls that I had with here were OK and again I had that kind of feeling that I was getting somewhere, ah, and it leads me to wonder about those sort of things, ah, I am just thinking that a lot of our chronic callers are in a fantasy world, ah, I am never quite sure whether the things they are talking about are real, in fact come to think about it a lot of them aren't, so that in that way they are actually different from our other callers, ah, you know some of the horrific experiences that the bird lady has for example, and some of the fantasies that the whisperer has, that they seem to have in common, I think there is another caller that has that same kind of unreal world that they are presenting whereas the other regular callers who seem to be regular over a short period of time, through a specific crisis or area of difficulty in their life, those are quite different, that's another experience altogether, because there is a reality involved and even though they are going over the same area all the time it is in a different way it's not in a fantasy world it is related to the real world and an actual problem that they are encountering and their difficulty is for example, getting a job, even though it might go on for three months there is something more solid and something more real about it, and its also frustrating at times but, nevertheless its ahum, somehow I feel more clear

about that, there I know my function and I feel that my function is pretty valuable, its clarifying all the time, it seems to have a direction which the other kind of calls don't have. My feelings about regular callers, ahum, keep changing, the end of one call I can feel terribly frustrated at the end of that same regular caller another time I can feel tremendous compassion for him, which makes me think somewhere along the line he is manipulating me too. Ah, perhaps that ties up with what I say when they use their jargon, I almost have the feeling that they know, when we are perhaps getting bored or, or pulling back or something, to come in with something and then, ah you know, my kind of behaviour says ah here is something I can reflect and do something with and yet there is that kind of, I don't know, helplessness or, at the end of the call, so I don't know what it is it's the not knowing, it's frustrating.

Me - what do you mean by not knowing.

The Ja - by not knowing - not knowing what it is they actually want of us, not knowing whether the giving of reflections, the reminiscing and the clarification if that is what it is they are asking, or is there something else underneath, you know I would like some direction, I don't know how I realise that within our framework it is not possible ahm, I don't want to abandon them but I have this feeling that I would like to hand over to someone who knows more than I do, you know, I feel a kind of helplessness, maybe its an inadequacy, even to really handle it because I don't fully understand, what it is, whereas, with most of the other calls we get I think I do have an understanding, and then when I think I do have an understanding of the repeated

call, a little while later, seems to indicate, I was off the mark or that isn't what it was about, but I think that I do pick up that there is a need to talk and I also pick up that they must get something from us, that enables them to keep phoning and as I said before that's OK for me, if I know it's not being harmful for them or reinforcing. Now there is also this idea sometimes that by me, or Life Line taking these calls from people who have obviously got a problem, ah, that in a way it's diffusing it and that if I don't take those calls, I am letting him loose on an unsuspecting public and that could be more harmful, so I feel that maybe this is also a protection thing for society, a protection service we are offering in a way diffusing thing. Maybe I don't actually see regular callers as a problem, as such, I just see them as being slightly outside our framework and needing a different approach, needing a different way of handling, needing some guidance and direction and I would like to have that, that knowledge. Thinking about it, I think I find it quite offensive the way the term regular callers is used, I think that a lot of people pick up messages from the casualness with which it is said, "Oh that's a regular caller", that perhaps allows them to feel that they need putting less effort into that call and less caring and less warmth, etc. Ah, and almost not take the call as seriously. It's a labelling, I don't approve of labelling at the best of times but this particular kind of labelling actually lumps the whole lot of regular callers together and yet each one is very different - OK.

	Natural Meaning Units	Essential Themes
1.	Being with Life Line, ah, my mental feeling about chronic callers was that they were being dismissed by other people	S. initially felt chronic callers were being dismissed by others
2.	And I felt that with the same kind of caring and sensitivity and warmth and empathy that was we must be able to get somewhere.	She felt that offering them the same conditions would lead to something as constructive as in other cases.
3.	Ah, so for me I took each caller at each call at face value, whether it be a chronic caller or not and often they were identified, or I could identify them,	Initially S. did not classify people as chronic callers but sometimes they were identified as such or S. came to identify them.
4.	and in the early days I used to kind of get the feelings that I had a breakthrough,	In early days S. felt she had achieved a breakthrough
5.	I felt that by really reflecting and taking them	S. felt that by really listening and

	seriously and really listening and empathising I was getting through,	empathising and taking them seriously she was getting through
6.	but then later on there was a frustration because on getting the same caller again, again it was as though the things I had said had no meaning	S., on getting the same caller again and again was frustrated by the realisation that what she had said had no meaning
7.	that put me in kind of sort of sticky spot. I had to sort of reason to myself, ah whose needs were being satisfied, mine or theirs,	She felt stuck and had to ask the question; whose needs were being met, hers or theirs?
8.	and I realised that the kind of breakthrough that I thought I had been having were good for my ego,	She realised that the kind of breakthrough she had was good for her ego but not necessarily for the client's
9.	but in fact getting the calls again and realising that I had no impact or that I hadn't broken through or got anywhere	She realised that she had no impact on them

10.	- ah - again was my need to get somewhere	She realised that she needed to feel that she had made a breakthrough
11.	and, uh, so I know I experienced frustration	So S. experienced frustration
12.	and then I thought who am I to decide,	She put her right to decide into question
13.	If they want to keep phoning and they enjoy it obviously, that I was putting up as well, ah, ok, that's what we are here for and then later on other thoughts came in.	Tried to rationalize that it was client's decision and that if it was OK for them, it should be OK for S.
14.	Am I not reinforcing their problem or is perhaps their problem or their difficulty	S. realized that she may actually be helping client not to move
15.	being reinforced by the fact that Life Line is always there to listen, and just be warm and just be caring and to be on.	S. saw possible negative effects of Life Line philosophy
16.	Ah, at one stage I remember adopting ah, a sort of more	S. changed counselling style by adopting a more

	open approach	open approach.
17.	and that is one I am kind of sticking to now to a regular caller that I have spoken to before -	S. now tried to handle the problem consistently in this way
18.	is saying yes we have spoken before and you have told me that; in the last time I spoke to you, we reached such a point hoping that something would come out of that	S. confronts the caller by indicating that a certain field has already been covered, hoping that there will be some forward movement
19.	but I - I think its disappointing that, because I feel I am not really achieving anything	S. experiences a feeling of disappointment because this approach does not seem to be practical either
20.	so if I am there for them, that's Ok,	Tries to rationalize that she would be doing a worthwhile job by being there for them
21.	I don't want to say no, we won't speak to them, I don't want to be a party to saying, to cutting	S. does not want to reject counsellee by making unilateral decisions

them off,

22.	but it does leave me wondering on benefit for them, benefit for --,	Rationalisation undermined by question whether this strategy serves any purpose
23.	I have passed through the frustration. I've passed through the irritation, ah, it's just that I actually like to know whether, well when I say I would like to know,	S. experienced the emotional states of frustration and irritation and now wants to know ...
24.	I would like some direction on that that's my confusing issue at the moment,	S. needs direction having failed to come to a solution that she can live with
25.	but for myself I am able to just be with them and uh just keep reflecting and give them the twenty minutes that we agreed to give them and then to terminate.	S. applies a new solution in terminating the interview after 20 minutes
26.	Ah I find also that it has been of more, ah, value	S. finds it of more value to be straight in

again I am not sure for who, for me or for them, to be straight and to say we have been through that before last time, ah - the tapes getting me.

this way but asks the question whether this is not simply done to keep her own image as a capable counsellor

Researcher's Question: perhaps you can tell me of one, any one who comes to mind for whatever reason, and tell me your experience of counselling that person.

