PIAGETIAN PRINCIPLES APPLIED

TO THE BEGINNING PHASE IN PROFESSIONAL HELPING

By

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Just imagine: A whole developmental phase precedes the full use of thought and language in the life of each individual. Such a realization is worth pondering. It is significant because in professional counseling one needs to recognize that considerable interaction occurs before verbal exchange and mutual comprehension of the joint tasks actually take root.

What occurs in the initial phase of professional helping? Does an interview, group session, or any other form of professional encounter really start with the first verbal exchange? While the answer is assumed to be "no", let us examine "how come" in greater details. I will do so in the following pages as I apply Piagetian knowledge of early life development, the sensorimotor phase, to the beginning phase of professional helping.

A PERSPECTIVE OF HELPING AS A PROCESS OF CONSTANT CHANGE

I perceive human beings to be in a constant process of change in all dimensions of their functioning. Each person is simultaneously interacting with his or her environment, emotionally (affectively), behaviorally, and cognitively. I conceive of these three dimensions as interrelated but nevertheless discrete developmental phenomena. Each dimension--affect, behavior, and cognition--must be understood for its own unique developmental progression. Any interventive techniques should be designed for the developmental progression of the particular dimension (Maier, 1976).

Most important, the professional helpers' (the counselors', nurses', social workers', teachers', or therapists',) relationship to the clients

(patients or students) should be defined by each helper's understanding of the client's actual feeling, doing, and thinking at the moment. What such an assessment means to the helper eventually defines the helper's appraisal and partnership in the change efforts.

Moreover, human beings are not only in a constant process of change developmentally, but they may also function on more than one level of development at once. This point is particularly pertinent in beginnings, in the initial experience of a new life situation. Being new in a job, social gathering, or therapeutic situation means people are apt to act as if life itself were new to them. They tend to interact with a most limited behavioral repertoire and think primarily within very concrete modes. Consequently, in the initial phase of helping, clients have to be understood for their overall developmental levels of functioning and their particular processes of functioning within the beginning situation itself (Theodorson, Yalom, Whittaker).

In the beginnings of a planned helping encounter, client and helper enter jointly into a new and different life experience. This experience, as in infancy, requires a discovery of what this 'new world' is all about. The process is much the same as early mastery in sensorimotor development. I am suggesting that at this point the natural evolutionary (epigenetic) processes of developmental change can be incorporated into planned change ventures, such as counseling, therapy, or tutoring.

PIAGETIAN PERSPECTIVES ON PROFESSIONAL HELPING

The opening paragraphs of this chapter already present several Piagetian principles. My observation that human beings operate simultaneously on several levels of human functioning carries the assumption

that human beings are best served by multidimensional and relativistic approaches. Consistent with Piagetian thinking, I have focused upon the client's interactions as a stepping stone for further interactions, rather than preoccupying myself with techniques for creating predetermined interactions.

Following a Piagetian mode of thought, I apply a nonlinear perspective. A nonlinear perspective means that I anticipate interactive actions emerging out of the situation. A more traditional perspective is the linear one in which the interventive schemes define a priori the situations to be worked with.

Here another Piagetian principle converges: namely, philosophy precedes science.[1] In like manner, in professional helping, our orientation to the helping process, and for that matter to life, precedes and determines the nature of our interventive activities. Moreover, whatever is intrinsic to the helper's basic orientation determines what he or she sees, hears, feels, thinks, and above all conveys or does in the initial encounters with clients. Thus, the helper is in fact a philosopher-scientist.

BEGINNINGS IN LIFE AND HELPING

When I study Piagetian developmental progressions, I am immediately struck by the realization that a whole developmental phase precedes the acquisition of language and rudimentary thinking. And then, as I stated in my opening lines: Just imagine, although we so readily conceive of helping as beginning with verbal exchanges in human development, actually a whole phase has to be passed through before rudimentary thinking and

[1] In all of Piaget's research as well as in his writings, he starts out with his conceptual formulation in order then to be in a position as a scientist to zoom in on the task at hand (e.g., Piaget, 1952, 1971).

language come into the forefront. In other words, the client will have to transcend an entire developmental period before an initial hello can be a real and meaningful "hello½" exchange. Adapting Eric Berne's phrase: "What do you say after you say hello?" (Berne), I ask: What has to occur before the utterance of "hello" can become a genuine "HELLO½"?

