

# The Philosophy of Helping

## *(Consultation Model and Altruistic Behavior as An Important Part of The Counselor for Early Childhood)*

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**Abstract**—Helping Profession is the main concept underlying the role and function of counselor. Helping is a process of activities that people do against other individuals in their social environment. There are three models to help: professional information model, clinical model, and model of consultation process. The consultation process model is the first model to be applied in a helpful philosophy. This model is important to be a helper as a steering process. However, professional and clinical information models may be provided, but the helper should use confrontive intervention. This intervention is intended to provide some hypotheses or alternatives for solving client problems. In the counseling process, primarily involving early childhood, the philosophy of helping is seen in altruistic behaviors related to the empathetic and caring attitude of the counselor to the client.

**Keywords**—component; helping philosophy; consultation process; altruistic.

### I. INTRODUCTION

Counselor as a helping profession should be the main concept that underlies the role and function in carrying out the profession. However, the fact that happened in the field is not always the case. Some counselors tend to be part of the student's self-discipline action. This action can be seen, among other things, in roles that deal with the discipline of students who are late in school, school security, and punish students who do not obey the rules in school. So it is not surprising that during this school counselor is often associated as a school police.

The label as a school policeman seems to indicate that the disintegration of values helps students in school counselors. Related to this, Gibson & Mitchell [1] explicitly stated that the profession of helping is a profession whose members are specially trained and have certificates to provide services to individuals who need uniquely and professionally. The counselor involved in the role of a school policeman, on essentially has deviate from the real self-image of the counselor.

Counselors will be able to damage the good relationships that should be established between the two, namely counselor and client. However, according to Rogers [2] rapport is a major force in counseling. Furthermore, Rogers [3] explains that there are three personal qualities a counselor must have: authenticity in dealing with others (clients), unconditional positive appreciation - warm acceptance for each client experience - and accurate empathic understanding - the ability to understand the personal world of the clients, as if the self are in that condition.

Counselors who are able to present personal qualities as has been proposed by Rogers, will certainly be able to establish good professional relationships with clients. The goal is to help clients solve the problems experienced independently, through a consultation process. Gibson & Mitchell [1] states that in the 21st century the greatest potential counseling profession becomes a real "helper profession" to respond to community needs and anticipate future conditions. To find out more about the helper profession, the next discussion is focused on a helpful philosophy. The goal is that counselors can understand more about the foundation of the counseling profession that is closely related to helping and able to run professional activities in accordance with the philosophy.

### II. THE PHILOSOPHY OF HELPING

Help is a process of human activities done to the social environment. Schein [4] outlines three important points in helpful activity:

1. Helping is a general human process that applies to parents, friends, teachers, and managers, not just to consultants or therapists who play a central role to help. It means helping to be done by every individual regardless of profession in cultivation.
2. Helper makes choices based on key assumptions that must be tested continuously during the process of helping. This means that the choice of a "helper" to the individual who is

experiencing the problem, need to consider the advantages and disadvantages for the recipients of assistance and tailored to the competencies of the individual recipient of helping.

3. The main concern of the helping process is to improve the client's own ability, which is becoming more useful. In other words, the role of "helper" is essential for all human activities, the individual must be taught to be an effective helper.

Furthermore, Schein [4] suggests the categorization of help models into three, namely:

1. Models of professional information. This model suggests that the client has identified the problem and asked the consultant to provide recommendations for resolving the problem. Providing a direct recommendation from the consultant, as soon as it is revealed may result in the client being dependent on the consultant or may also consult the wrong information. This indicates that direct recommendations to clients, causing clients to be passive for solutions to problems experienced.
2. Clinical model. The clinical model assumes that the consultant conducts individual assessments by investigating, interviewing, psychological assessment, providing tests, making diagnoses, and providing recommendations for problem solving, regardless of whether the client remains healthy when he help. This indicates that the consultant does not provide further action when the problem has been resolved. The consultant does not pay attention to the progress of the client being handled, as it has been given a recommendation to resolve the problem and is deemed to have resolved the problem.
3. Model of the consultation process. The consultation process model assumes that "helpers" suspend self-bias, develop a joint investigation process, not only create a sense of togetherness of responsibility to find out what is wrong and how to improve, but also deliver some diagnosis and intervention skills, so clients learn about the process learn.

