Social Psychology and its Interface with Psychosocial Counselling

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Abstract:

This article was developed based on the qualitative literature research with the intention of exploring the field of social psychology and its interface with psychosocial counselling. Social psychology seeks to understand how each person's social behaviour is influenced by the culture, situation and environment in which it takes place; whereas psychosocial counselling aims to enhance the client's psychological and social functioning in the context of his environment and circumstance. Social psychology and psychosocial counselling have both tended to focus more on managing specific human problems and social issues. The long established partnership between these two perspectives has resulted in the development of scientific theory and practical interventions over several decades. This implies that social psychology provides a framework of resources from which psychosocial counselling draws when dealing with the diverse problem situations that affect people in their social lives. The research question was: What elements in social psychology can interface with psychosocial counselling? The focus of the research was on three key elements in social psychology: self-concept, social attitudes and social prejudice. This article illustrates how these elements interface with psychosocial counselling. Therefore, social psychology and psychosocial counselling both have a significant role to play in the wider spectrum of social-welfare and human-relation services offered to needy people at all levels of contact.

Keywords: Social psychology, psychosocial counselling, self-concept, social attitudes, prejudice

Introduction:

The purpose of this article is to explore the field of social psychology and its interface with psychosocial counselling. It seeks to clarify some key elements regarding interpersonal behaviour in the working relationship. The research question was: What elements in social psychology can interface with psychosocial counselling? Social psychology and psychosocial counselling have both tended to focus more on managing specific human problems and social issues (Pedersen, 2000). The long established partnership between these two perspectives has resulted in the development of scientific theory and practical interventions over several decades (Stoltenberg, McNeil and Elliott, 1995). The interface between these two perspectives is discussed in the context of three key elements: self-concept, social attitudes, and social prejudice.

Social psychology is the scientific field that explores the nature and causes of social behaviour in situational and environmental contexts (Baron *et*

al., 1989; Maddux and Tangney, 2010). The main focus is on the study of how a person's thoughts, feelings, perceptions, attitudes and behaviours are influenced by the actual, imagined, or implied presence of other people; as well as the way these feelings, thoughts, beliefs, intentions and goals are constructed (Lindzey and Aronson, 1985). It also endeavors to explore how such psychological variables influence human interactions and relationships within the social context of occurrence and other enabling factors. Human behaviour is a result of the interaction between several interrelated factors such as mental states, prevailing sociocultural milieu, situational and environmental conditions (van Lange, Kruglanski and Higgins, 2011). This implies that social psychology seeks to understand how each person's social behaviour is influenced by the culture, situation and environment in which it takes place.

The term psychosocial counselling encompasses psychological factors such as emotional, cognitive and behavioral stability of the person, and socio-ecological factors consisting of the wider community connections, social support systems, referral networks, and best practices healing interventions whose focus is on working from the relevance and appropriateness given by the existing cultural and value systems of the clients (people seeking counselling) in their environmental, situational and circumstantial contexts (Chiboola and Munsaka, 2016). It integrates basic concepts from mainstream counselling models such as cognitive-behavioural counselling, multicultural counselling, person-centred counselling and psychodynamic counselling. It involves a shift of focus from providing specialized psychiatric mental health care with a biomedical focus to providing an easy-access level of care targeting psychosocial dysfunction that links with existing enabling factors with a biopsychosocial focus. It is plausible to argue that psychosocial counselling has a significant role to play in the wider spectrum of social-welfare and human-relation services offered to needy people at all levels of contact.

Psychosocial counselling is an approach that looks at clients in the context of the combined influence that psychological factors and the surrounding social environment have on their physical and mental wellness and their ability to function normally (Woodward, 2015). This approach is used in a broad range of helping professions in health and social care settings as well as by medical and social science researchers. The aim of psychosocial counselling is to enhance the client's psychological and social functioning in the context of his environment and circumstance, as well as to reduce complaints and improve interpersonal communication with other people. The focus is on addressing the psychosocial dysfunction that adversely affects individual clients during their living. For instance, a psychosocial intervention for an older adult client with a mental disorder might include psychosocial counselling and referral to a psychiatrist while also addressing the caregiver's needs in an effort to reduce psychological stress for the entire family as a strategy of improving the client's quality of care (Cummings and Kropf, 2013).