27. Ok, ah , the whisperer was a regular caller for a long time and I got him every time I did an evening shift and every time I got

Looking at the specific case of the whisperer and S. regularly had to answer his call.

28. Ah, I did a midnight shift - it actually got scary at one stage, I found the hackles rising on the back of my neck, and I was very tense when I took those calls.

At one stage S. actually feared him: the fear announced itself bodily

29. Also I went through the same process of being

The confrontation strategy that S. had

	fairly confronting at one stage and feeling that that had created a break-through, but then again the next time it didn't seem like it,	developed, did not work.
30.	I didn't like taking those calls. I find there are some chronic callers that are easier to be with than others, but then I suppose that applies to all counselling,	S. finds that there are variations in chronic callers and tries to reconcile herself by noting that this goes for all counselling situations
31.	ah, me, - and another thing with chronic callers that I find frustrating, I suppose is that they have spoken to so many counsellors, along the line, that they use them, they use the Life Line jargon	S. finds it frustrating that chronic callers use Life Line jargon
32.	and the Life Line way of speaking back to us and that kind of seems not real or not relevant and there isn't any realness in that you know, ah	S. finds that chronic callers seem to mock the whole Life Line project

33. - funnily enough I also think with regular callers that ah, who are they regular for,

S. wonders what the role of the individual counsellor is in classifying people as chronic (or regular) callers

34. I sometimes read reports and I can take a call and not identify it as a regular caller, and it could feel like a pretty satisfactory call to me, so I think taken in isolation each call can sometimes feel OK,

S. doubts the validity of such classifications because these calls taken in isolation are OK.

35. and then reading the report afterwards leaves me feeling a bit conned, ah but taken in isolation nevertheless it still seems an OK call

S. feels conned when it transpires that reports, taken in isolation seem OK, but yet stems from a chronic caller

36. and when I say OK, I mean that the response has been there and I feel as though I have been heard and I certainly feel as though I have shared a relationship

S. describes an OK call as one in which she feels she has been heard, that there has been a response and that a relationship has been

	with that person, ah, when I say I wonder who they are,	shared with that person
37.	regular for I mean that me as an individual might only have spoken to that person twice and therefore they are not really a regular caller for me, its only the fact that there are reports and there has been a lot said about them and direction given about them that makes them a regular caller.	Some (regular) callers to whom S. has spoken did not seem chronic to her but then she finds that they have been classified as such
38.	They only become regular for me when I have had them eight or nine times and I am always stuck in the same place, or I feel that in relation to the last time I have spoken to them there is nothing, there is a void.	S. only experiences them as regular if she has had them eight or nine times and there is no forward movement or if in relation to the last time she spoke to them, it seems as if she had not spoken to the person as far as he (chronic caller) is concerned.
39.	Ah, - I am not actually	The situation is OK for

	sure why, they keep phoning back, I like to think that it's because they are receiving some kind of warmth and caring that they are not receiving in the outside world, and then it's OK for me,	S. when she can think that the chronic caller is receiving warmth and caring that he could not get else where
40.	but I also feel, that perhaps sometimes it becomes an escape from actually handling or dealing with the problems, or,	S. feels that the chronic caller is actually escaping from dealing with his problems
41.	or going into a more, perhaps if it's necessary, serious form of therapy, or getting some other kind of help	from going into more serious therapy
42.	and then I feel it might be a blocking, a blocking thing for them to be able to keep phoning, again the reinforcement, so that is a conflict area	When such is the case, S. feels that Life Line might, in fact, be counterproductive; S. then doubts whether her role can be justified in such a case

43.	what I would really like is to have some scientific clarification on whether or not when they, should, they should be allowed to phone all the time, and also some direction on how to handle it,	S. hoping that there will be some definitive scientific knowledge, would like to be directed in what to do.
44.	we at times to ah confront some and to ah, limit others to certain amount of time and those things are all OK but for me they don't really handle the cause of it, which is where is it all leading to and the not knowing, that that's actually the ah, in the case of regular callers the not knowing, what it is they want,	S. feels that the direction Life Line has given them on how to handle the chronic caller does not work because it involves technique and does not deal with the chronic caller's motivation
45.	and whether what we are doing is actually for their benefit or whether it is detrimental, that is my biggest worry about the Chronic callers.	Life Line directives also do not deal with the effects of counselling on the chronic caller

46.	Ah, there is another chronic caller who I have spoken to quite a lot, and is the 'bird lady' and that there is a tremendous irritation also I find myself getting bored, and there again it is only since she has become a regular caller for me.	S. becomes very irritated and bored with a chronic caller whom she has often counselled
47.	The first few calls that I had with her were OK and again I had that kind of feeling that I was getting somewhere, ah, and it leads me to wonder about those sort of things, ah,	S. initially however felt that the individual calls were OK. She felt that there was movement.
48.	I am just thinking that a lot of our chronic callers are in a fantasy world,	S. feels that many chronic callers do not talk about real events but that they fantasize
49.	ah, I am never quite sure whether the things they are talking about are real,	She is however not always sure what is fantasy and what is real.
50.	in fact come to think about	This doubt about the

it a lot of them aren't, so that in that way they are actually different from our other callers,

reality or fantasy is one way in which her experiences of the chronic callers are different from other calls

51. ah, you know some of the horrific experiences that the bird lady has for example, and some of the fanatasies that the whisperer has, that they seem to have in common,

S. is sure the two chronic callers do fantasize.

52. I think there is another caller that has that same kind of unreal world that they are presenting whereas the other regular callers who seem to be regular over a short period of time, through a specific crisis or area of difficulty in their life, those are quite different, that's another experience altogether, because there is a reality involved and even though they are going over the same

Some callers who phone often are not chronic callers because their problem, although often repeated is reality based and there is movement, however slow.

area all the time it is in a different way it's not in a fantasy world it is related to the real world and an actual problem that they are encountering and their difficulty is for example, getting a job, even though it might go on for three months

53. there is something more solid and something more real about it, and its also frustrating at times,

S. experiences their problems as more solid and real, but she can also be frustrated by them.

54. but, nevertheless its ahum, somehow I feel more clear about that, there I know my function and I feel that my function is pretty valuable, its clarifying all the time, it seems to have a direction

S. knows her function with these other callers, she experiences the value of her counselling and is clear about her role

55. which the other kind of calls don't have.

The chronic calls do not have any of these elements

56. My feelings about regular callers, ahum, keep changing, the end of one call I can feel terribly frustrated, at the end of that same regular caller another time I can feel tremendous compassion for him, which makes me think somewhere along the line he is manipulating me too,

S. feels manipulated by the chronic caller, because she cannot understand why she feels frustration with some calls and compassion in others--she suspects that the chronic caller knows how to elicit certain feelings from her

57. Ah, perhaps that ties up with what I say when they use their jargon, I almost have the feeling that they know, when we are perhaps getting bored or, or pulling back or something, to come in with something and then, ah you know, my kind of behaviour says ah here is something I can reflect and do something with

S. feels that chronic callers relate inauthentically to her in order to maintain her interest or compassion when they sense that she is getting frustrated or bored with them.