In the first and second models, the "helper" is named as a consultant. This is because "helpers" only provide immediate help or recommendations, to solve client problems, without engaging clients to be active in finding solutions to their problems. Whereas, in the third model is the original embodiment of a "helper", which invites the client to learn about how to learn in order to be responsible for the problems experienced and find solutions to the problem along with the helpers.

Judging from the solution of a problem experienced, in an expert or clinical model, the consultant allows and even encourages the client to quit his or her alleged problem by the consultant. This suggests that the allegations made by the consultant may be true or may be incompatible with the client's actual problem, so it is not surprising that there is wrong information. Furthermore, after accepting the problem and the responsibility for performing an action, the client may relax and await an answer or recommendation. The client is in an ideal position to distance himself from the proposed

consultant. This means that the client may reject the proposals given by the consultant, without giving due consideration to the advantages and disadvantages of the proposals.

Meanwhile, in the model consultation process it is important to create a situation where clients have their own problems, consultants become partners or helpers to diagnose and deal with the problem. That is, the maid is in charge of uncovering the cause of an issue and helps the client be aware of the cause of the problem.

### III. THE IMPLEMENTATION PROCESS HELPS

Providing assistance to clients should be initiated first from the consultation process model. This is the main model first applied in the provision of aid [4]. When a client comes to a helper to ask for help or expresses a statement asking a helper to advises, the helper should apply inquiry or inquiry spirit.

In this case, the helper needs "exploration". This exploration aims to provide help, provide diagnostic insights, and ensure that clients have problems and start feeling that we are a team that works together. It is important for the helper to create cooperation with the client in solving the problem. This is intended to solve the problem in the solution, not from the helper, but discussed together with the helper.

Schein [4] explains that the most important thing in the early intervention is to communicate the intent of strategy or goals and make the right psychological contract between the client and the helper. At this stage the helper will say "can you tell me more" or "can you describe the situation?" Or "what's on your mind right now?". These questions need to be asked first, before the helper jumps further by providing answers and suggestions on the client's problem. The key at this stage is to be genuinely curious and communicate to the client that the helper feels there is an obligation to take the matter to his own shoulder. However, the helper wants the client to feel that the helper is helping, not directly giving advice or recommendations.

Furthermore, the conversation between helper and client begins to develop, initially focusing on psychological goals and contracts, the focus shifts to the next stage, which is called "diagnostic intervention". Although, named with diagnostic intervention, but still in the consultation model. This is because the intervention calls for diagnostic thinking from clients rather than helper. Clients are asked to self-diagnose the cause of the emergence of the things that cause the problem. At this stage, the helper usually asks questions, such as, "why do you think this happens?". In contrast to the focus of the exploratory question "what", to focus the diagnostic question of "why" [4].

The next stage is the choice of intervention. There are many intervention options that can be used by the helper. The client must be guided during its strategic objectives to assist. This guide is called an "alternative action intervention". Originally a helper focusing on "why something happened and what the client did or what the reason the client did that", at this stage, the helper might ask the client, for example "what is your plan?" or "what alternative appropriate action?".

A common characteristic of helper-assisted interventions is to keep clients actively solving their own problems without having to deal with new advice or information coming from the helper [4]. Furthermore, in the helper assist activity is the rudder of the process. As the steering process, helper is not entitled to provide advice or recommendations directly to the client. In addition, helper does not add any new content.

Nevertheless, new content may be provided only if the client shows a signal that the client really wants new information or a helper idea or suggestion that can of course be given to them [4]. However, this will cause the helper to deal with "confrontational intervention". In this confrontational intervention clients are stimulated to think about new facts and ideas or alternatives that may not have been considered before. For a confrontational helper and inconsistent with the consultation process assumptions, the intervention should be packaged in a way that does not make the helper transform into an expert or a physician. The helper should create a hypothesis that may occur for alternative actions. There is the easiest way to provide new information or ideas in alternative forms, hypotheses or possibilities, such as "do you consider the following information?" or "have you ever thought about choice A or B?" or "you may have one of the following feelings this, afraid or maybe angry?".

The client remains an active problem-solver, though helper declares alternative action and declares it in question. Helper still maintains realistically about not really knowing what is going on, nevertheless, the helper has begun to consider several alternative hypotheses. The helper should be able to argue for their style using questions in the form of hypotheses or alternatives in helping clients solve problems. Helper needs to use a logical reason, in which the helper is unlikely to enter into the system and the client culture at a sufficient level to recommend the action according to the helper wants. The key to getting in and out of this role is simply knowing well what's going on and knowing what you really own.