Methods:

The methodology applied was qualitative literature research based on the descriptive design (Creswell, 2013). The descriptive design helps to develop intuitive knowledge that enhances understanding about the phenomenon under study, focuses on the construction of meanings in social interactions that people attach to their experiences, and the relationship between knowledge, experience and action (McLeod, 2013a; Popay and Williams, 1998). The literature research sought to identify and describe some key elements in social psychology that interface with psychosocial counselling with a view to enhancing knowledge and generate new insights about the subject matter under study.

Findings and Discussion:

There are three types of evidence that social psychology converges with psychosocial counselling theory and practice (Strong, Welsh, Corcoran and Hoyt, 1992). First, psychosocial counsellors and clients synchronize their use of language to describe their shared reality and intentionality during the counselling process. Second, positive process outcomes are associated with a correlation of the client's and psychosocial counsellor's similar understanding of their value and belief systems. And third, positive process outcomes are associated with cooperative social influences that evolve over time through interaction between a psychosocial counsellor and client. Clients tend to view themselves as they perceive their psychosocial counsellors view them. Most clinical and counselling interventions, regardless of

theoretical orientation, focus on changing what people think about, how people feel and behave towards other people and the world around them. For instance, marriage counselling, family counselling, negotiation and assertiveness skills training, survival skills training, interpersonal and cognitive therapies are all concerned primarily with helping clients get along with other people and feel better about their interpersonal relationships (Kowalski and Leary, 2004; Pedersen, 2000). Furthermore, psychosocial counselling is premised on the understanding that clients are not interested in theories but rather in productive process outcomes and that the experiencing of problem situations is unique to individual clients (Chiboola, 2018a).

Self-Concept:

The term self-concept refers to the whole sum of beliefs that people have about themselves and it is made up of cognitive structures called self-schemata. The self-schemata are cognitive generalizations about the self, derived from past experience and exposure that organize or guide the processing of self-related information contained in the person's social life (Eysenck and Kean, 2010; Markus, 1977). The self-schemata are to a person's total self-concept as a hypothesis or proposition is to a theory, or a book is to a library. Central to understanding the self-concept is the element of social cognition that studies how people perceive, think, and remember information about others. It involves personal perception which mirrors how people form impressions of others; interpersonal or collective perception which focuses on how people form beliefs about each other while interacting; and attribution theory which constitute the explanations people make about their social behaviour or that of others during interpersonal interactions, relationships and communications (Reisenzein and Rudolph, 2008).

The first aspect of attribution is that the locus of social behaviour can be ascribed to either internal factors such as personality disposition, character and ability or external factors such as the weather, catastrophe and flooding. A second aspect of attribution ascribes the cause of social behaviour to either stable or unstable factors, that is, whether the behaviour would be repeated or changed under similar circumstances; and thirdly, attribution of social behaviour can be ascribed to either

controllable or uncontrollable factors, that is, how much control a person has over the situation at hand. These are very important aspects in understanding the social behaviour of people at all levels of occurrence (Argyle, 1994).

From a social psychology perspective, the self-concept is an evaluation of a person's overall self-consciousness with regard to values, attitudes, beliefs, perception and prejudices. This is the equivalent of self-awareness in psychosocial counselling theory. In a much broader sense, self-awareness represents a person's perceived structure such as personality, physical, sociocultural and spiritual aspects (Haworth, Chiboola and Kwapa, 2008). These are important aspects which are very useful in understanding how the various parts relate to each other, and how this enables the psychosocial counsellor to interact with other people in a dignified manner such as respect own and other peoples' views, open to new information, and willingness to change. The concept of self-awareness is a developmentally reflective process as illustrated in the self-awareness window (Table 1). People make up mental pictures they have of themselves based on things known to them (self-perception) in the context of the self-image, that is, things a person knows about oneself descriptively and objectively. People develop their self-concept by varied means that includes introspection, feedback from others, self-evaluation, and social comparison. Self-perception is a specialized form of attribution that involves making personal inferences after observing one's own social behaviour. When internal cues are difficult to interpret, people gain self-insight by observing their own social behaviour. For instance, too many extrinsic rewards (such as money and material gifts) tend to reduce intrinsic motivation through the self-perception process, a phenomenon known as over justification of one's worthiness and value.