58. and yet there is that kind of, I don't know, helplessness or, at the end of the

S. feels frustrated at end of call because she does not know what is

call, so I don't know what it is it's the not knowing, it's frustrating.

happening in the call.

59. Researcher's Question: What do you mean by not knowing?

60. The ja - by not knowing - not knowing what it is they actually want of us, not knowing whether the giving of reflections, the reminiscing and the clarification if that is what it is they are asking,

S. does not know that her counselling is relevant to the chronic caller

61. or is there something else underneath, you know I would like some direction, I don't know how, I realise that within our framework it is not possible

S. questions the adequacy of Life Line counselling in being able to understand the submerged content of the chronic caller's appeal.

62. ahm, I don't want to abandon them but I have this feeling that I would like to hand over to someone who knows more than I do,

Although S. doubts the worth of her counselling them, she still feels that they need counselling, but by

	you know,	someone who understands them
63.	I feel a kind of helplessness, maybe its an inadequacy, even to really handle it because I don't fully understand, what it is,	S. has emotional feelings of helplessness and inadequacy because she does not understand them.
64.	whereas, with most of the other calls we get I think I do have an understanding,	S. does have understanding of most other calls
65.	and then when I think I do have an understanding of the repeated call, a little while later, seems to indicate, I was off the mark	When S. thinks she has an understanding of chronic callers she is proved wrong by subsequent calls
66.	or that there is a need to talk, but I think that I do pick up that there is a need to talk	S. picks up that there is a need to talk
67.	and I also pick up that they must get something from us, that enables them to keep phoning and	S. feels that the chronic caller must get something from Life Line to keep phoning

68.	as I said before that's OK for me, if I know it's not being harmful for them or reinforcing.	S. feels that she doesn't have to know what it is that they want, as long as her counselling them is not harming them.
69.	Now there is also this idea sometimes that by me, or Life Line taking these calls from people who have obviously got a problem, ah, that in a way it's diffusing it and that if I don't take those calls, I am letting him loose on an unsuspecting public and that could be more harmful,	S. rationalises taking the calls by reasoning that public is being protected from the chronic caller because if Life Line was not there for them to phone they would phone people who may be harmed by their calls
70.	so I feel that maybe this is also a protection thing for society, a protection service we are offering in a way diffusing thing.	She thus sees Life Line as protecting the public from chronic callers
71.	Maybe I don't actually see regular callers as a problem, as such, I just see them as being slightly	S. wonders if chronic callers are a problem because Life Line is not adequately able to

outside our framework and needing a different approach, needing a different way of handling, needing some guidance and direction and I would like to have that, that knowledge.

understand or help them.

72. Thinking about it, I think I find it quite offensive the way the term regular callers is used, I think that a lot of people pick up messages from the casualness with which it is said, 'Oh that's a regular caller', that perhaps allows them to feel that they need putting less effort into that call and less caring and less warmth, etc. Ah, and almost not take the call as seriously

In spite of S.'s own feelings about chronic callers she still thinks that chronic callers are treated with less seriousness by counsellors than other callers, she does not believe that this attitude is justified

73. It's a labelling, I don't approve of labelling at the best of times but this particular kind of

S. feels that chronic callers are dismissed by Life Line and this is done by a process of

labelling actually lumps the whole lot of regular callers together and yet each one is very different - OK.

labelling them.

Jean

Situated Structure

When she started counselling at Life Line then her attunement to the chronic caller did not differ from her attunement to any other caller: She was empathetic, warm and caring to all callers. She thought that chronic callers were being dismissed by other counsellors. She believed that her counselling of chronic callers was effective: they were revealing something new in their presence to her. As time went on she realised that this was not happening. She wanted to prove that she was a good counsellor but the chronic caller confronted her with the possibility that she was not. The chronic caller remained closed and unclear to her and this frustrated her. She then chose not to decide what it was that they wanted. She wondered if Life Line was somehow inviting the chronic caller to keep phoning but she did not know how this happened. She could not see what the significance of her counselling was to the chronic caller.

She changed her mode-of-being-as-a-counsellor in an attempt to affect a more authentic relationship with the chronic caller, but this did not happen. The chronic caller gave her no idea of what it was they wanted from their relationship with her. She decided that she did not have to know, she could just <u>be</u> there for them, but she doubted if this just-being-there was beneficial for them. She limited her time with the chronic callers to twenty minutes. Chronic callers related to her from an inauthentic presence; they

used counselling jargon. This inauthentic relationship seemed unreal to her and irrelevant.

An authentic sharing of the world with a chronic caller was a relationship possibility which had occurred, however the relationship broke down when they phoned again - there was no meaning continuity in the relationship and she felt deceived into believing that the relationship was authentic. The void in the relationship she experienced when they phoned again was the distinctive quality of the chronic caller's relationship with her. She experienced the chronic callers as endlessly repeating one very restricted mode of relating in an attempt to make up for the lost possibilities of deeper and wider relationships to which they had foreclosed.

When she was bored by their relationship the chronic caller would inauthentically appeal for compassion in an attempt to maintain her interest. Her mode-of-being as a counsellor precludes relationship possibilities with her which she believed could benefit them.

PROTOCOL NUMBER 2 (JOHANNESBURG)

Ros

Essential Themes

1. Subject does not invariably recognise a chronic caller when she speaks to one.

2. When she does recognise him her immediate reaction is "Oh no not again".

3. When she feels that there has been no forward movement in the chronic caller she becomes irritated.

4. She tries not to feel irritated and suspends her own attempts at understanding why she is irritated because she believes to do so while she is counselling will prevent her from being empathetic.

5. S. was empathetic and warm with one chronic caller for half dozen times and then she became bored.

6. The chronic caller then elaborated to stop her boredom.

7. This manoeuvre to hold her attention on the part of the chronic caller made her feel guilty.

8. S. told chronic caller that she was not helping her which angered the chronic caller.

9. Although she tries to get through to each caller, she can't help herself from getting irritated and angry with the whisperer.

10. In an attempt to deal with her anger she confronted him with it, but he did not accept her confrontation and continued talking as if nothing had changed.

11. S. is very interested in one chronic caller. Although she does not understand her and cannot counsel her she is often left wondering why she phoned.

12. S. now recognises that her irritation is present in all chronic calls, not only with some as she had previously thought.

13. S. recognises that her irritation is due to there being no forward movement in the calls and that she has a need for this to happen.

14. S. is excited by forward movement in other counsellees who phone regularly but who are not chronic callers.

15. Her excitement also stems from their reporting back to her how they have progressed. S. feels continuity and forward movement with them.

16. S. also feels that they only want someone available who can listen to them at anytime, a situation that they do not find anywhere else.

17. S. will only listen for half an hour, because she feels there is no point in listening for longer than that.

18. She justifies this as being honest to them and to herself.

19. S. believes that for two of the chronic callers, Life Line offers them some security by being always available.

20. She believes that the chronic callers appreciate this offer of security, but she is sure that they do not expect anything else from Life Line.

21. S. thinks that the possibility exists that if she changed her counselling style, there may be a breakthrough.

22. Yet she does not feel competent to change her counselling and so she has not.

23. She also feels that because she does not understand the chronic caller, she may create a situation which she will not be able to handle if she changed her counselling.

24. She has changed her counselling with other callers because she has felt OK about herself with them.

25. S. has included confrontation and open ended questions

in counselling with non chronic callers and this has produced exciting rewards for her.