Furthermore, in the process of assisting, the helper has two alternative psychological interventions that can be used, namely: individual diagnosis based on testing and interviews, and surveys or opinions [4]. Although there are two psychological interventions that can be used, none of these are appropriate to identify problems early in the intervention. The use of such psychological interventions will precisely stimulate the client's dependence on the helper, which will ultimately undermine joint problem solving.

However, helper can use this psychological intervention. Helper should use this psychological intervention, only when the client has decided that the intervention will help. In addition, when the client accepts responsibility or consequence or consequence of the intervention by the helper. When applying an expert or clinical model, the helper uses a valid and reliable questionnaire, telling clients how to manage to participate maximally, collect data, analyze, and then submit data with suggestions and training. In the consultation model, decisions are made jointly with the helper so as to identify the problem in such a way that it "has" the problem and can work on them. The goal is not to collect data, but to solve problems.

An overview of the philosophy of helping, as shown in the following chart.

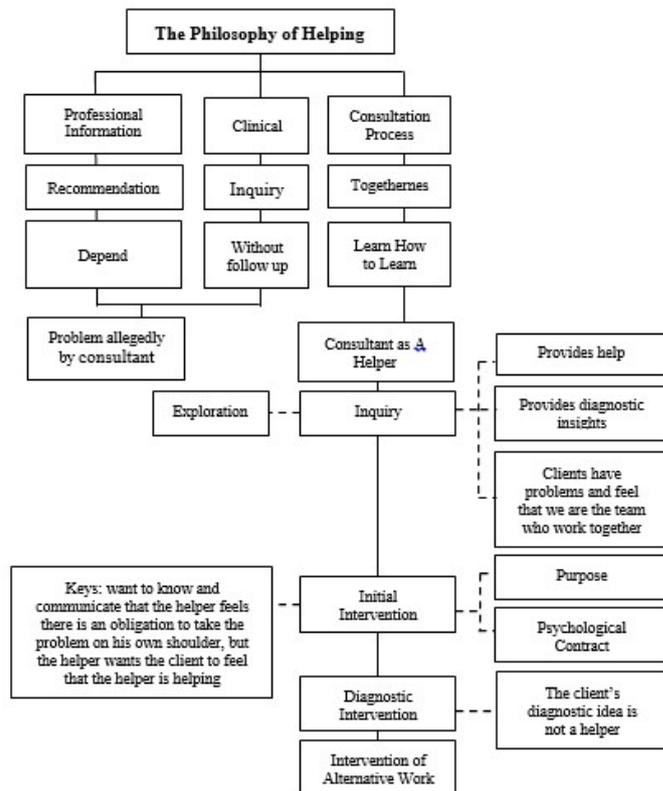


Chart 1. The Philosophy of Helping

IV. CARING AS THE FOUNDATION OF A HELPING PHILOSOPHY

A person who bears the profession as a helper should provide assistance to the needy individual regardless of and/or considering where the client originated. The helper philosophy is to facilitate individual development according to the expected individual assisted or desired model of the individual, effectively [5]. The helper must be able to set aside the things that are related to racial and ethnic or cultural differences of the assisted individual. Individuals must understand well about caring practices, by paying attention to the good life and ethical behavior of the skilled, embedded in it [6].

Further, it is explained that a person who helps professionally really has superior information and behavior, has a standard based on experience and vision of excellence. In addition, someone who helps professionally also has practice ideas that are considered very good and bad, high quality or that are considered to enhance personality, encourage growth, restore integrity and integrity, offer encouragement, and so on .

Phillips and Benner [6] argue that relationships that promote awareness prepare for the possibility of mutual realization, not power, where there is an individual who gives, helps, and does not learn from others, while others only accept and learn. When an individual is caring, it requires attention,

harmony, learning and letting go of control that prevents it for caring.

Caring, phenomenologically is the most fundamental and central mode for all helping professions [6]. This means that in the profession that is helpful, either teachers, counselor, or psychotherapy, requires a sense of care for clients encountered. Individuals who care about others do not mean to control. Others are not a tool for an individual who cares.

Giving effective care requires more than intentions or sentiments, such as doctors who are in a hurry to take over for surgery because of the pain that disturbs the patient, making it faster and more efficient. More than that, caring requires skills and knowledge and when in social relationships with others, this care is given in a way that promotes togetherness, empowerment, and growth.