Further, people get to know of things about themselves based on other people's reactions and the surrounding environment (social-perception) which is entirely mediated by subjective evaluations. For instance, a person's understanding of his social behaviour may conflict with that of other people within the same environment. Some aspects of the person are known through deliberate comparison with other people in terms of educational or occupational or professional achievement, or in terms of acceptable social

behaviour (collective-perception). Some people engage in comparisons to evaluate their own opinions, abilities and competences against those of others in times of uncertainty or to draw lines for social identity. By comparison to relevant others, people gain information about themselves which enables them to make inferences that are relevant to boost their self-esteem (Deci, Koestner and Ryan, 2001). There are other aspects such as role taking, social class, and personality traits that are equally important in explaining the concept of self-awareness.

Table 1: Self-awareness window

Things you know about yourself 1.(Self-perception)	Things known about you as told by other people 2.(Social-perception)
Things unknown about you by yourself or other people 4.(Dark-side of self)	Things known about you by interacting with other people. 3.(Collective-perception)

Inadvertently, the fourth part of the window shows a portion that remains unknown by the person or other people (dark-side of self). The dark-side of self represents unconscious material secluded from awareness and is usually inaccessible (Brown and Pedder, 1993). Whereas all people regardless of their socioeconomic and educational status, gender and continental affiliation are aware about the eventuality of death for instance, no person knows the exact date and hour when they would die. Not even the dead know that they have died. This has remained a preserve of GOD's knowledge, clearly demonstrating a division that is irreconcilable or irreversible regardless of peoples' ingenuity and innovativeness. The dark-side of self represents the mystery of life and living expressed through supernatural occurrences beyond human contemplation such as surviving a fatal aeroplane crash in which all other passengers die or road traffic accident in which the vehicle gets damaged beyond repair.

The concept of self-awareness consists of three major components: self-image, self-esteem and ideal-self (Chiboola, Chiboola and Mazila, 2018, Chiboola, 2006; Gross, 1993); and these are briefly elaborated hereunder.

Self-Image:

Self-image is the component that describes a person, what she does, how she perceives herself, how she looks like, and who she is in society.

Who a person is partly describes the person's gender identity: an individual is either male or female, man or woman, boy or girl. These identities bear some stereotypes, prejudices and biases. For instance, most African societies and cultures prescribe different roles for boys and girls, and men and women; as well as job tasks as either predominantly masculine such as working in the mine underground, commercial fishing and driving heavy duty trucks or feminine such as household chores and nursing care. There is no doubt that gender identity yield some biases and prejudices that are mostly not beneficial to women and girls.

What a person does partly describes the person's social engagement such as being psychosocial counsellor, teacher, physician, clinician, nurse, and so on. It defines the secular responsibilities of the person. In the African society where formal employment is scarce for instance, some people are farmers, marketers, sex traders, entrepreneurs, traditional healers or herbalists, religious leaders, and traditional leaders. In most instances people are happy and content with what they do in their social life and living.

How a person perceives oneself partly describes the person's character traits based on subjective opinion and judgement. For instance, a psychosocial counsellor may perceive herself as being approachable, accommodating and knowledgeable, while other people may not perceive or think her as such. People who perceive themselves as good or helpful may not necessarily be so. This is also true for people who are critical and under-value the work or contribution of others. They have a skewed perception of their knowledge and cleverness.

How a person looks like partly represents the person's bodily self (body-image) such as obesity, beauty, ugly, handsome, short or tall, dark or light, black or white; as well as the clothes or makeup a person wears, locality and house she lives in, and how she projects herself to other people in society, at work or other related forums.