26. S. sees the relationship she has with one chronic caller as too fragile to disturb and is fearful of trying to change it.

27. Another chronic caller who speaks rapidly and without a break does not allow S. the opportunity of saying anything.

28. S. is apprehensive of breaking into the caller's talking.

29. S. confronts herself painfully in recognising that she does not have empathy for the chronic caller.

30. The empathy S. feels for other callers happens spontaneously and deepens as the calls progress.

31. When S. feels confused by a call, then she notices this lack of empathy in herself.

32. S. even feels empathy for aggressive drunks and sex callers.

33. S. experiences a sinking feeling when she answers the phone and she recognises one of two chronic callers.

34. Yet, S. keeps working at trying to be empathetic with

them but her feelings of irritation make it difficult and this creates a dissatisfaction with herself as a counsellor.

35. S.'s inability to counsel chronic callers in the same way as she does other callers makes her feel a failure.

36. She finds it hard to admit that she dislikes them, but she cannot avoid her feelings.

37. S. would like someone else to counsel them because she feels they deserve better counselling than they get from her.

38. S. is thrown into confusion and conflict while she counsels a chronic caller and this prevents her from being with the chronic caller as she would like to be.

Ros

Situated Structure

Her responses to chronic callers are influenced by her own past experience of them. It does not seem that the content of the specific call elicits her irritation but it is the fact that she has to go over the same ground again that puts her into this mode of being, which is irritation and wanting to withhold herself.

Although she is aware of her irritation, she does not reflect on it while counselling as she feels this will block her ability to "get into" the feelings of the counsellee. She therefore is living on two planes. The one is the experience of her feelings of irritation at that moment and the other involves her struggle to empathize with the caller--irreconcilable modes of being for her.

Her wanting to "get into" the feelings of the client is a counselling mode of being which she values, but her feelings of irritation threaten to prevent her from achieving this. She also believes that by understanding her irritation she will be freed from its power to block her from entering the client's world.

The counselling qualities which she values are available to her in her initial half dozen counselling contacts, but then

her comfort in her mode of being is disturbed by a mode which replaces the one she wishes to be in. The counsellee senses this shift and tries to manoeuvre her back into the initial mode. Her awareness of the client's attempts at manoeuvre occasions feelings of guilt in her. Her guilt is due to her inability to be present to the client in the way that she believes is correct. Her chosen mode of being as a counsellor is maintained and sustained by her recognition of change in the client. Once this recognition is no longer present then her presence to the client becomes accusatory and irritated.

The absence of change in the chronic caller's presence to her makes her doubt the appropriateness of the mode of being as a counsellor that she has chosen as valuable. Her feelings of irritation and anger do not change her mode of counselling but she believes that she can temporarily bracket them and deal with them after the call. She limits her presence to the chronic caller only on a temporal plane.

PROTOCOL NUMBER 3 (JOHANNESBURG)

Ingrid

Essential Themes

1. S. is frustrated by the chronic caller, because she feels that they obviously have a big problem and the reflective counselling she uses is not helping them learn anything about themselves.

2. S. wonders if some other form of counselling will help them.

3. S. believes that Life Line is reinforcing their problem yet she does not know what their problem is or what they want from Life Line.

4. S. tried to break the pattern of their continuous calling and believed she had succeeded.

5. The chronic caller agreed with S. that his continuous calling was senseless and that he needed help which she could not give.

6. S. was excited by the chronic caller's apparent realisation of the senselessness of his calls.

7. But, he continued to call and talk as if nothing had changed, she experienced disappointment.

8. S. feels sad about them because she sees them as lonely and desperate with no one to turn to.

9. S. feels that they turn to Life Line, who cannot help them either and this frustrates her.

10. S. felt angry with one chronic caller who phoned repeatedly on a midnight shift.

11. S. confronted him with her anger at the senselessness of his repeated calls and he agreed with her, he rang off and a few minutes later phoned again.

12. One caller, who seemed like a chronic caller to S., did however change, and he gained insight and stopped phoning.

13. S. is bored with the chronic caller who speaks about the same things over and over again.

14. S. experiences the counselling as going round in circles.

15. S. also gets bored because the chronic caller will not respond to what she says. In her boredom her counselling becomes mechanical.

16. The chronic caller seems to deprive her counselling of its innate meaning.

17. S. feels chronic callers are desperately lonely and Life Line provides them with someone who will listen to them.

18. S. thinks that the reflective approach makes chronic callers feel that they are understood.

19. S. feels that there is nobody in the chronic caller's life who will listen to them the way Life Line does.

20. S. feels sorry for a chronic caller whom she sees as a suffering person.

21. S. experiences his need to talk as so great that he will agree with anything the counsellor says, he will change in any way the counsellor wants in order to keep the counsellor on the line.

22. S. does not know if he is masturbating or not as he never seems to reach orgasm.

23. S. feels that if she does not put a time limit on his calls he will just keep talking for hours because his need to talk is so great.

24. S. feels empathy for him, she likes him and would like to be able to help him change, but his persistent calls anger her.

25. Her frustration at not being able to help him through counselling or by getting him to see a therapist ends in feelings of helplessness, uselessness.

Ingrid

Situated Structure

The efficacy of her mode of being-as-a counsellor which reflects the caller's feeling fails to achieve the desired change in the chronic callers presence to her. Her mode of relating to a counsellee in a non directive reflecting manner is, she believes a way of increasing the life possibilities of the counsellee. The expectations which flow from her acceptance of this are not met when she counsels the chronic caller: she experiences frustration.

She changed her mode-of-being as a counsellor in an attempt to force an opening and relevation of the counsellee. Apparent agreement by the counsellee that his behaviour was senseless did not effect the changes she hoped for and this angered her.

She gets bored with the unchanged revealed presence of the counsellee. Her openness towards the counsellee is rejected and so she restricts her presence to him by becoming mechanical. The changes that the counsellee makes are inauthentic and directed at maintaining a limited presence in and from her. She feels trapped into an extremely limited and restricted being-presence to him. Attempts to open new relationship possibilities have not been successful and this has left her feeling sore and helpless.

PROTOCOL NUMBER 4 (JOHANNESBURG

Alison

Essential Themes

1. S. felt like an object when she spoke to a chronic caller.

2. S. felt used by the chronic caller, who only wanted to be heard.

3. The chronic caller did not want to relate to S. S. felt that her role as a counsellor was robbed of its meaning. Her part of the counselling dialogue was irrelevant to the chronic caller--who only wanted someone to listen to her.

4. S. finds much of what the chronic caller tells her as unlikely, as fantasy.

5. S. feels that the chronic caller uses her as an audience for her anger towards her mother.

6. The chronic caller makes S. feel sorry for her.

7. S. experiences the chronic caller as unloading her anger, and eliciting sympathy by telling fantastic stories.

8. S. sees the chronic caller as being stuck. She does not

seem to want to move forward.

9. S. experiences the whisperer in exactly the same way now as she did a year ago. There has been no movement and she feels like a robot.

10. S. knows that the whisperer is a sex-caller and that he knows how to keep the counsellor on the line in order that he can masturbate.

11. The whisperer knows what the counsellor expects from her counselling and so he pretends to be counselled to keep the counsellor involved.

12. The whisperer has learned that the counsellor will be interested if he talks about his feelings and so he does, but S. experiences this as inauthentic.

