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Working on Problems Analysed in Counselling: General Intervention Strategies and Dealing With the Uniqueness of Each Specific Life Situation

SHORT DESCRIPTION

Drawing upon case studies and discussion presented in previous modules this module discusses some of the stages and activities that are involved in the process of counselling. It draws attention to the importance of each clients unique life situation and to the counselling stages of entrance, assessment, planning and preparation for future activities, realisation of intervention strategies and closure and evaluation.

LEARNING OBJECTIVES

1. To understand and to recognise the importance of each clients’ individual life situation.
2. To understand the stages of and the activities involved in the counselling process and the need to adapt these to individual life situations.

CONTENTS

1. The Uniqueness of Each Specific Life Situation.
2. Working on the Problems Analysed in Counselling.
   2.1 The Differentiation of Theoretical Concepts.
   2.2 The Helping Process.
   2.3 Professional Activities and Practitioners Personal Skills.
Work within the framework of help systems is performed on the basis of different procedures. These procedures operate on several levels – the level of theoretical reflection on a given area of social practice, the level of resources of practical knowledge disseminated in the professional environment, the level of administrative decisions and the level of activities of concrete professional centres and teams. To ensure the effectiveness of the procedures it is necessary to individualize occupational activities taking into account the client’s biographical experiences and his/her present situation.

1 The uniqueness of each specific life situation

During work on the “Invite” project, biographical data have been collected. The attentive reader of all the modules has an opportunity to acquaint himself or herself – in a more or less detailed way – with life story excerpts of the clients of social and psychological help centres in different European countries.

In module B.1 Mikko’s story is presented. Mikko is a Finnish workman, a widower with three children living with his partner. Alcohol, drug addiction and depression are the main problems in Mikko’s life. We know from the text that Mikko was drinking for 40 years, he tried to committed suicide and after a suicidal attempt, when he woke up in the hospital surrounded by his family, he decided to undergo treatment. His partner also underwent therapy. Mikko has been sober for last two years and is now an AA member. Module B.2 contains information about the German man – Mr Funke, suffering from Morbus Betcherev disease. The symptoms caused Mr Funke to resign from his occupation in heavy industry. He got into serious financial trouble, was rejected by his girlfriend and nearly lost his flat. He suffered from depression and low self-esteem. He abused alcohol and could not adapt to his new post-transformational reality.

Gerhard Riemman describes another 34-year old German man, the father of two children, living out of wedlock with his girl friend. This man has serious trouble with his spine. His health went from bad to worse when he – conscious of his illness - was trying to earn money by working hard on building sites.

In module A.2 we describe Polish cases – of Alicja, Ewa, Leon, Pola, Malgorzata and Elżbieta. Ewa was brought up by a single mother and was a well-looked-after child. Thanks to the support of her intimate others she finished her studies, overcame the trajectory of unemployment and now she enjoys her life. Pola, who comes from a big rural family and who graduated from rural vocational school, is unemployed. Ela, encouraged by her father to take up education in a secondary, textile vocational school, was later employed in the same textile factory as him. Module C.1, which discusses issues of the arc of work, is based on the story of Jasiek – a teenager from a well-educated family who wants – against his parents wishes - to become a Catholic priest.

Professional help of different kinds was given to all the people described in the modules. Mikko took part in the Minnesota programme, in support group meetings and he also profited from family help. Mr Funke was a client of a very committed vocational counsellor, he was a participant in group therapy and self-experience groups and he went through a 2-year programme in a specialist vocational-rehabilitative centre in Eastern Germany. The man described by Gerhard Riemann took part in vocational counselling sessions, participated in a pre-support class in the same centre as Mr Funke, served his apprenticeship as a car salesman and finally found a new job in a tax consulting firm. Leon, Pola, Alicja, Elżbieta and Maria took part in group classes organized for the unemployed by the Social Service Help Centre. Malgorzata, together with her husband and children were
the clients of a family therapist, Jasiek had sessions of vocational counselling.

Even superficial analysis of the above mentioned cases indicates the multidimensional and meaningful differences in the life stories and present situation of the clients of support institutions. Although it is impossible to present the complete list of these differences, we can point to the basic conditions which differentiate the clients’ biographies.