The practice of caring is very risky, often paradoxical, always involving connections, mutual recognition, involvement with certain people in certain situations [6]. This is because caring depends on acceptance and trust from being cared for, and requires understanding, not just explanations, knowledge, and skills embedded in caring practices that are easily ignored.

A helper of course has a high sense of concern to the client, among others concerned about the problems experienced by clients, solving client problems, and the future of the client. The helper's concern needs to also require the trust of the client that they are cared for and the client is able to accept the helper who cares for him/her. In addition, the caring attitude shown by the helper to show a relational relationship between the helper and the client, not to control the client.

#### V. LINKAGES PHILOSOPHY HELPS WITH GUIDANCE AND COUNSELING

A helpful philosophy is something that is guided and implemented by a variety of helping professions, by providing an effective option in order to work with clients to solve the problems experienced and make the client as a useful person through caring. One form of assisting profession is guidance and counseling that seeks to facilitate individual growth and development [7]. In the provision of guidance and counseling services, helper philosophy can be viewed from the view of humanism [8].

Further, Scholl [9] describes humanism-related counseling, the primary goal of establishing a facilitative therapeutic relationship. Counseling skills such as proximity can be used to improve the genuineness of the helper. However, proximity requires courage from the helper. The application of humanistic principles can be used to enhance interpersonal dynamics. In addition, establish a counselor's understanding of how self-esteem develops in children.

Scholl [9] adds a counselor challenge that faced counselors are expanding their awareness. Goals set by humanistic counselors tend to be goals for counselors rather than being goals for the clients. The objectives of this counselor include mastering complex models of human development,

broadening awareness of subjective experiences from diverse populations, and compiling the courage to use closeness in counseling relationships. When a counselor and educator applies humanistic principles, responsibility lies in the shoulders of counselors and educators.

Swank, Ohrt & Robinson [8] argue that humanistic perspectives make altruism a fundamental basis for counselor and client relationships. The humanistic counseling philosophy emphasizes the importance of good relationship between counselor and clients through empathy. This good relationship aims to improve the counseling experience. Someone who takes action helps to be able to empathize with others. This empathy is related to altruism. Altruism is an act of helping others, without expecting a direct reward from the aid given and no selfish desires.

In counseling relationships, altruism consists of the involvement of a counselor in a helpful relationship, motivated by selfless concern and concern, without expecting the rewards and mutual treatment and attention of the clients [8]. The results of Swank, Ohrt & Robinson [8] suggest that social learning is an important factor in the development of altruism. The development and experience of individual life can have an effect on him or his perception of altruism development.

Furthermore, altruism is a central concept in moral philosophy in sociobiology [10]. Nevertheless, this concept is problematic, because in moral philosophy tends to lead to morality, whereas in sociobiology, altruism as an explanation of human behavior that tends to disappear. The behavior of altruism cannot be explained reciprocally because altruism is a valuable thing, as a real factor in social life. This means that in everyday life, every individual is always faced with the behavior of altruism to address the circumstances surrounding it.

Individuals who exhibit altruism behavior are essentially an indirect behavior of reciprocity. The meaning of reciprocity is indirectly given in a way that is less clear and without should be understood and expected consciously by the perpetrators. The value of altruism as a social factor needs to be considered to provide a better understanding of human behavior [10].

Individuals who exhibit altruistic behavior, realize the freedom of others from their exploits and feel that their demands for ontological centrality are illusory. Altruism, beyond the biological relationship (kin altruism) and beyond self-centered calculation (reciprocal altruism), is widely praised and generally regarded as the basis of moral life, although it does not necessarily imply a retreat from self-concern or attempts at self-sacrifice [11].

Social scientists who focus on psychological altruism as an attempt to measure the extent of genuine altruistic action [11]. Human altruism can be decreased and most emotionally uninvolved, such as respect for others in everyday life expressed in etiquette and obedience as a minimum principle, not harmful. It can be more idealistic in expression, as an active effort to help others who need authenticity. This means that in providing assistance to others, needs to be done genuine or original.

Flynn and Black [12] describe three emerging archetypes that illustrate the nature of altruistic theory-self-interest, endocentric altruistic, exocentric altruistic, and selfish psychologist. Exocentric altruistic describes an individual who receives internal satisfaction from giving, but inadvertently takes part of social action for the purpose of receiving internal satisfaction.