13. S. knows that the bird lady will talk for as long as the counsellor will let her and that it will be difficult to end her call.

14. The bird lady does not move forward at all, reflections do not deepen her perception, she stays at the same level.

15. S. knows that nothing new will emerge from her counselling of the bird lady and feels that a much more forceful approach may produce some results.

16. S. feels Life Line is not uncovering the real disturbance in the bird lady's life.

17. S. feels that the disturbance is of such a nature that she keeps calling and all that Life Line can do is ease her discomfort.

18. S. believes that the whisperer's underlying disturbance is also untouched by Life Line.

19. S. confronted whisperer with the way in which he was leading her on, he agreed and then just continued.

20. S. sees both bird lady and whisperer as wanting something from Life Line and by being closed to any real relating with the counsellor they achieve these aims. Yet she is not sure what they want.

Alison

Situated Structure

One chronic caller's appeal is for her to listen only. This so severely limited her presence to him that she felt denuded of her personness;--she felt like an object. Another chronic caller's presence is so ambiguous that she doubts its authenticity: the appeal is for sympathy only, and although she feels sympathy, the relationship is maintained at this level by the chronic caller.

Another chronic caller also presents inauthentic areas of his being in order to maintain a static relationship with the counsellor. She feels used in this relationship.

Her efforts to open different relationship possibilities with these chronic callers and to be present in a less stereotyped manner is ignored. The authentic being of the chronic caller is withheld and she cannot thus respond to their real existential pain. They maintain this inauthentic presence for a purpose. What that purpose is, she does not know.

PROTOCOL NUMBER 5 (PORT ELIZABETH)

Pat

Essential Themes

1. S. is pleased to get a chronic caller when she is tired because she will not be challenged beyond her abilities by them because she knows that they will repeat what she has heard so often before.

2. She is fond of the two chronic callers that she invariably gets when she is on duty.

3. When S. has just had a difficult call and is busy thinking about it, then she finds it difficult to adjust to a superficial way of relating to a chronic caller.

4. She is fond of a lonely and old chronic caller, but finds it difficult to talk to her when she is drunk.

5. S. has built up a good relationship with another chronic caller who is very lonely.

6. S. finds him interesting. She does not counsel him, they talk about matters of mutual interest.

7. S. feels that she can not help him with his problems, but she can help him with his loneliness problem by just talking to him like a friend.

8. S. is glad to speak to them once per shift, but gets irritated if they phone more often.

9. S. does find it difficult to end the calls as these two chronic callers will continue talking for hours if she lets them.

10. When the old lady is drunk then it is easy to end her calls.

11. S. is irritated by one other chronic caller who seems to make small problems into big ones, S. wants to point this out to her but she does not, because she believes it is not her role to tell the caller about her feelings towards them.

Pat

Situated Structure

The quality and extent of her revealed presence to the chronic caller is often determined by her mood. When the appeal of the chronic caller is not directed toward her in her role as a counsellor, she can relax with them. But when she is in her role as a counsellor then their appeal for a more superficial relationship creates difficulties for her.

When chronic callers are drunk, she forecloses her presence to them as their being drunk is a relationship possibility not open to her.

Her relationship possibilities are usually determined by her role as a counsellor, but with the chronic caller she has to open other non counselling relationship possibilities, such as friendship. She also restricts her presence to them on a temporal basis.

PROTOCOL NUMBER 6 (PORT ELIZABETH)

Val

Essential Themes

1. S. has limited experience with chronic callers but she enjoys counselling them.

2. S. sees chronic callers as using Life Line as a crutch. They do not have friends but Life Line is something different from a friend.

3. There are no people in their lives who could fulfill the role that Life Line is playing.

4. S. feels irritated with chronic callers because they do not really have a crisis when they phone.

5. S. sees them as very lonely and just needing someone to talk to.

6. S. is irritated by their calling if she is busy with writing out reports or when she feels under pressure.

7. S. is not irritated by other chronic callers who do not phone too often.

8. S. enjoys getting to know the chronic callers but gets irritated if they phone too often or when they are drunk.

9. S. then ends the calls as quickly as possible, but she feels guilty about doing so.

10. They often phone when they are drunk because then they need to feel accepted.

11. S. enjoys the togetherness she feels with chronic callers that develops from having spoken so often to them.

12. They need help as much as any other caller.

13. S. cannot counsel one chronic caller, neither can other counsellors. She wonders if it is right just to talk to him.

14. She treats him differently from other callers. She does not expect to progress with him.

15. Most other callers are clear about what is troubling them: the chronic callers are not.

16. Because she does not expect to counsel the chronic caller, she feels more relaxed and frivolous with them.

17. S. feels that what she says is not taken very seriously by the chronic caller so she can relax more with them.

18. The chronic caller avoids talking about his personal problems, he just wants to chat, and from experience S.

knows counselling does not work, so S. just chats with him.

19. S. is usually anxious about calls, and when she hears a chronic caller she relaxes because she knows he will not make demands on her which she may not be able to meet.

20. S. feels that the chronic caller does not reveal what is really troubling him and although she is relieved to just chat to him she feels that she does not really help him this way.

21. S. wonders if her taking the chronic caller less seriously also bluntens her to any real crisis that he may be presenting.

22. S. does not know what it is that the chronic caller wants, what his problem is or how much he is hiding.

23. Because of her doubts about his real need, she does not get too irritated by him.

24. S. feels that she is not trying hard enough to get to the underlying problem.

25. S. feels that the chronic caller masks his real problem and he hopes that the counsellor will be able to pick it up.

26. S. thinks that what the chronic caller is saying by his

repeated phoning is that he has a great problem, but he can not say so in words.

27. S. is influenced by other counsellors' attitudes towards the chronic caller.

28. The chronic caller is seen as blocking the line for other people whose needs are greater than his.

29. S. sees the chronic caller as preventing her from getting down to the serious and worthwhile task of assessing and the working through of her feelings and thoughts about other calls.

30. S. does not like to admit that the chronic caller is less important to her than other callers, but she has to face this attitude in herself.

31. S. pays less attention to the chronic caller, she takes him less seriously and lets her standards slip with him.

32. S. rationalises this attitude by presuming that the caller is only lonely and does not need to be taken seriously.

Situated Structure

The chronic caller appeals to one aspect of her existential presence only. Their extremely limited and restricted lives prevent them from having relationships with others, except with Life Line counsellors. Her being-as-a-counsellor is open to relationships with others in crisis, but the chronic caller does not reveal his crisis.

The relationship possibilities which are open to her as a counsellor preclude the possibilities for which the chronic caller appeals. This appeal by the chronic caller irritates her, especially when her existential being is attuned to those relationship possibilities which are defined by her role as a counsellor. Their appeal is for a presence from her which is not prescribed by her role. Limited as this relationship is, she does experience a certain sharing of the world with them. Her being-as-a-counsellor, which she accepts and values, does not however bring about the change in the chronic caller's presence to her. She thus moves out of her role as a counsellor, she relaxes with them. The restrictions placed on her existential being by her role as a counsellor are relaxed. Their relationship moves on a superficial level and resembles a chat with a friend.

Her existential attunement as a counsellor is an anxious one. She moves into a less anxious attunement when she talks to a

chronic caller but this new attunement activates an anxiety that she will fail to recognize a crisis in a chronic caller should he be in one.

