# Reflections for the Beginning Counsellor

**by**

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**Introduction**

For many years, I have thought of compiling a book for counsellors, especially for beginning counsellors. I wanted this book to address practical issues of genuine concern in counselling. It is no small feat to find the “right” book for counselling students and it is an even greater feat to attempt to produce one. I have included aspects of counselling and counsellor education that will hopefully address many questions about counselling. The book is intentionally concise and, I trust, readable. I realize that other sources provide more expanded commentaries on the various subjects found in this work. The usefulness of this book is that many relevant issues are addressed under one cover. While much has been written about theory and practice in counselling, I have included what has been helpful in my career as a practicing counsellor and counsellor educator.

The First Chapter of the book introduces the profession of counselling and the reason behind the growing interest in the field, as well as initial concerns experienced by beginning counsellors. Chapter Two addresses the nature and characteristics of the counselling relationship along with many elements of the counselling process. A number of issues in counselling including cultural sensitivity, ethics, disability, disorders and drugs are addressed in Chapter Three. Chapter Four addresses issues often included in Counsellor Education, namely, self-care, professional development and the relationship between counselling and other helping professions. Theories of counselling and therapy are treated in Chapter Five. Spirituality and its relationship to counselling are addressed in the Sixth Chapter. Chapter Seven addresses the person of the counsellor and the relationship between identity and role. The suggested reading list offers references from a variety of disciplines which contribute to the work of counsellors.

##### Chapter 1

**The Profession of Counselling**

##### Why such interest in the profession of counselling

I have been involved in the profession of counselling for the past twenty-five years. It is an exciting and dynamic profession that makes a positive difference in the lives of many people. Interest in counselling is now world-wide, thereby increasing the demand for graduate counsellor education. I am impressed with the quantity and quality of applications to counselling programs. The first question often asked in an applicant’s interviews is, “What brings you to a point in your life where you are interested in graduate level education and training in counselling?” The answers usually indicate that the applicants have been reflecting for some time on their decision to study counselling at the graduate level. For some people, in addition to the usual motivations to increase the possibility of having a satisfying profession, there is a further response which suggests a lengthy discernment process as to which helping profession to enter. Some are qualified for other graduate level programs so why the choice of counselling?

Most people are clear about their motivation to help. A few are clear in their analysis of what they mean by help. Some applicants share their desire to work with women, others their desire to work with adolescents. A few talk about the help they received during a difficult period and how they want to give such help to others. Some share what appears to be a vocational or personal mission statement. I hear phrases such as, “I feel called to sit with people in pain” or “I want to accompany people on their journey,” or “I know intuitively that this is what I want to do with my life.” I am struck by the depth of conviction evident in these statements.

The sentiment expressed in these disclosures suggests that many drawn to counselling want to engage in a relationship that is special, that is, therapeutic for clients. When applicants talk about sitting with people in pain, they are sharing, in effect, that they are not afraid of pain and are willing to be with others who are in distress. “Sitting with” is a good way of describing the first step in the counselling process. The desire for further education and training indicate a desire to know how better to sit with people in pain; to learn how to be more present, more helpful to those in distress.

Metaphorical ways of describing an interest in counselling (to sit, to accompany, to journey) do not preclude the need for professionals to be well versed in issues related to assessment, research, family and culture. The metaphors used by the applicants do, I believe, describe a desire to know more about therapeutic relationship and the qualities and skills which support such a relationship.

There is another dimension to the motivation in applying to counselling programs. Many are aware that counselling is not something one person does to another but a process involving two or more persons, a process which will hopefully result in growth for all concerned and especially for the client seeking help. The counselling process, therefore, involves growth and awareness on the part of both the client and the counsellor. Some drawn to the profession are aware of the need to reflect on their own life experiences and to attend to themselves in ways which will promote more self-awareness and more effective counselling.

While there are numerous motivations for entering the counselling profession, what I hear and discern most often in interested applicants is the value of relationship. This interest makes considerable sense when one realizes that most problems, concerns, issues and conflicts arise out of relationships. Counselling is an attempt to address relationships, to resolve and heal unhealthy ones, and to become aware of the value of healthy relationships. The more I read and practice and the more I learn from my reading and my practice, the more I understand what some counselling applicants know intuitively, and that is that “sitting with and accompanying others” constitute the foundation upon which all other counselling skills and knowledge rest.

##### Why people come for counselling

Clients come for counselling for a number of reasons. Sometimes they are referred; sometimes their friends realise they are limited in their ability to help and recommend a counsellor. Sometimes a point is reached when clients understand that there must be a change in their life and that they are not capable alone of achieving such a change. A counsellor can help, perhaps with knowledge, skill, or a new insight into a client’s issue and help the client implement change.