Endocentric altruistic describes about helping individuals in need simultaneously, themselves feel good. Psychologically selfishly describes the individual who provides help, solely to to meet the interests that exist in yourself. Swank, Ohrt & Robinson [8] explains that in Altruism Development Model or ADM proposed by Curry et al and Robinson & Curry there are four elements that contribute to the development of altruism, namely biological, cognitive, social learning, and religious factors or spiritual.

This biological factor means that everyone is born with the ability to care for others. This means that each individual has a sense of care for others who have been obtained since birth into the world. But this sense of care can be reduced, when individuals are exposed to social situations that conflict with individual personal expectations or problematic environments. This cognitive factor is associated with more mature cognitive development, shown by minimizing sacrifice to help others. This means that in an altruistic way, individuals have certain limitations, so do not have to sacrifice yourself to be altruistic in others.

Social learning is related to altruism as learned and developed through observation and involvement with significant others. This means that the social environment gives effect to the development of individual altruistic. A supportive social environment in altruistic development will enable individuals to understand the conditions around them. Finally, the spiritual or religiosity factor in which the individual acts altruism in accordance with the guidance that exists in their respective beliefs. This is embodied in the book or teachings in the religion held.

It can be concluded that in the development of altruism, a counselor not only has empathy, but also care about the needs of the clients. Further, helping others can stimulate mental simulation and the positive consequences of the actions performed by the helper itself [13]. In other words, helping can have a positive impact on the individual, from a negative mental state and stress.

#### VI. "INTERVENTION" OF THE IMPLEMENTATION PROCESS HELPS IN THE COUNSELING PROCESS

The previous sub-section has explained that in the implementation process the help always starts with the consultation process. In consultation, the helper needs to explore the provision of assistance. Initial steps include early intervention, then diagnostic interventions, and alternative intervention measures.

Counseling is a professional activity involving a helping relationship by a counselor to an individual or a group of individuals [14]. The activities of these relief services are organized on various types and levels of education, from the

elementary to the higher education levels [1], [15]. In principle, the development of guidance and counseling for students in primary and early childhood education has not been very developed. The delay in the development of counseling and guidance for this level is generally due to three reasons, namely: (a) many argue that teachers at this level should serve as counselors for their students, (b) counseling studies related to early age students have not developed, and (c) many are unaware of the importance of guidance and counseling for students at primary and early childhood education levels [15]. The provision of counseling and guidance services for early childhood and elementary school students should receive equal attention, and even more, than higher education levels.

In the counseling process, interventions from the implementation process help appear in the terms of reference required by the following counselors: (a) taxonomic client issues or taxonomic psychological disturbances with reliable relevant diagnostic systems; (b) the taxonomy of the client's personality; (c) a taxonomic therapeutic technique or intervention; (d) Therapeutic taxonomy or therapeutic style; (e) the taxonomy of circumstances, conditions, circumstances, or circumstances in which the therapy is held; and (f) a set of guiding principles or empirical rules to match all these variables [16].

Thompson [16] added that presenting a model approach to all the problems facing students and overriding other approaches, suggesting that counselors have limited their effectiveness to different clients. It also ignores a valuable dimension of individual behavior, because the counselor is limited only by one theory. Therefore, it is important for counselors to learn about other approaches, so they can be used according to the client's problem.

Counselors are not allowed to solder a method of approach and close the possibility of different approach methods for each problem experienced by the clients. The counselor should be aware that each individual is unique and every problem experienced is a consequence of the maladjustment behavior that individuals do in their lives.

#### VII. CONCLUSION

The consultation process is the main model of the foundation of a helpful philosophy. In this consultation process, helpful individuals are called helper. A helper who will assist the client always performs an exploratory action undertaken in order to conduct early interventions related to psychological goals and contracts, diagnostic interventions related to why the problem occurs, and alternative action interventions to determine the plan in problem solving along with the client.

The use of professional and clinical information models is the last step when clients can't determine their own solutions. Under these circumstances, the helper does not directly provide solutions, the client must play an active role in determining the settlement. This is related to the helper as a content enhancer, when the client wants new information. Interventions should be packaged using appropriate

hypotheses, so the client remains an active agent in solving the problem.

Philosophy helps in counseling, related to the altruistic behavior of counselors. In altruistic, the counselor will show empathy and caring and genuine or genuine attitude. The goal is to establish a facilitative counseling relationship between counselor and client. In early childhood education program, the role of guidance and counseling are helping the children in mental and physical development. Therefore, the children can find unique identity of themselves, according to his personality and able to adapt with environmental changes.

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