A review of sensorimotor development (Maier, 1978; Piaget, 1952, 1954, 1967) reminds us that early life and situational beginnings involve mastery of visual, tactile, and other body experiential knowing upon which the development of subsequent cognitive knowing rests.

These very early experiences find their replay in miniature the moment we face a new life situation. I visualize myself arriving at a reception in an unfamiliar setting. The faces are strange and so is the place. I search for a visual focus, something to hold onto with my eyes. My whole movement is toward finding a space and balance for my body. I am apt to repeat movements which I initiated in my early encounters at entry. I am thankful for nuts or drink to hold onto, to have them as objects I can manipulate. I may murmur "hello," but more as an aid to enter into the new situation than as a sincere gesture of personal greeting.

INTERACTIONS WITHIN THE INITIAL PROFESSIONAL CONTACT

When I think of "beginnings" in a professional context, what comes to mind is the image of children or adults coming to my office——looking and groping around as if they had just arrived in no-man's-land. In their own thinking, they may see themselves as rather lost. Much of the initial interactions in an interview or group are comparable to the reflexive actions of a newborn. In early infancy as in the very beginning

of helping situations, reflexive actions have to become a conscious predictable _experience_ before a beginning is really launched.

In the early phase of beginnings in a helping encounter, as in the sensorimotor phase of life development, reflexive or trial-and-error actions evolve over time into experienced predictable actions. This powerful conception may suggest to the helper that he or she serves as an intermediary agent for creating experience out of actions in the early helping situations. To put it another way, an initial perfunctory nod has yet to become an exchange of mutual recognition of each other's presence. The helping agent's contact by phone or in person only represents predictable actions when he or she provides personal assistance and thereby shifts to a _personal_ encounter. The experiential shift from a contact to an _encounter_ is a legitimate example of transformation, which is at the heart of any developmental process. _A transformation of experience occurs within the transactional process of interaction._

REPETITION OF ACTIONS: A FORERUNNER OF PREDICTABILITY

Repetition is one of the salient features of the developmental process. It is the repetition of an interaction which transforms activities into experience of these activities. From such experiences comes a sense of reliability, a sense that something is likely to be obtained in the future. Through repetition the chance actions of the past become vital encounters for re-experiencing in the future.[2]

Let us cite a few illustrations of the above. The repeated squeeze in a handshake or the repetition of an authentic smile of welcome

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2 At this point, Piagetian and Skinnerian findings coincide (Piaget, 1971, pp. 255-256).

or the adapting of a chair (or cushion) in order to make a person genuinely comfortable: all these are cases in point. These repetitive experiences, in turn, contribute roots for locating predictability and stability for the interventive processes. The experience of predictability sets the stage for further development within therapy and hopefully within the client's life.

Recall Piaget's observations of his own children's attempts to make the rattle rattle (Piaget, 1952). In technical language, in the beginning is the $\underline{R}$--the response--which stimulates and shapes the stimulus, thus animating and propelling subsequent life experience (Piaget, 1971, p. 8).

In turn, at the helping scene, to the extent that clients experience responsiveness to their first actions (their entry, inquiry for help, waiting to have a turn, etc.), the roots are formed for the clients to locate influence and emerging power. This power represents their stake in making things happen.