First of all, the heroes of our stories live in different countries, speak different languages and have been brought up in different cultural, political and economic circumstances. Beside the common European frames, in Finland, Germany, Poland and Wales we deal with distinct political systems. The actual state of social system is differentiated too. Post-socialist Poland is fighting with the problems different to those of united Germany. Great Britain and Finland seem to have more stable economic and political situations. Labour market conditions are also different – for example unemployment rates in project partner countries in 2004 were as follows: for Austria and Great Britain about 4,5%, for Italy 7,7%, for Finland 8,7%, for Germany 9,9% and for Poland 18,4% (www.bezrobocie.net).

The persons to whom support has been given live not only in big cities, but also in smaller centres, towns and villages whose functioning is under the influence of a regional culture and characteristic features of their communities (module A.3).

Following the clients’ fates we can observe significant differences. The families of origin were differentiated in their structures (full families, lone-parent families, reconstructed families etc.), in their way of fulfilling family roles, in the division of domestic labour, and - what is also very important – in their cultural, emotional, social and economic resources. Some of the clients – like Jasiek – were brought up by well-educated parents, engaged in the relationship with their child, others had very traumatic experiences (adverse childhood experience. Module A.3), or were slightly neglected but their caretakers who were nevertheless able to provide them with essential emotional resources.

In spite of the unification of state educational systems, the clients’ educational careers are differentiated too. Not only is the formal degree of education significant, but also the type of school and the quality of education processes which the client has experienced.

Dissimilarities can also be found in the analysis of the vocational careers of the clients. There are individuals who have a stable professional role in one company for their whole life and there are persons who negate the very sense of earning money through work. Others change vocations, posts and firms during their lives. There are also temporarily or permanently unemployed individuals.

The adult clients have solved the dilemmas connected with their private sphere in a different way – some of them are single by choice, some have stable formal or informal relationships, their partners and children are individuals who live a different life. Some are divorced, others do not have any stable relations but seek temporary hetero- or homosexual relationships.

When we consider the issue of helping practice, individual dissimilarities are very

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1 Due to increasing mobility of employees cultural differences have important meaning for social practitioners in the European Union countries. We can assume that foreigners will visit help centers more often and that practitioners will need to learn new professional skills. In the area of social work the culturegram is used. The analysis based on this tool refers to ten dimensions: reason for relocation, legal status, time in community, language spoken at home and in the community, health beliefs, crisis events, holiday and special events, contact with cultural and religious institutions, values related to education and work, values related to family structure, power, myths and principles (Congress 2004: 252-253).
important. Some of these differences like **age** and **gender** are obvious to the observer, other are almost invisible - like **state of health**. In module A4 we read that there is not a life story without gender. The biographical story is gendered. Men and women go through life experiences such as unemployment or disability differently². According to traditional perception of gender roles, for the last two centuries earning money has been seen as a man’s occupation. Authors dealing with men’s studies underline that work and the vocational role have a central position in an average man’s life and that for a man the act of losing a job can be compared to the act of losing gender (Golczyńska-Grondas 2004, Coyle after Elliot 1996: 87). Obviously, unemployment is an experience equally traumatic for women, but women have – especially in more traditional environments – more social consent to take up domestic activities and to be maintained by their partners.

The client’s age also seems to be important. Succeeding generations participate in distinct historical events, their experiences are differentiated, and we can talk about the phenomenon called the cohort effect (module A.3). Biological age means that the client is in a certain phase of the life cycle and a keen practitioner can estimate if an individual has fulfilled the developmental tasks connected with a given phase and assess the extent to which the client adapts her/himself to the norms connected with the social clock (module A.3). The social environment treats persons from different generations differently. For example, in modern western culture both young and old people are infantilised by those who perceive them as persons in need of special care (module A.1).

Another factor which determines the individual’s functioning is her/his state of health. More serious impairments influence everyday life organisation, determine chances in the labour market¹ and relationships with the social environment – a disabled person can be for example stigmatised by others, isolated, or – on the contrary – can act within the frames of a well-operating support network. The disabled differ in their ways of self-defining. In module A1 we read that invalids – although conscious of their illnesses - do not define themselves in terms of disability and their self-concepts are similar to the concepts of “healthy” persons. At the beginning of the help process we can thus – due to our stereotypical view of world – make the mistake and ascribe a false identity to our client.