Who a person is in society partly describes the person's social role such as being a pastor, father, mother, husband, wife, parent, or child. It also

describes the sum total of who the person is in terms of her educational status (level of academic and professional credentials), social status, economic status, spiritual status, and so on. For instance, pastors would always wish to project a character disposition of godliness in the manner they understand, read, and explain biblical scripture that seemingly goes beyond other people; wives would always project a character disposition of faithfulness, submissiveness and supportiveness to their husbands; and children would always project a character disposition of dependence, obedience and allegiance towards their parents.

It is plausible to argue that the self-image is an important element in defining self-consciousness. It has psychological implications on the social behaviour of people. Therefore, it is necessary that competent psychosocial counsellors should continually examine and clarify their self-image. Failure to do so may place them in an awkward position as, for instance, holding a view that she is always right. She could be right sometimes, but certainly not all the time. This could generate low self-esteem in a person, especially in the midst of challenge or confrontation. Self-consciousness is dynamic; and it is influenced by many factors that might be situational, environmental and circumstantial.

Self-Esteem:

Self-esteem is a subjective judgement of worthiness that is expressed in the attitude a person holds about oneself; and it is evaluative in nature. For instance, a person may like some parts of her self-image such as beautiful and attractive, and dislike other parts such as dull and illiterate. A personal judgement or evaluation of self-esteem could be described in polarities of high/low and positive/negative (Fig. 1). High self-esteem is achieved when a person has a positive self-image, that is, the person is happy with her gender identity, what she does in society, how she perceives herself, her body-image, and her social role. The need to maintain a healthy self-esteem is recognized as central to human motivation in the field of social psychology (van Lange, Kruglanski and Higgins, 2011). Like all other people, psychosocial counsellors ought to strive hard to maintain and sustain high self-esteem. This is a desirable motivation to achieving optimal performance. When the positive self-image is not held constant, low self-esteem creeps in with its symptomatology of anxiety, dejection, sadness,

depression, withdrawal and isolation. These emotional states may render the psychosocial counsellor ineffective, less interactive, and demoralized which results in poor performance during the counselling process.

Positive self-esteem is achieved when a person maximizes on personality traits, characteristics or attributes that add greater value to her standing in society such as highest academic achievement, highest managerial position, highest political position, highest leadership position, and very successful business venture. Positive self-esteem can also manifest in very successful and highly stable marriages (van Pelt, 2008). Positivity enhances a healthy self-concept that yields optimal motivation and performance. Negative self-esteem can manifest when a person exhibits inferiority complex, negativism, prejudice, and extreme biasness. People who engage in gossip and backbiting or assume knowledge that is readily challenged are more likely to manifest negative self-esteem with expressed unhealthy behaviours such as anger, frustration, aggression, temper tantrums, withdrawal, and blame-game. Such actions are a compensation for some deficit in the self-image and an expression of defensive attributions that contribute to dejection and poor performance.
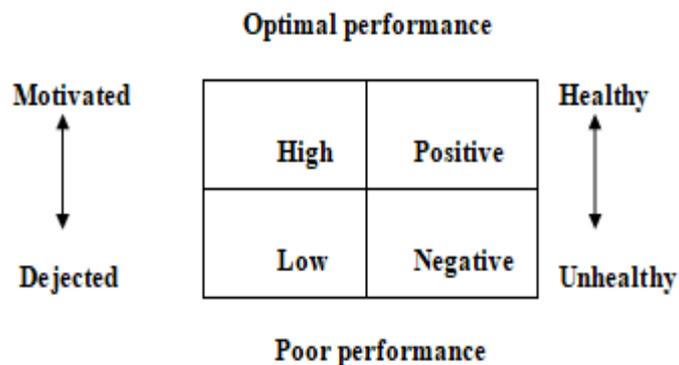
Fig. 1: Self-esteem matrix

Self-esteem develops during childhood and certain experiences may interfere with its optimal development such as being subjected to perpetual criticism or abuse by parents, bullying at school, and early orphanhood. In adulthood, a well-developed self-esteem can be challenged by sudden life changes or perceived failures such as separation and divorce, dismissal from employment, academic failure, poverty, financial problems, alcohol/drug addiction, family discord, debilitating chronic physical illness, and children with antisocial

personality disorder (Alloy, Riskind and Manos, 2005). All these transitional life events can yield low self-esteem. In situations of this nature, the focus of psychosocial counselling is on addressing factors leading to low or negative self-esteem and on helping clients to gain a stronger sense of self. People with low or negative self-esteem may be encouraged to become more assertive, confident, and self-aware. Finding a sense of accomplishment is a huge boost to self-esteem; and it helps clients to identify specific activities that enhance confidence, competence, and self-compassion (Maddux and Tangney, 2010). This enables the clients to develop more realistic, objective and achievable goals for personal growth and self-satisfaction.