Her conformity with other counsellors and their values includes a devaluing of the chronic caller (i.e. he may be blocking the line). In an attempt to justify her devaluing of him and her limited understanding of him, she presumes qualities and motivations in him, which he has not revealed to her directly, but which she then construes.

PROTOCOL NUMBER 7 (PORT ELIZABETH)

Monica

Essential Themes

1. Initially S.'s experience of the chronic caller was different from what it is now.

2. S. was more idealistic in the beginning, she believed she had helped them and experienced a sense of achievement.

3. As the years passed S. realised that they were not changing.

4. She rationalised this by deciding that she could not take responsibility for their lives.

5. S. also decided that it was not the role of Life Line to change anybody.

6. S. experienced some chronic callers as deteriorating, but did not think that their deterioration was Life Line's fault.

7. S. experienced frustration because all the effort that was put into counselling them showed no positive results.

8. S. feels that Life Line does help them, if only by

listening.

9. S. rationalises the lack of change by saying that Life Line does not presume to change people; it accepts people where they are.

10. S. is now only irritated by the chronic caller if they phone when she is tired. The fact that they do not change no longer worries her.

11. At worst, the chronic caller seems irrelevant in context of Life Line's role.

12. S. is annoyed when chronic callers phone repeatedly late at night.

13. S. cannot accept that the chronic caller is important enough for her to lose sleep over.

14. S. has a friendship with a lonely old chronic caller, and feels free enough to end the call when she feels that the call has continued long enough and may be blocking the line.

15. S. has to remind herself to be ever alert to a crisis that may emerge in a chronic caller.

16. S. is often bored by the repeated stories that the chronic callers relate.

17. S. has a desire to direct the conversation towards the problems in the life of a chronic caller although he shows no desire to talk about his problems.

18. The chronic caller only wants to chat, which S. is willing to do, but she wants to counsel him inspite of his not wanting to be counselled.

19. S. experiences conflict between what she wants to do and what he wants.

20. S. feels that one chronic caller has wasted his life and feels angry with him.

21. S. is envious of all his abilities and possessions and feels angry because he has wasted them all.

22. S. wants to push him into changing as she sees his repeated calling only for chatting as a continuation of this waste, in which she is sharing.

23. S. feels culpable in this waste.

24. S. admires the lonely chronic callers because they are constructively handling their loneliness by making friends at Life Line.

25. S. sometimes feels overwhelmed by the lonely chronic callers gratitude and then ends the call as quickly as possible.

26. S. is boggled by a schizophrenic chronic caller and finds she has to spend time to sort herself out after the call.

27. S. experiences the chronic callers as having needs which are too great for one counsellor to meet. She is happy that there are so many counsellors who can share in meeting this need.

28. S. believes that Life Line is providing something positive to the chronic caller, although what it is that they gain she does not know.

29. S. could not unilaterally decide not to talk to them.

30. S. sees her service as being vulnerable to abuse, but accepts this as inevitable.

31. S. feels that Life Line counsellors are trained to accept socially unacceptable behaviour from callers.

32. S. sees this as another function of Life Line, to absorb and channel abusive calls away from the public to a place where they can be handled constructively.

Monica

Situated Structure

Her belief that she had helped chronic callers change was congruent with her larger belief structure concerning her counselling. Her mode of being as a counsellor was therefore comfortable. Her sense of achievement heightened this unity.

But as time passed she realized that there was no change in their presence to her. To accommodate this disunity between what she believed would happen and what was happening she altered the structure of her mode of being as a counsellor: she restructured her presence to the counsellee. The mode of anticipation in the relationship was closed and in this way she avoided disappointment and frustration.

At times she sees the chronic callers as denying her the possibility of experiencing her counselling - relationship as a worthwhile and relevant activity in the world. Although she experiences the chronic caller as presenting himself in a very restricted way to her, she maintains an awareness that he may open and change at any time. The rigid and unchanging presence of the chronic caller also restricts her presence to him--she experiences this as boredom. Her sense of the unfulfilled and wasted life possibilities of one chronic caller is experienced in her counselling relationship with him which for her is also unfulfilled and severely restricted

in its possibilities. She wants to enter his world to open some possibilities, and his unwillingness to do this only increases her desire.

She can be open to the appeal for friendship from lonely chronic callers. In this openness, feelings of love are experienced but she places temporal limits on her openness to them as she fears being overwhelmed by their gratitude.

Entering the world of a schizophrenic chronic caller opened disturbing possibilities for her and then it took time for her to return to her known world.

PROTOCOL NUMBER 8 (PORT ELIZABETH)

John

Essential Themes

1. S. can divide his experience of counselling chronic callers into two parts.

2. In the beginning S. was fired with enthusiasm to help the caller with a problem or to improve him.

3. S. was exhausted after these calls as he put so much into them and often they were long calls.

4. S. began to realise as time passed that the chronic caller showed no forward movement.

5. S. changed his counselling by becoming more confronting and interrupted them by asking them what the real reason was for the way they were feeling.

6. S. found that this approach made them reveal more of themselves and he felt encouraged to continue counselling them in this way.

7. On talking to them again he found that his expectations that they would build on the previous relationship were not met.

8. S. had to start from scratch with the relationship--he

realised that they had not moved forward in understanding their problem.

9. S. then changed his attitude towards them.

10. S. was so frustrated by not being able to help them that he quickly ended their calls.

11. S. rationalised this by reasoning that chronic callers were blocking the line for other callers whom he could help.

12. S. now terminates chronic calls as quickly as possible. He does this by telling them that he is needed somewhere else and hopes that this strategy, although untruthful, will not be hurtful to them.

13. S. questions the training he has had, and feels it is not professional enough to deal with them.

14. S. also questions whether chronic callers can be helped at all, even by professionals.

15. S. experiences one chronic caller as phoning Life Line in order to shock the counsellor.

16. S. has been taught to accept people, and he was not shocked by the callers story.

17. S. told the caller that it did not matter to him what

the caller said he did, but it did matter if he tried to inflict this behaviour onto others.

18. S. attempted to counsel him into understanding why he behaved as he said he did.

19. S. felt manipulated by the caller. S. felt that the caller was trying to shock him for a reason which was not clear to S.

20. S. doubted the authenticity of the caller's stories.

21. S. felt that by listening to the caller, he was encouraging him in his attempted manipulations.

22. S. tried to counsel him but felt that the caller did not want to change, he only wanted to shock.

23. S. felt that by giving the caller so much time, he was being implicitly encouraged to elaborate on his stories.

24. In order to curtail this implicit encouragement S. cut the calls to five minutes.

25. The caller described in detail his homosexual practices and then asked S. if he was shocked.

26. S. was not shocked and said so. S. was interested as this was a unique experience for him.

27. S. believed that by talking about it, the caller would at least be on the road to change.

28. S. soon realised that the caller did not want to change, but that the caller enjoyed talking about his sexual exploits.

29. S. felt that he did not have the training to help this caller.

30. S. tried to counsel lonely chronic callers into understanding the reasons for their loneliness and into ways of overcoming it.

31. Some lonely chronic callers are lonely because they are bedridden and they alleviate their loneliness by talking to Life Line counsellors.

32. S. appreciates that they do not need counselling and is prepared to chat to them but he does put a time limit to these calls.