Clients in the help system are also differentiated also on a very personal level. We can classify them as **different personality types**⁴. Their **traits** of character, their **level of mental maturity**, **temperament**, **predispositions**, **view of the world**, **value systems** and **self-concepts** differ⁵. We face this dimension of differentiation not only while diagnosing

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² Since the 1930s, we have been dealing with a controversy connected with the origin of dissimilarities between women’s and men’s behaviours in social sciences. The research projects are leading to contradictory results (see for example Brannon L., Gender: Psychological Perspectives 1999). Despite of the origin issue – these differences in gender behaviour and psychological functioning can be treated as social facts.

³ The state of health does not necessarily limit labour market chances. For example, in contemporary Poland we observe that the disabled unemployed are – in some respects - in a better position than the healthy ones.

⁴ In the areas of psychology and psychiatry we come across various personality typologies. It is important for vocational counsellors and social workers to have a coherent classification system consistent with their professional activities. In the case of teamwork it is necessary to have shared classification schemes.

⁵ Let us remind ourselves that in the first two modules (module 0 and A.1), the authors underline that certain identities can be described as disempowering – for example – the individuals ascribed to an underclass do not have enough power to resist the way others define them (module 0). There are also identities which can – due to attacks from others – threaten the life or health of the individual (e.g. Jews are attacked by the neo Nazis or
the client on the basis of tests and conversations but also during everyday work with the client. The client’s attitudes towards other persons, especially towards the professional helper are important, too. At one extreme we have self-dependent persons who accept responsibility for their own decisions and fates and at the other extreme we meet either individuals who are dependent on others and prefer to submit themselves to external authorities, or individuals who are trying to manipulate the helpers.6

The biographical structure currently experienced by the client is also significant. For example, Jasiek fights for the opportunity to realise a biographical action scheme while his parents are trying to push him into an institutionalised scheme for organising biography. The behaviours of persons who experience the same biographical structure can also be distinct. Persons in trajectory can be susceptible to others’ influence, too passive and apathetic or too overwhelmed by their trouble to take up activities proposed by a helper.

Social services clients have various experiences connected with their participation in the labour market. There are working persons with more or less stable positions, some – like Pola – have gone through short unemployment episodes, but are still able to gain part-time jobs regularly, some (Ela) have lost a job for the first time in their life. Others, for example, Jasiek – young enough to plan an occupational career – expect a vocational counsellor’s support in their educational decisions.

The current life situations of persons seeking help are different too: their material conditionings, their social surroundings and their possibilities for being supported by others. The quality and quantity of institutions to which a client can apply for support is one of the most important factors here. The motivation of a potential client should also be considered. The decision to visit a professional helper can result from developmental crises, traumatic life events, processes of impoverishing, etc. It is important to know what events caused an individual to get in touch with a given institution (Garvin, Seabury 1996: 156, 159). Some clients appear in the help centre of their own free will, others apply for help under the pressure of their significant others (e.g. family delegate in systemic therapy) or of representatives of other institutions. There is also a group of “compulsory” clients who face the choice of legal sanctions or taking up therapy (ibidem: 156). Thus, the clients’ attitudes towards the institution and its employees are differentiated, too.

Finally, clients have different problems. According to Compton and Galaway, “all human living is effective problem solving”. These authors presume that: “troubles in living stem from difficulties in effective problem solving activities in relation to specific motivation (often an imbalance in hope and discomfort relative to goal achievement), capacity (needed knowledge, social skills, adaptive skills, rational skills, our interaction and relationship with external reality, and some interplay of current and past biopsychological factors in development) and opportunity (access to support system, needed resources and helping relationships)” (Compton and Galaway 1993: 371).

2 Working on the problems analysed in counselling

2.1. The differentiation of theoretical concepts

Vocational counselling as well as social work appeal to different theoretical concepts. In

Anti-Semites). On the contrary there are groups like feminists, homosexuals or Black Power activists which fight to gain some social acceptance for their collective identities.