As in sensorimotor development, so in the beginning of intervention the discovery of a sense of predictiveness and permanency for this new life experience is important. One can see then that, for instance, a child's disruptive or militant behavior in an early interview might more likely be a random behavior, a reaching for predictiveness rather than an organized challenge of the helping person. In other words, a child's "shenanigans" early in an interview or when a new situation subsequently arises reflect more the child's desperate search for ways to manage the unfamiliar circumstances than an effort to embarrass or test the adults

at hand. Beginnings are notable for inherent shifts from random to
nonrandom behaviors.[3]

  We can sum up then that in beginnings the cognitive effort of
finding predictability is paralleled and interlaced with the affect
development toward certainty and the behavioral development toward
greater manageability (that is, do-ability). Although our focus is
essentially upon cognitive development, these intertwined but separate
processes of human development have to be kept constantly in mind (Maier,
1976, 1977).

ASSIMILATIVE PREDOMINANCE

  As in the sensorimotor phase, so in the beginning phase of helping,
assimilative processes shape the novice's thinking. A situation is
appraised in terms of previous conceptions. Events are immediately
understood in the context of one's own presence and circumstances, as
will be reviewed later on in this paper. The pattern of thinking reflects
a high degree of egocentric reasoning. And above all, interactions are
more readily pursued which demand assimilative rather than accommodative
efforts. It is common knowledge that in beginning situations, we tend
to be better genuine talkers than accurate listeners. People find it
easier to retell an event in terms of their own experience than to
report the event objectively. In groups, another example would be
where maintenance activities, that is, interpersonal concerns, take
predominance over task activities. The preoccupation with content and
objectives of the group illustrates the importance of assimilative
processes over accommodative ones in the beginning phase of a group.

3 Professor Hy Resnick of the University of Washington introduced me to
   this helpful formulation.

Moreover, it would follow that in the beginning of helping, as in the sensorimotor phase, activities requiring assimilative adaptiveness are more in tune with the evolutionary processes of development. For example, the sharing of life perspectives, expectations, and perceptions about that which provides certainty and predictability, are good beginnings. Activities which center on demonstration, tutoring, and performance will be more successful at a later time in the group.

A recognition of the primacy of assimilation in the beginning phase raises serious questions about the appropriateness of interactions demanding essentially accommodative processes such as review of procedural factors, goal setting, and contracting. Contracting, for example, requires a full comprehension of the whole and its parts, that is, cognitive processes of reversibility and conservation. These are still considerably beyond the level inherent in the beginning phase. Contracting, therefore, at this stage is apt to be only a helper's insurance policy in fine print, but beyond the full comprehension of the contractee.

PLAY IN SUPPORT OF ASSIMILATION

Play, as a major resource for assimilative activities and a meeting ground for individuals on an assimilative level, allows children (or adults) to create a place for themselves in new and strange settings. Play allows and encourages individuals to express their individual ways of thinking, feeling, and doing.

Play then is not conceived of as a specialty of therapy; play is a natural ingredient of helping. With Piaget's concepts as backdrop, in what better world than play (outside of dreams and fantasy) can an

individual practice and enjoy repetitiveness in order to experience a
sense of predictability. In play, a client can perform for the pleasure
of the activity, for "make-believe," and for experimenting and daring
with new forms of behaviors and thinking. A client can play "for fun or
for keeps" as children tend to put it so wisely. In play, the helper
can be right with the client in joining and introducing novel experiences.
After all, play is assimilative and accommodative with each leap and
bounce. Play opens a spectrum of opportunities for the helping person
to relate to children (or adults) within their world, and eventually to
go beyond their play worlds to that "world" which brings them together.

BODY EXPERIENCE

Body experiences are at the core of sensorimotor development. In
the beginning of interpersonal helping, it would follow that body experience
tends to say it all. For example, the first hello, regardless of the
words employed, is experienced through the messages that the client's
body and senses absorb. Thus it is important that helper and client
interact in ways which communicate on the level of physical experience.
It is a contradiction to say, "you are welcome," while offering a hard
straightback chair. The repertoire of activities of the sensitivity
encounter programs are in context and in step with the experience
inherent in the first Piagetian stage of development.