The self-serving bias is the tendency to attribute dispositional (internal) causes for successes and situational (external) causes for failure, particularly when one's self-esteem is threatened. This leads to assuming one's successes are from innate traits while failures are due to situations, including other people such as lecturers in the event of academic failure. In most African societies and cultures for instance, external factors for failure and misfortune can easily be ascribed to bewitchment, satanism or ancestral spirits (Chiboola and Munsaka, 2016; Colson, 2000; Udelhoven, 2008). Other ways people protect their self-esteem are by believing in a just world, blaming victims for their suffering, and making defensive attributions that explain their behavior in ways which defend them from feelings of vulnerability, hopelessness and shame. It has been observed that mildly depressed people often lack the self-serving bias and they actually have a more objective perception of events and reality (Maddux and Tangney, 2010).

Ideal-Self:

The ideal-self represents a person's dreams, fantasies and wishes attached to the aspirations and ideals that are contrary to or different from his current position. When the gap between a person's self-image and ideal-self is wider it yields low self-esteem. Low self-esteem impairs or adversely affects normal functioning and interaction within oneself and between oneself, other people and the environment (Braisby and Gellatly, 2012). The ideal-self or idealized self-image can be positive or negative. For instance, a person's dreams and fantasies (ideal-self) could be turned into positive outcomes in situations when that person sets realistic goals to move himself from the current position such as a psychosocial counsellor with certificate qualification to a future (idealized) position of professional counsellor with a degree qualification.

In such a case, some of the tasks this person might do would include enrolling in distance learning to improve the grades on his grade twelve certificate, solicit for financial support, apply and enroll in a university offering counsellor training at degree level, proceed with training until completion and graduation. All these tasks may materialize after several years. What ought to be stressed is that ambition coupled with commitment and determination can transform some dreams and fantasies into reality. This partly describes the concept of professional competence wherein it is the responsibility of psychosocial counsellors to continually strive to improve their practical skills and social competences for efficient service delivery (Brown and Lent, 2008).

A person's dreams and fantasies may remain static or produce negative results. In the case scenario instanced in the preceding paragraph, a person could fail to translate her dream into reality in situations where financial support is unavailable or due to poverty. This clearly implies that there are many aspirations and wishes people would like achieved in the course of their lifetime, but they fail doing so for various reasons. The ideal-self is an important factor to understanding the aspects of self-image and self-esteem; and the three components are closely linked and operate in association with each other (Gross, 1993). Psychosocial counsellors need to develop a deep sense of self-awareness about who they are, including their capability, potential and limitations. Equally, they need to be conscious about what people say about them, their professional work, and the quality of services they provide. In the context of this understanding, it becomes imperative that psychosocial counsellors should continually evaluate and clarify their values, beliefs and competences to enhance self-consciousness and proficiency in professional counselling practice.

Social Attitudes

Attitudes are universal evaluations of a person, object, place, or issue that influence thought and action (Perloff, 1993). In other words, attitudes are basic expressions of approval or disapproval, and likes or dislikes that manifest during interpersonal interactions. Social psychologists have studied

attitude formation, the structure of attitudes, attitude change, the function of attitudes, and the relationship between attitudes and behaviour, as well as the conditions under which certain behaviours or actions and feelings occur (Hewstone, Fincham and Foster, 2005). Attitudes can be positive or negative, and implicit or explicit. Implicit attitudes are hidden beliefs that insidiously influence decisions and behaviour; whereas explicit attitudes are conscious beliefs that guide decisions and behaviour. Given that people are influenced by situational and environmental factors, general attitudes are not always good predictors of specific social behaviours in the short term. However, attitudes that are well remembered and central to a person's self-concept are more likely to lead to positive social behaviour; and measurement of such attitudes can assist to predict patterns of social behaviour in the long term.