Such a claiming person is described by G. Riemann. The client was expecting that the vocational counselor would solve all his problems connected with qualifying for a new job and with his apprenticeship at the car dealers.
vocational counselling we can mention at least three different schools – behavioural, psychodynamic and person-centred.\(^7\). The Polish author, H. Skłodowski, referring to A.A. Helwig’s handbook, enumerates six types of personality concepts that are used in counselling work:

1/ the social influence concept directed towards understanding of the self, of interpersonal relationships and towards understanding the client’s problems and an adequate selection of intervention activities;

2/ the non-directive concept, in which the relationship between a client and a counsellor has the most important meaning and in which attention is focused on the “here and now” and on the client’s feelings in the present;

3/ the dynamic concept, in which individual functioning results from the subconscious sphere (classical psychoanalysis, neo-psychoanalysis) and the relation to object theory;

4/ Cognitive-behaviouristic concepts according to which the experiences gained in the processes of learning are the most important for future behaviour. Change in behaviours and cognitive structures is the aim of intervention here (behaviourism, Eysenck’s theory, rational-emotive theories);

5/ humanistic-existential concepts appealing to values such as responsibility for one’s own life, mental maturity, self-directedness, development (Roger’s theory, Gestalt psychology, existential concepts);

6/ the interactionist-systemic concept – where the basic assumption is that the subject’s activity depends on social relationships and the system in which an individual is placed (Skłodowski, 1999a).

Besides this, in vocational counselling we deal with different vocational development theories which refer in their assumption to basic psychological theories (e.g. F. Parsons’ concept of estimation, developmental concepts of vocational career, psychodynamic concepts by Roe and Hoppol, the concept of decisive process model, the concept of social/sociological models of vocational development (Paszkowska-Rogacz, Skłodowski, 1999:140-145).

In the area of social work we face a similar situation. The authors of “Social work processes”, in the chapter “Theoretical perspectives for social work practice” describe: the ecological system theory, ego psychology, the concept of learned helplessness, the concept of stress aging and crisis and the concept of diversity and difference (Compton and Galaway 1993: 123-173). Since the 1930s it was common practice for social workers to operate on the basis of psychoanalytic theory (Garvin, Seabury, 1996: 53). Later – as a reaction to psychoanalytical trends – the option of concentrating on the present not the past evolved – “Problems are not dwelt but redefined into goals” writes the author of the module B.1.

It seems however that, apart from theoretical dissimilarities, the professional helper’s everyday practice is realised on the basis of common schemes and that there exists a set of activities which are taken up in work with clients despite the professional’s theoretical and methodological choices. We will describe this issue in the next part of this module.

\(^7\) We can also talk about different approaches such as, for example, the constructivist approach or cognitive approach.
2.2. The Helping Process

The aim of social work and counselling work is to bring about changes in individuals’ lives and in group functioning. In both areas of practice professional activity should be based on some key principles. According to Skłodowski (1999b: 101) these are:

- Care and respect for the client’s individuality;
- A stress on each person’s value and dignity;
- The supposition of each client’s freedom and her/his ability to identify key features and capacities;
- The promise of a better life oriented towards the future.

The professional helper driven by these principles will recognise that the helping process consists of several phases. Different authors identify different numbers of phases. They also describe the activities ascribed to each phase differently. For example, Compton and Galaway (1993) write about three phases of the problem solving process: 1/ contact (engagement) phase, 2/ contract phase, 3/ action phase which also includes the activities connected with finishing and evaluating the whole process. However, Norm Amundson (1995) identifies four phases typical of the centric career counselling model: 1/ readiness (establishing the working alliance), 2/ career exploitation and assessment, 3/ evaluation, compromise and integration, 4/ commitment, action planning and follow through. Garvin and Seabury (1996: 61-62, 74) propose a more general scheme of the helping process. They mention four components of intervention in social work practice: 1/ the choice of aims at which the change is directed, 2/ specifying the aims, 3/ the choice of means of intervention and 4/ the evaluation of the consequences of intervention. These authors describe the model of the helping process, which is realised step by step, according to the following pattern:
We follow this pattern in the next part of the text. However we should note that the duration of the helping process will depend on various factors. Sometimes a client needs just one session in which case all the mentioned phases are realised in a very short period of time (e.g. one hour). Sometimes there are several sessions, in other cases (like in the projects conducted in the centre in Strassfurt) contact with a client may last for two years.