RHYTHMICITY AS VERIFICATION OF PREDICTIVENESS AND A SENSE OF ORDER

The qualitative experience of repetition (Piaget's circular reactions)
bases its importance on the probability of achieving a sense of rhythmicity,

and thereby a sense of order and orderliness. A sense of wellbeing is the natural outcome. In fact the hallmarks of "baby stuff" are rattles, lullabies, twirling tops, strokable fuzzy-furry things, all of which provide repeated movements and rhythmicity. Rhythmicity creates, then, a state of satisfactory being and constitutes the most essential ingredient in infant play and toys. A baby splashing, splashing, and splashing in the water, and a client curling, curling, and curling her hair or his beard, are really similar manifestations. Repetition of experience which leads to the experience of repetition in fact is rhythmicity. The introduction of shared rhythmic activities in the beginning phase may help to join the two spheres of the client's and the helper's worlds.[4] An example which occurs spontaneously is the client and helper engaging in a joint rhythm of nodding their heads.

The foundation of rhythmicity also provides a temporary state of equilibration when equilibration is required on an emergency basis (Piaget, 1971, p. 25). In our own lives we often resort to rhythmic activities when we are "stuck." I myself click a ballpoint pen, dangle my glasses, or drum a rhythm with my fingers. Others hum, rock, rub their beards or fingers or the strap of their purses. What do you do? Rhythmicity, then, can be a recourse to a temporary state of balance when events seem sharply out of balance. It is a kind of "emergency kit" when a person fears a loss of equilibration (Piaget, 1967, p. 15).

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4 Berry T. Brazelton's research brings out clearly that parent and child find each other when they merge their interaction patterns into a joint rhythm. (Brazelton, 1972, 1974)

RHYTHMICITY SOCIALLY ENGINEERED

Rhythmicity in essence creates an incremental experience for recognizing a sense permanency and prediction. These factors are particularly pertinent in the beginning of interpersonal helping. Yet most of the rhythmic actions tend to be autorhythmic, while for interpersonal intervention the helper strives for joint rhythmicity. A helper can be alert to instances where he or she can join a client's rhythm, be it in the building-in of a slap-each-other's-hand exchange, rocking on a swing, exchange of vollies in table tennis, or exchange of glances, body movements, parallel licking of an ice cream cone, or playing with a ball. In all of these joint activities, involvement within the rhythmicity also helps to link up movements of orderliness, as well as to provide opportunities for introducing a change in rhythmicity and new variations in some pattern of living.

Later on in the treatment, once client and worker have found their common sphere, rhythmicity remains important as an extra cement for linkage. Rhythmicity may also occur in such actions or thoughts as in the bantering of jokes or ideas, rap or brain-storming sessions. Frequently some of these experiences with repetition and rhythmicity become institutionalized as part of the helping sessions' rituals. All these rhythmic exchanges or eventual rituals validate client and helper within one sphere of predictable reliability.

HELPER INTERVENTION AT THE TIME OF CLIENT'S SENSE OF BEING THE CENTER

It is typical for the beginning of life and in new situations that individual conceive of themselves as the center of life. Piaget terms it fittingly: "narcissism without Narcissus" (Piaget, 1967, p. 161).

Most important, Piaget stresses that the experience with one's own actions (including maturational acquisitions) eventually leads to an awareness of others as co-actors.

With such a perspective, the helper tries to be present in the client's actions as a partner to mutual activities rather than as an individual in a role-defined set of actions. At the "workbench of treatment" this means that the helper enters the clients' doings, their space, play, life events, or stories. When I join a boy in his rhythmic but wild scribblings, I have a better chance of introducing and moving with him to new variations at a later time, beyond his temporarily completely assimilative absorption.