33. S. feels that these lonely callers can also block the line to more urgent calls.

34. S. terminates calls from drunk chronic callers as soon as possible because he cannot counsel them.

John

Situated Structure

When he first encountered the chronic caller, his attunement towards them was enthusiastic. He wanted to be helpful and he believed his mode-of-being-as-a-counsellor would allow a relationship which would be beneficial for them. This relationship however did not affect the changes he wanted, so he changed his mode-of-being-as-a-counsellor from the Rogerian mode to a more confronting one. He closed his letting-be presence and revealed a directing and questioning presence. Then the chronic callers revealed more of their backgrounds to him. Yet this did not open new relationship possibilities. The relationship possibilities did not unfold; there was no continuity. He became frustrated by his inability to help them and he blamed them for this. His time was no longer freely available to them: he ended the calls as quickly as he could. One chronic caller's appeal for help was inauthentic, it hid his intention of wanting to share experiences which would shock the counsellor. This so restricted a healing relationship possibility that the counsellor withdrew himself in order to avoid this sharing; a relationship possibility which was detrimental to both. His mode-of-being-as-a-counsellor allowed friendship possibilities with lonely counsellees, but he limited his time for them as he feared they would restrict his availability for callers whose appeal for help was authentic.

Extended Description of the Situated Structures of Counselling a Chronic Caller

The chronic caller is perceived as severely limiting his relationship possibilities with the counsellor. His presence is restricted and is perceived as stereotyped and rigid. This presence, to which the counsellor is initially empathically attuned, does not unfold in subsequent counselling contacts. The chronic caller's openness to the presence of the counsellor is shuttered and his attunement is dissembling. He is experienced as spatially distant. The chronic caller relates in a way which becomes progressvely less comprehensible to the counsellor as the frequency of counselling contacts increases. What the chronic caller is appealing for is puzzling and ambiguous. His appeal for empathy and interest is perceived as inauthentic since, it is experienced as an attempt to maintain a rigid, fixed and superficial relationship.

The chronic caller is thus perceived as denying the counsellor the possibilities of experiencing counselling as a worthwhile and relevant existential task in the world. At times the counsellor experiences difficulty in sharing the same meaning of phenomena in the world as the chronic caller. The counsellor cannot understand the intention of the repeated calls. The counsellor forecloses on his existential temporality towards the chronic caller, who is experienced as wasting the counsellor's time.

The failure of the chronic caller to be disclosed in the light of the counsellor's valued mode-of-being-as-a-counsellor is seen as a shortcoming of counselling. Authentic sharing is experienced during some calls but in subsequent contacts the chronic caller shows no memory of this, creating a severe disruption in the security of the counsellor's expectations of a developing and meaningful relationship. This is perceived as damaging to the counsellor's belief in the potential for mutual benefit which could be experienced in the counselling relationship. The chronic caller is seen as an existentially sick person who choses to remain one, but as the consequences of his choice are unpleasant, he appeals to Life Line for amelioration of these consequences. He refuses to change his existential sickness for existential well-being. The invitation of the counsellor to disclose and unfold a better existence for the chronic caller is consistently ignored.

A superficial relationship with lonely chronic callers who are bedridden is perceived as acceptable because friendship, a mode which is closed to them in the world because of their disability, is opened with the counsellor. But in all other cases the counsellor experiences irritation and anger. These moods affect his openness and he often alters his basic attunement to the chronic caller. Each counselling encounter has the same limited meaning as the one before it.

The Essential Common Structure of the Experience of Counselling a Chronic Caller

This common structure emerges from a holistic view of the combination of the extended situated structure (pp. 118 - 119) and the assumed structures (pp. 46 - 47).

Phase 1. The mode-of-being as a Life Line counsellor.

1. The counsellor expects that his counselling will have a specific meaning for the counsellee.
2. This meaning emerges out of a dialogue which is constituted by the counsellor being open to the caller's appeal.
3. The counsellor expects the dialogue to reveal the caller's existential difficulties.
4. Rogerian counselling is believed to focus and facilitate this dialogue.
5. The dialogue is expected to be progressive in revelation.
6. The revelation of the difficulties in all their lived possibilities, is believed to constitute a resolution.
7. The dialogue can continue with the same or another counsellor at a later date.
8. The structure of this dialogue is its immanent meaning for the counsellor and the counsellee.

Phase 2. The experience of counselling a chronic caller.

1. The chronic caller persistently appeals for dialogue.
2. His appeal is unclear and shuttered.
3. He avoids a dialogue of revelation.
4. The counsellor cannot understand what dialogue he seeks.
5. His authentic presence is hidden from the counsellor.
6. He reveals an inauthentic presence to maintain dialogue.
7. The immanent meaning of the counselling dialogue is lost to the counsellor.

Phase 3. The mode of expectation of counselling a chronic caller.

1. The counsellor expects the immanent meaning of his dialogue to be lost.
2. The counsellor doubts that the meaning of his counselling will ever be achieved with the chronic caller.
3. The counsellor often abandons attempts at a meaningful dialogue.
4. The counsellor forecloses on expectation, hope and striving after meaning.
5. Any possibility of a dialogue of revelation emerging is expected to come from the initiative of the chronic caller.
6. The counsellor does not totally foreclose on this possibility.

The Temporal Existential of the Chronic Caller

To try and understand the "stuckness" of the chronic caller, I turn now to the concept of experienced time, which phenomenologists call the temporal existential.

Kruger (1979, p. 102) says that from his clinical experience he has found that clients who find difficulty in recalling their past do so because forgetting helps them "forget the future". He explains that they view their future as a repetition of the past. Their past was so limiting to them, and their attempts towards unfolding their potential so unsuccessful, that the structure of their lives is such that the future and the past are the same. In avoiding a recognition of their lost existential possibilities they actively perpetuate the continuation of their past into the present and thus into the future.

This is akin to the phenomenological idea of repression so lucidly described by Merleau-Ponty (1962, p. 83). "The repression to which psychoanalysis refers consists in the subject's entering upon a certain course of action - a love affair, a career, a piece of work - in his encountering on this course some barrier, and, since he has neither the strength to surmount the obstacle nor to abandon the enterprise, he remains imprisoned in the attempt and uses up

his strength indefinitely renewing it in spirit. Time in its passage does not carry away with it these impossible projects; it does not close up on traumatic experience; the subject remains open to the same impossible future, if not in his explicit thoughts, at any rate in his actual being. One present amongst all presents thus acquires an exceptional value; it displaces the others and deprives them of their value as authentic presents. We continue to be the person who once entered on this adolescent affair or the one who once lived in this parental universe. New perceptions, new emotions even, replace the old ones, but this process of renewal touches only the content of our experience and not its structure. Impersonal time continues its course, but personal time is arrested. Of course this fixation does not merge into memory; it even excludes memory in so far as the latter spreads out in front of us, like a picture, a former experience, whereas this past which remains our true present does not leave us but remains constantly hidden behind our gaze instead of being displayed before it. The traumatic experience does not survive as a representation in the mode of objective consciousness and as a "dated" moment; it is of its essence to survive only as a manner of being and with a certain degree of generality. I forego my constant power of providing myself with worlds in the interest of one of them, and for that very reason this privileged world loses its substance and eventually becomes no more than a certain dread. All repression is, then, the transition from first person existence to a sort of abstraction of that existence, which lives on a former experience, or rather on the memory and so on, until finally only the essential form remains."