The entrance phase

The commencement of work with a person applying for help is connected with defining the situation between social actors. This definition is based on two roles – the role of the client and the role of the professional who helps a client. In this phase specifying mutual expectations is very important – a client’s expectations towards a practitioner and a practitioner’s expectations towards a client. The client can for example assume that the professional is a person who, after having got information from them, gives “prescriptions” – points to concrete solutions (Pola refers to such an image of the psychologist’s professional role in her interview). The practitioner should also be aware of the fact that he or she has some expectations and demands towards herself/himself (Garvin, Seabury 1996: 183). Amundson (1995) underlines that the first meeting of the practitioner and the client strongly influences the whole process. The vocational counsellor should create the “mattering climate”, in which the client will feel that she/he is treated subjectively, with respect and attention. The counsellor should also pay attention to the unfulfilled needs of the client who, for example, wants to talk with the practitioner and normalize his/her experience of unemployment before beginning any form of assessment (Amundson 1995). In this phase of the helping process communication procedures are first of all individualised. The professional has to pay attention to the client’s style of communication and to the essence of the client’s story. The client can be an open person, who is spontaneously talking about her/his problems – in this case the counsellor’s main task is listening. Or – on the contrary – the client can be a timid individual who needs support and the practitioner has to be more active in the conversation and ask adequate and relevant questions.

Assessment

Diagnostic techniques have been described in the module on the Arc of Work. Here we concentrate on some other issues. The aims of the diagnostic phase are:

- Specification of the client’s needs,
- Recognition the client’s resources,
- Initial assessment of the client’s expectations of participation in the helping process.

The biographical interview is only one of the methods which can be used in diagnosing. Depending on the definition of the client’s situation and the assessment of her/his emotional state, such an interview can be used as a indispensable or support method but in some cases it may be impossible to gather this type of data. Certain clients will not be eager to tell us their stories. At times, some additional diagnostic tools – like tests – must be used. For example, when a client has limited verbal skills the IQ test can explain if this lack of skills results from low IQ or from the client’s personal traits. The need to use tests can also result from the client’s declared aims, for example if he/she wants to check his/her
predisposition to a chosen vocation.

In planning the helping process we also need to recognize the potential barriers which can hinder or even block work with a given client. The client’s resistance can be such a barrier. John Enright reveals five sources of resistance in psychotherapy. These sources should be disclosed and worked through during the initial meeting with a client. According to Enright resistance can be caused by:

1. The client’s feeling of compulsion (a client was “sent” to the practitioner by another institution, she/he is under pressure from her/his relatives, she/he applies for help to avoid formal sanctions like imprisonment);
2. The contradiction between declared and real aims (e.g. an unemployed person does not really want to find a new job but desires to live properly without the necessity to work for money);
3. The awareness that it is impossible to achieve certain goals (a long-term unemployed, 55-year old workman would like to become the head of a company);
4. The expectations towards a practitioner (a vocational counsellor is too young or too old, a client would like to have the sessions with a woman and not with a man, etc.),
5. The existence of motives competing with the described goals.

Thus, a client will not resist the process when she/he wants to work on the problem, focus on the source of suffering or difficulties which are authentically experienced, feels that goals are realistic, trusts a practitioner and does not experience a situation of contradictory values or competitive aims (ABC psychologicznej pomocy, 1993: 32-57). Of course, the barriers in the helping process are not necessarily the effects of a client’s present situation and his/her functioning. They can also result from the macrosocial situation (the conditionings of the labour market, rates of unemployment etc.). Work can also be hindered by the client’s convictions about vocational choices.

As mentioned in module C.2, the assessment made in the entrance phase can and should be modified in succeeding phases of the counselling process. Initial assessment of the situation gives the foundation for individualising further activities. In this phase decisions are made about anticipated time of work and about the key forms of help, for example about the client’s participation in either individual or group sessions. This phase ends with the initial contract on taking up professional activities.

Planning and preparation for future activities

In order to plan and prepare activities it is necessary to formulate and specify the problems which are to be solved, to set these problems in time frames, to make a list of the persons involved in the problems, taking account of their perception of the key issues, and finally to establish the hierarchy of difficulties (Garvin and Seabury, 1996: 189-193). We define long and short-term aims, the frequency of meetings and the conditions of cooperation between the client and the practitioner. We plan forms of help, decide if and with which institutions we will collaborate. This phase is closed by the signing of a contract. In the contract we state the aims of intervention, tasks, division of labour between a client and a professional and time limits. All the elements mentioned here are tailored individually to each client.