This same approach is reflected when a helper becomes engaged in the clients' content of thinking in order to move eventually with them beyond their ongoing conceptions. In these instances, the practice of mirroring back--the major interactive tool of the Rogerian client-centered approach--is opportune for its stress upon repetition. It is important to note that it is the client's subsequent repetition rather than the helper's restating actions which constitute the essential experience. Curiously, in mirroring back or paraphrasing, repetition occurs in the worker's rephrasing and in the fact that when the person confirms the correctness of the repetition he or she tends to repeat it once more. This in part is to confirm the correctness of the paraphrasing, but also to assert that he or she is the one and not the worker who really said it!
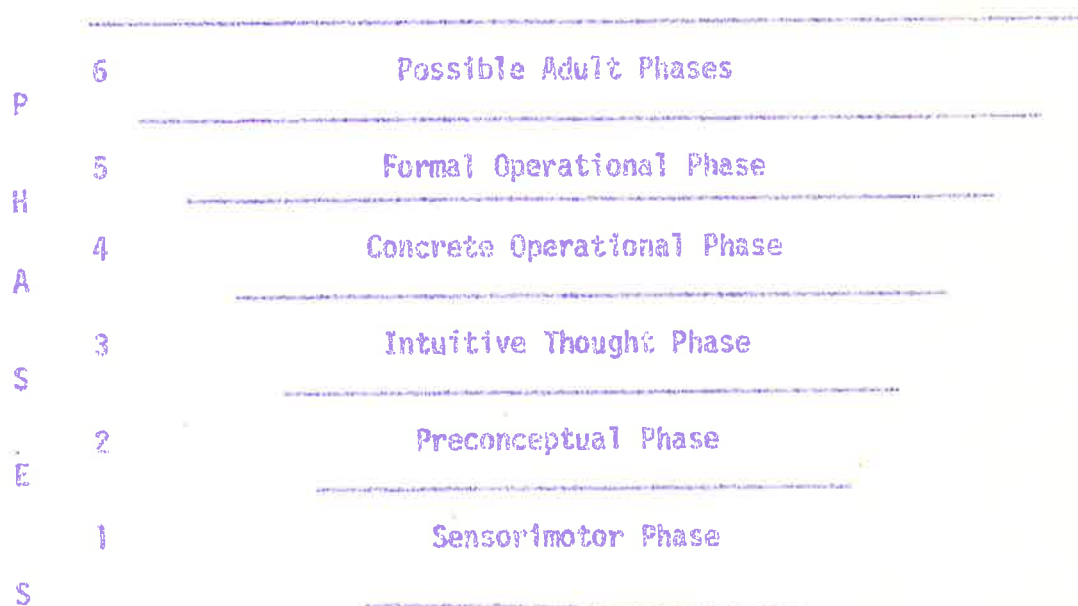
Some of the concerns which have been raised throughout this chapter thus far, have dealt with the beginning phase of treatment. Many of

these factors remain relevant throughout the helping continuum at times when clients function cognitively below Piagetian concrete levels of operation. It might be pointed out also that many of the traditional techniques of therapeutic intervention really make sense only for those who have reached at least a beginning cognition of reversibility and conservation. A separate account would be needed to deal with these issues. Yet to be brief, such common practices as role playing, feedback, TV-playback, spelling out of role expectations, interpretation, as well as baselining and contingency scheduling, are far beyond cognitive requirements in beginnings, and for some clients beyond their levels of operation. For most persons during the initial phase, it may be quite some time before these specific practices efforts become more than wasted words.

ISSUES RELATED TO THE PERSPECTIVE PRESENTED

My remarks have been limited to experiences associated with the first phase of cognitive development. Picture the sensorimotor phase as a short horizontal baseline, topped by four additional lines, each longer than and parallel to the ones below.