Strong likes and dislikes are rooted in people's genetic make-up stemming from childhood, that is, individuals are disposed to hold certain strong attitudes as a result of inborn physical, sensory and cognitive processes, temperament, and personality traits (Eysenck and Kean, 2010). Whatever disposition nature elects to give an individual person, the most treasured attitudes are often formed as a result of exposure to objects; historical rewards and punishments; the attitudes expressed by parents, friends and enemies; the social and cultural context; and other personal experiences (Gross, 1993). It is plausible to argue that attitudes are formed through the basic process of learning, interaction and exposure. Some studies have shown that people can form strong positive and negative attitudes toward neutral objects that are linked to emotionally charged stimuli (Kassin, Fein and Markus, 2008). Besides, attitudes also influence behavioural aspects such as conformity, interpersonal attraction, social bias and prejudice.

In psychosocial counselling practice, the counselling process holds both the majesty and mystery for its clients (Strong, 1978). Client knowledge about the counselling process ranges from total unfamiliarity with or misinformation about the process - and what to expect of it - to the unique sophistication of the client who has entered into episodic counselling interactions with several psychosocial counsellors (McLeod, 2013b). Given that clients bring the sum of their past experiences and their current state into the counselling process,

it is appropriate to assume that client expectations, behaviours, and outcomes vary due to these and many other factors such as temperament, early learning about relationships, capacity to trust, experience of trauma or stress and anxiety (Sharf, 2012). The cardinal questions are: How do psychosocial counsellors proceed to create a working relationship that allows the maximum gain for their clients? What social attitudes and behaviours mediate the outcome of successful psychosocial counselling? How does the psychosocial counsellor accommodate social attitudes when inviting a working relationship or determining appropriate strategies and interventions?

It is anticipated that a client's first impression and quality of early working relationship may predict the process outcome of psychosocial counselling. The working relationship is conceptualized as the quality and strength of a collaborative interaction between a psychosocial counsellor and the client being helped. The positive affective bond between the psychosocial counsellor and client is characterized by elements such as mutual trust, liking, courtesy, caring and respect. It also includes the active establishment and allegiance to the goals of psychosocial counselling and the means by which these goals would be attained. The working relationship creates a sense of shared agenda during the counselling process whereby both the psychosocial counsellor and client become actively committed with specific responsibilities to ensure productive process outcomes.

Attitudes can affect the counselling process in several ways, especially at the working relationship level. The working relationship refers to the psychological contact or an avenue by which a psychosocial counsellor and client engage each other during the counselling process. The working relationship is also called the counselling relationship in psychosocial counselling theory and practice. The working relationship as a medium of interaction can either be dyadic for adult counselling interactions or triadic for child counselling interactions. In the context of adult counselling, the working relationship is between a psychosocial counsellor and an individual client, between a psychosocial counsellor and couple (man and woman married or cohabiting) or family; and between a psychosocial counsellor and group (many people); and it is achieved through face-to-face individual or couple contact, family or group

contact, by telephone, and via internet or online, and supportive consultation.

In the context of child counselling, the working relationship is between a psychosocial counsellor and child client and his parent (for younger children aged 0-11 years); and between a psychosocial counsellor and child client for older children (12-15 years) with parental consent and guidance (Chiboola, 2018b). Counselling is based on a mutually acceptable interaction and relationship between a psychosocial counsellor and client. The working relationship is intended to help the client attain an emotional correction or behavior change, including his capacity to integrate and sustain new behaviours and actions into his social life. Besides, it enables a client to realize his responsibility in the choices he made in the past, he makes in the present, and will make in the future. The working relationship is reflective in nature.