8 Norm Amundson describes the typical myths connected with this area. Clients believe that vocational choice is made once in the lifetime, that the chosen vocation should guarantee the possibilities of total self-development and, that the proper choice leads inevitably to life success (Amundson 1995).
Consider for example the situation of a long-term unemployed person and a person who lost a job in the previous week. Although it seems that finding a new post is the principle aim in both cases, on the basis of the assessment it may become evident that the long-term unemployed has first to overcome his or her feelings of isolation and apathy. Thus, the first task for the counsellor may be to activate the client to take up everyday routine jobs. The next task may be connected with looking for a part-time job etc. We may also find that this client does not have his/her basic needs satisfied, that he/she does not have any money for living and that his/her family is threatened by eviction – in such a case intervention to stabilise the life situation would be the principal activity. On the other hand, the short-term unemployed person may need to master a sense of loss and feeling of danger before attempting to look for a new job.\(^9\)

**Realisation of intervention**

In the phase of realisation, the professional engages in various activities: taking direct action, advising, informing, teaching, supporting and counselling. Garvin and Seabury note the following:

- Exerting influence (manipulation, persuasion founded on the practitioner’s personal authority and other communication techniques);
- Tension increase – confrontation (visualizations of the client’s behaviour effects, pointing out weaknesses, describing a realistic picture of the situation);
- Tension reduction (calming, indicating the strong points, logical reasoning, universalisations which can alleviate feelings of guilt or shame, different techniques of supporting);
- Encouraging tension reduction;
- Exercising and activating (the client is engaged in different tasks and activities).

The professional also:

- Passes on information – points out the possible solutions and their consequences, indicates other sources of information;
- Receives information from the client about the results of his/her activities, commitments, difficulties, emotions – this activity provides the base for introducing some corrections to further plans;
- Works together with the client on her/his self-esteem, sense of efficiency and his/her power of resistance against failures.

In this phase the work on biography takes place. This is only one of the possible directions of activity – “the biographical interview cannot be safely or sensibly offered as a stand-alone intervention in someone’s rehabilitation”. The professional chooses the concrete strategies, methods and techniques and individualizes her or his choices in relation to the client’s personality traits and to the course of the helping process. In Mr Funke’s case, for example, it was necessary to establish a deeper relationship between the counsellor and her

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\(^9\) The reverse situation is also possible, for example, a psychiatrist working with a group of women suffering from neurosis came to the conclusion that the source of her clients’ problems was the lack of work. She got in touch with the help centre and proposed cooperation aimed at solving her clients’ problems of unemployment.
client to support the client and to build his sense of value and self-direction. The work on closing the trajectory of illness, poverty and unemployment lasted for a long time. The activities of the practitioner working with Jasiek were connected mainly with informing and supporting the client in the process of making autonomous decisions.

**Closing and evaluating the process**

In the last phase we deal with summing up our activities. The client assesses the changes that took place during the common work and their effects in relation to his/her initial goals. The client reflects on his or her level of satisfaction. The skills of closing the relationship, parting with the client and evaluating our own activities are indispensable in this phase. Quite often we deal with the exchange of feedback, sometimes some special evaluation techniques like questionnaires are used.

**2.3. Professional activities and practitioner’s personal skills**

Authors of handbooks as well as practitioners in the field highlight the fact that the personal skills of social workers and vocational counsellors are a decisive factor in the helping activity. Particularly in the first three phases the practitioner should concentrate on creating a climate of mutual trust and safety. Communication skills are important here – listening, paraphrasing, following the client, asking relevant questions. Among other important skills are: clarifying, summing up, giving feedback, provoking critical thinking or confronting. Certain attitudes and traits like empathy and the ability to concentrate on the client’s problems are also needed. The significance of dialogue and respect must be underlined too (module B.1). A practitioner’s personal convictions and prejudices can be treated as an element of the professional’s own work in the helping process. The professional should consider his/her attitudes towards the given client, to think if she/he is competent enough to support that person and to reflect on the possible influence of stereotypes on activities that have been taken up.

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