P	6	Possible Adult Phases
	5	Formal Operational Phase
H	4	Concrete Operational Phase
A		
S	3	Intuitive Thought Phase
.	2	Preconceptual Phase
E		
	1	Sensorimotor Phase
S		

Each line represents an increasingly fuller and more complex cognitive structural process of acquisitions, which includes the previously acquired structures and are experienced from a new and more advantageous position (Maier, 1978). This model of cognitive development, which has the visual shape of an inverted trapezoid, depicts Piaget's conception of human development for its nonlinear progression.[5] Although Piaget's writings viewed in summary suggest that development is linear, in a more careful analysis of his findings we note that the actual cognitive developmental processes proceed in a nonlinear fashion. The progression is elliptical (Piaget, 1971, p. 227). I have stressed an elliptical (or oscillative) progression within the preceding pages. For instance, when a situation is very unfamiliar, the individual is apt to respond within essentially sensorimotor cognition and subsequently on more advanced levels of cognition as he or she experiences the new situation.

This nonlinear relativistic concept (Kuhn) challenges therapy approaches in which clients are viewed and described in static ledger fashion for their "strengths" and "weaknesses" or for being "more" or "less," as if human living could be truthfully portrayed and reviewed on a single balance sheet (Maier, 1977). Above all, a relativistic perspective challenges the common dichotomous notion of diagnosis and treatment, as if professional intervention were a TV western with the epithet: "Have diagnosis; will treat." The idea of development as an ongoing oscillation leads to an understanding of helping as an intervention to be constantly reassessed and created within the scene of practice itself.

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5   Special credit to my colleague and fellow contributor to this volume, Faith N. Smith, Seattle, Washington, for bringing this diagrammatical formulation to my attention.

Such a stance and practice is consistent with Piagetian methodology of research and with the Piagetian knowledge derived from his research. This perspective creates havoc with the tendency to rely upon therapy technique selection as the heart of treatment. A preoccupation with techniques is grounded in linear thinking, while a nonlinear or relativistic approach requires that interventive techniques be "made in treatment."

As in life, so in treatment, to experience and to understand means to reinvent what has been experienced.[6] This last statement sums up much of Piaget's perception of development and the observations we can make when we watch children in their development. For a toddler making his or her first steps, it is as if that child were the first one who ever did it. So far as the child is concerned, s/he did invent it. The child is the pioneer in his or her life history. Similarly in treatment, the child conceives him(her)self as the first one who has to meet the particular complications and to deal with them together with the counselor in the course of treatment. Thus in treatment, which itself is a starkly new life situation, it follows that each vital new experience is more akin to the novel encounter of a pioneer than to those of a continuous wanderer. For each, client and counselor, these new experiences entail the first "happenings" of a new beginning.

In essence, I maintain that as a whole period of development (more than a year of impactful life experiences) precedes language development. Similarly, a whole progression of interpersonal experience at the beginning of the helping continuum influences the progression of the helping process. These beginnings always precede a more definitive assessment and treatment undertaking.

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6 This conception has powerful implications for education as Piaget summed it up well in the title of one of his books on education: To Understand Is To Invent: New York, Grossman Publishers, 1973. In this connection, Piaget continues an orientation originally introduced by John Dewey.

IN CONCLUSION

In conclusion, let me postulate with a few questions, what I have been exploring. Here again, I join with Piaget in the conviction that neither in everyday life nor in treatment do I know the answers until I have discovered the _questions_.

How can a helper link his or her understanding of planned change processes with the natural evolutionary processes of developmental change? What are the actual experiences of a client in therapy, and how do these experiences mesh with the ordinary processes of development?

What are the essential features of early development which I can translate into actions in any situation where planned helping is desired? In addition, I ask myself: What are the facets of intervention which I can incorporate into the experience in order that the client and I can progress naturally and therapeutically? For the latter I have no particular techniques to advocate, or even to "show and tell" as a preferred approach. I can only add one more question: What are the client's reactions when helper and client meet? These latter _actions_ contain the directions _how_ and _with what_ to proceed.

After struggling with this series of questions, it occurs to me that in the helping situation, the process of becoming fully engaged is anchored in the beginning of the interpersonal helping situation. It is as the client begins to comprehend the nature of two-way interaction that the helper is able to discern the client's thinking. Thus we do not actually know the client fully until we are well into the process of working together, and once again we are faced with another beginning.

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