The psychosocial counsellor should exhibit a reasonable degree of personal traits or social attitudes in relation to the clients. The psychosocial counsellor's social attitudes are expressed by way of her feelings (affect), reactions (behaviour), and thoughts (cognition) about or towards the client. This is the ABC concept of attitude expression. How the psychosocial counsellor responds to her client has a lot of meaning and can be interpreted in different ways by the client. The success of any working relationship during the counselling process depends to a large extent on the following core social attitudes: genuineness, empathy, acceptance, neutrality and competence.

Genuineness is an expressed attitude whereby the psychosocial counsellor exhibits realism and not hiding behind a mask or professional impersonality, or indeed, not merely playing a role. This implies that the person using practical counselling skills and techniques must be aware of her competences and ability to interact not only with clients, but other people as well (Bailey, 1993). Since the psychosocial counsellor is party to the counselling process, it is important that what she says is congruent or consistent with her actions, that is, tone of voice, feelings, non-verbal language and actual verbal words. In other words, she should not project an authoritarian character or know-it-all attitude when counselling clients.

Empathy is a psychosocial counsellor's attitude in which she projects an accurate moment-by-moment awareness of the client's feelings, behaviour and thinking as experienced in the here-and-now frame of reference within his sociocultural and environmental context. Also, it connotes to the psychosocial counsellor's ability of intellectual and emotional identification with the client as well as appreciation of his problem situation, willingness to change, and personal limitations. Accurate empathy makes the client understand and accept it as a true reflection of his present experience. The psychosocial counsellor needs to be sensitive to what is currently going on in the client and of the meanings which are just below the level of awareness. Accurate empathy coupled with genuineness enables the client to develop a better understanding of his problem situation and related concerns.

Acceptance refers to a psychosocial counsellor's attitude wherein she values or prizes all aspects of the client, including his conflicts and inconsistencies or good and bad points. Such an attitude is more than a natural acceptance; it is an unconditional positive regard and respect for the client as a person of worth, who is autonomous in thought and action (Chiboola, 2006). The psychosocial counsellor must exhibit a deep caring or nurturance for the client in his present situation, in a non-judgemental manner, and with a high sense of willingness to offer quality counselling interaction commensurate with the client's presenting problem situation. This implies that she must not manipulate the client to behave in a manner deemed acceptable to her. The client should be allowed to progress at his own pace, within his ability, capability and potential while, at the same time, appreciating his personal limitations.

Neutrality refers to a psychosocial counsellor's attitude that promotes a non-threatening environment in which the client is encouraged to express himself openly, frankly, and freely without recourse to any limitation of whatever nature. It means not belittling what the client says or his presenting concerns, or taking sides during group counselling interactions. The psychosocial counsellor must avoid attaching value judgements to the client's personality or his presenting problem situation, avoid harming the client psychologically or otherwise, and avoid assuming knowledge about and solutions to the client's presenting problems. Since the psychosocial counsellor is in a much stronger position due to her professional training and technical knowledge, she must avoid influencing the client to behave or act in a way that is deemed preferable to her.

Competence refers to a psychosocial counsellor's attitude that promotes a sense of awareness and appreciation of working within one's limitations. Also, it connotes a sound combination of practical skills, theoretical knowledge, behaviours, beliefs and personal characteristics applied to improve performance (Brown and Lent, 2008). The psychosocial counsellor must be adequately trained, socially competent and practically skilled to perform the role of her engagement or undertake specified tasks. This implies that the person using practical counselling skills and techniques must acquire appropriate knowledge and social competences so as to enable her function properly in the specified role. It is desirable that she must be consciously aware of why and what she is doing at every stage of the counselling process. She must convey information clearly and effectively to the client. Psychosocial counsellors are expected and obliged to offer counselling help based on and within the boundaries of their competence and training. This is a moral and ethical requirement of any person using practical counselling skills and techniques.