In the same way the chronic caller does not show any evidence of a knowledge of having phoned Life Line so often in the past. He does not remember the past: everything is now. He lives for the moment but not in it. Thus his present is denuded of the richness of past time and the potential of future time. The counsellor's experience of the chronic caller is that he does not move forward in contemplation or expectation of the future, neither does he reflect on the past. He has learnt everything and remembered nothing. Memory is restructuring the past as past whereas the chronic caller has learnt to restrict his being in an attempt never to feel the pain of the past. Kruger (1979, p. 101), quoting Sardello, says that the effects of learning "do not have anything to do with memory". We have a past insofar as we have memory. Learning without memory restricts us to only those possibilities from the past which learning has opened to us. To put it more concretely, closing off, i.e. refusing to remember, certain possibilities of the past is no different to closing off those same possibilities in the present. That means that the possibilities open in the past are the only possibilities open in the present.

One's openness to sharing relates to one's openness to the past. To share one's world is to open relationship possibilities, many of which cannot be anticipated. There is an ever present possibility that in sharing one can experience pain, rejection or shame. As Kruger says, the person who is open to life's possibilities and whose attunedness to the world is one of letting-be, accepts the

possibility of pain. To close himself in case he feels pain will also be to close himself to richness and joy. One cannot structure one's life so as to have one and not the other. This is the risk that the chronic caller will not take.

Limitations of Life Line Counselling

The protocols reveal straightforward statements of feelings, thoughts and attitudes of the respondents towards the chronic callers. These include feelings of anger, hurt, outrage, pity, irritation and boredom. These feelings derive almost entirely from the mode of expectation of counselling a chronic caller (see p. 121). Attitudes of condemnation and belittlement are often expressed in these descriptions.

In their Rogerian training counsellors learn that the more completely open and congruent they are in their relationship with another, the more therapeutic it will be for both. Rogerian psychology is similar to existential-phenomenological psychology in the belief that the other will be invited to open himself to his possibilities. It is the non-actualising of one's potentialities that creates inauthenticity: conversely, the authentic life is the actualizing of potentialities. Boss (Hall, 1978, p. 324) says all pathological symptoms, whether physical or

psychological, are to be viewed as encroachments on and impairments of the free, open fulfillment of human existence.

Rogers' method of counselling is experienced by trainee counsellors as a state of being which allows for greater authenticity of expression or being-in-the-world than the socially acceptable manner of relating. But Rogers' method as understood by Life Line does not go as far as the caring-for the-world which stems from an open being-in-the-world.

This can be deduced from so many of the respondents' statements that Rogerian counselling is not adequate to the task of counselling a chronic caller. In Life Line, Rogers' method becomes a role: a way in which one relates to people when counselling them. This reduction of Rogerian insights to a technique of relating is restricting a mode of being which could fearlessly and calmly strive to be open to the reality of the other person (Kruger, 1979, p. 167). Any method of relating restricts both the counsellor and counsellee in this openness and thus prevents a true and authentic encounter. The chronic caller cannot open his possibilities if all he hears from a counsellor is a reflection of his feelings and a type of mirroring or echoing of what he is saying. Many of the respondents feel that they are contributing to the problem of the chronic caller, but do not know how, because their training does not admit to the

limitations of Rogerian counselling. Instead they either abandon the counselling mode or they become mechanical.

Some of the counsellors were surprised by what they were relating to me: relating their experiences was a kind of self-discovery. Self-discovery is of course valuable and is indeed one of the goals of counselling. A counsellor undertakes a double journey when he enters into a counselling relationship with the caller: The client uncovers aspects about himself, and the counsellor shares these, and in the process makes discoveries about himself. Part of the self-knowledge of a counsellor is his knowledge of the effects of his particular brand of counselling on callers. This is the "immanent meaning of the dialogue" referred to on p. 120.

The counsellor who speaks to a chronic caller does not know what the effects of his counselling are, nor does he know why the chronic caller behaves as he does. This is the "loss of immanent meaning". The counselling process with normal callers does not even get started with a chronic caller. Hence the mode of expectation of counselling a chronic caller which I have called Phase 3.

One can conclude that in chronic callers Life Line has a problem of its own making. It is a problem not only because of the negative effects that the chronic caller has on

counsellors but because his existence is not acknowledged by the theory of counselling accepted by Life Line. The chronic caller erodes confidence in counselling, in hope, in effort, in belief, and in convictions. Ambiguity replaces certainty and often ends in the counsellor's total rejection of the possibility of counselling being helpful. Once the counsellor has moved into Phase 3 in an attempt to solve the inherent contradictions in Phases 1 and 2, then the chronic caller phenomenon becomes insoluble. Phase 3 represents a desire for certainty which underlies the feelings of confusion and bewilderment which the chronic caller occasions. These doubts and perplexities are not finally about the personality of the chronic caller but about the values and beliefs the counsellor holds about himself. As long as a counsellor approaches his counsellees with the unconscious motive of validating his belief in counselling, he will be ultimately disillusioned with his efforts.

Expressing this in terms of the essential common structure, Phase 3 should be the same as Phase 1. The mode of being-as-a-counsellor and the experience of counselling should be congruent. However the protocols show that Phase 1 and Phase 3 become dissociated from each other. Instead of Phase 1 being altered to accommodate the experience (i.e. Phase 2), the experience itself is altered by an insistence on Phase 3. These are the dynamics of prejudice. The chronic caller, ironically, unwittingly reflects the closed repressed experiential possibilities of the counsellor. No wonder, then, that the counsellor expresses irritation, anger

and frustration, or "switches off". This is the same as the existential pain and closedness to the present which the chronic caller is accused of.

As I have shown, the phenomenon of the chronic caller emerges in a specific structure of lived events. It is constituted by the relationship between the counsellor and the caller. The dialogue which shapes the relationship is focused by the use of Rogerian counselling. I have divided the phenomenon into three phases. These phases are experienced by the counsellor in temporal sequence.

Counsellors, in an attempt to resolve the conflict between their beliefs and their experience of counselling chronic callers move into phase three. However, this does not solve the problem, it actually exacerbates it and in a way therefore creates it.

Implications for Life Line

The alteration of beliefs and values in the face of experiences which contradict them is the task which faces the Life Line counsellor. This is what many of the respondents expressed in their protocols but not as overtly. The formulation of theories of what happens in counselling must take into account the possibility that some experiences may confute aspects of the theory. This research has shown that experience must be the guiding principle in counselling and

not the other way around i.e. that principles must guide and shape experience.

Practical suggestions for Life Line to resolve the problem are however not so easy. But some suggestions can be made: Certain counsellors who are more open in their counselling could be chosen to counsel the chronic callers. This will involve placing limits on the frequency of their calls as well as on the times that they call. This in itself may stop them from calling altogether. It is uncertain if such a solution is desirable or not.

Another suggestion is that the counselling of chronic callers is dealt with in training. This will require a reorganisation of the training courses. However difficult this may be, it is a task which the organisation may well have to face. Life Line believes in personal growth as valuable, as imperative. The organisation, through the people who constitute it, can see the chronic caller as a reminder of its need to change and grow.

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Perusal of the literature revealed nothing of relevance on telephone counselling, and no mention of chronic callers or an equivalent phenomenon. Many of the books listed here have not been quoted in the thesis although they have contributed directly to my understanding of the subject matter and the phenomenological research methodology.

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