Although emphasis of the working relationship predominantly reflects an interaction between adults, it bears the same importance and significance when counselling children. The child client anticipates genuineness, empathy, acceptance, neutrality and competence from the psychosocial counsellor. In fact, the degree of significance is greater when working with children than when working with adults because it is a triad, that is, the counselling process involves three different persons – child, parent and psychosocial counsellor. The expectations of a parent may be different from those of her child or vice versa; and the psychosocial counsellor is expected to break through such barriers for the benefit of a child client. She needs to be more understanding, accepting, accommodating and, above all, exhibit a higher degree of sensitivity and neutrality when working with child clients (Chiboola, 2018b). A sound working relationship is the basis from which a client can explore and clarify his unhelpful thoughts or distorted thinking, negative feelings, erroneous beliefs and bad experiences, as well as develop understanding and acceptance of the need for emotional correction. Without this positive acceptance and support, the client is likely to feel inhibited and unable to express his true personality, difficulties and emotions during the counselling process – which would be counterproductive.

Social Prejudice:

From a social psychology perspective, reality is very complex to easily discern. Consequently, people tend to see the world according to simplified schemata or images of reality based on generalized mental representations that organize knowledge and guide information processing. Because the self-schemata often operate automatically and unintentionally, they can lead to biases in perception and memory, as well as make a person see or perceive something that is not there (Eysenck and Kean, 2010). In the United States of America for instance, people are more likely to misperceive a weapon in the hands of a Black man than a White man (Correl, Park, Judd and Wittenbrink, 2002). This type of schema is actually a stereotype, a generalized set of beliefs and attitudes. Stereotypes are often related to social prejudice expressed through negative or preferential attitudes such as promoting the needs of a girl-child at the expense of a boy-child, and social behaviour such as discrimination, segregation and unfairness or injustice.

Social prejudice is one of the areas that stems from stereotypes or widely held beliefs about specific groups of people. These beliefs are typically oversimplifications or misrepresentations, and they tend to foster social bias and discrimination based on a preconceived judgement of someone due to his social class, gender, race, ethnicity, disability, age, religion, sexual orientation, nationality and other personal traits, or problem situation. In most cases of infection with human immunodeficiency virus for instance, the predominant stereotypical conclusions about the infected persons are that they were promiscuous, careless or unfortunate. Such views are simply not true: they are actually erroneous and a misrepresentation of reality. What justification can stand condemning an infant who acquired the infection from his mother during pregnancy, at birth or when breastfeeding? What justification can stand condemning a girl-child who was sexually raped and infected through ritualism or pedophilism? What justification can stand condemning a diligently faithful wife who got infected through her husband ? The range of examples is wide.

Many people hold certain biases and beliefs about other groups of people. This summation includes psychosocial counsellors. Social prejudice can be of significant detriment to a working relationship if the person seeking counselling help feels negatively judged or unfairly treated by the psychosocial counsellor. To prevent negative effects of social prejudice and discrimination, psychosocial counsellors are generally trained to examine their own biases, values and beliefs so as not to adversely affect their working relationship with clients. Additionally, psychosocial counsellors are held to ethical and professional standards to prevent discrimination and unfair treatment of clients, including causing any form of harm during the counselling process. The code of ethics that regulates professional conduct of psychosocial counsellors, for instance, prohibits unfair discrimination based on age, gender, race, ethnicity, culture, or other personal factors (Chiboola and Haworth, 2016). All people seeking counselling help should feel free to discuss concerns about social prejudice and discrimination with the psychosocial counsellor. This is prelude to a human rights approach that is fundamental to promoting universal rights and obligations anchored on social equity in psychosocial counselling theory and practice.

Conclusion:

This article has shown that some key elements in social psychology - self-concept, social attitudes and social prejudice – have a strong and productive interface with psychosocial counselling. This implies that social psychology is of critical importance in clarifying the theory and practice of psychosocial counselling. Social psychology provides a framework of resources from which psychosocial counselling draws when dealing with the diverse problem situations that affect people in their social lives. Social psychology seeks to understand how each person's social behaviour is influenced by the culture, situation and environment in which it takes place; whereas psychosocial counselling aims to enhance the client's psychological and social functioning in the context of his environment and circumstance. Social psychology and psychosocial counselling have both tended to focus more on managing specific human problems and social issues. The long established partnership between these two perspectives has resulted in the development of scientific theory and practical interventions over several decades. Therefore, social psychology and psychosocial counselling both have a significant role to play in the wider spectrum of social-welfare and human-relation services offered to needy people at all levels of contact.

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