 Sometimes clients new to the counselling process see counsellors as professionals who will “fix” a difficult situation. This image comes from a cultural context of problem solving. If there is a dental problem dentists fix it. If a physical problem exists there is often a medical solution. In the realm of the psychological and the emotional, life’s problems are not as predictable nor as easily resolved.

Some people want to see counsellors because they need to talk to someone who will not judge them, someone who possesses skill and wisdom that will be of benefit to them. Disclosing intimate details of one’s life is not something to be taken lightly, so care must be given regarding what is shared with whom. The response of good friends can easily disappoint. Partners are too close to a situation even if they are keen to help. Many clients compare different counselling professionals to see whether there is a match between their perceived and desired need and what they might receive from this or that professional.

 Some clients think they are ready for counselling and are not. They come quickly to the realisation that the exploration and work required may not be timely, even if desired. Counselling requires commitment to work on the part of both client and counsellor. Without this commitment it is unlikely that desired change will occur. Clients may not want to work on issues for a number of reasons. They may have imaged counselling as someone else doing the work for them and telling them what to do. These clients discover that personal work is actually difficult, at times painful and choose to ignore the work that needs to be addressed. Most clients like to be supported without being challenged. Some, however, are open to the work and challenge involved and are motivated to change but because the experience is a new one they need a counsellor to point out the potential value of their efforts. Once the potential for gain is discovered, commitment to the work becomes easier.

 Some clients benefit from very little counselling. One or two sessions may be sufficient for them. Others, however, need more. Their issues cannot be sufficiently addressed in a short time. If, for example, a client has an important decision to make but does not know on what to draw to make such a decision, time is needed to help that person develop the skill, ability and self-confidence to decide on a course of action. Whether clients need few sessions or many will be mutually agreed upon by the counsellor and the client.

##### Initial feelings about counselling

 Apprehension and enthusiasm are part and parcel of beginning a counselling program. Students discover quickly that their minds are still intact and the academic work is quite manageable. They have however, to deal with a further anxiety associated with the core of any counselling program – the practicum. Counselling courses are arranged to prepare and support students through a practicum.

There is often a range of emotions related to a counselling practicum. It is one thing to be in a classroom talking about counselling, sharing ideas about theory and acting out hypothetical situations. It is another thing to actually meet with a client in a formal setting for the purpose of helping with issues and concerns. There is an understandable excitement about such a task as well as an understandable degree of apprehension. The question arises, “Who am I to be helping anyone else? I don’t have enough training and I have my own unresolved issues and concerns.”

The principal concern regarding a practicum is that they, the students, will not do a good job, that they may not have the skill or ability to be helpful to a client. Though no one enters counselling to do harm, one is concerned about making mistakes. Questions arise, “What if I say the wrong thing or what if I don’t really understand the issue? What if the person doesn’t come back? What if others find out how inadequate I am? Maybe I discerned my call to counselling incorrectly?” These questions are shared, virtually, by all counsellors.

In the beginning (and incidentally, in the middle and the end!) we counsellors are apprehensive about our work. Some clients present issues and concerns which require a listening ear and a little guidance. Other clients present complex issues and concerns which leave the most experienced counsellor perplexed about the type of help to be given. We do, with training and practice, become more confident and hopefully more skillful and capable but we are not without our moments of, “Should I be doing this?” This attitude of doubt and uncertainty can actually keep one striving to become a more competent counsellor. The discernment about one’s vocation as counsellor often continues throughout the practicum where doubts about one’s performance reside. Fortunately, other students in the practicum share these concerns.

 **Preparing for counselling practice**

 The practicum occupies a significant block of time in a counselling program and requires a reasonable amount of preparation. The more supervised practicum time acquired by a student the greater the chance of becoming an effective counsellor. The practicum setting should be chosen ideally with a view to learning as much as possible in the setting. For example, if the practicum is in a school, an attempt should be made to find the school with the best counselling program and the best school counsellor working in that school program. Similarly, if the practicum is in the community, a setting that offers the best counselling experience should be found. Sometimes circumstance takes precedence over the ideal. A setting may be chosen for the sake of convenience because the options available are limited, but in either case the goal is to negotiate the best possible arrangement for a practicum.

Different practicum settings offer different opportunities for a valuable counselling experience. The most instructional settings are those where experienced counsellors provide sufficient opportunities for counselling. These settings would provide, hopefully, opportunities to attend staff meetings, consultations, workshops and in-services related to counselling. For a successful practicum it is most important that the majority of time be spent in actual counselling sessions with clients. It is important for students to share with on-site supervisors the need for as much practical experience as possible. A supervised counselling practicum is the best way to learn to be an effective counsellor.

# Hopes and expectations

Before deciding on a setting, thought should be given to the kind of environment that provides a good counselling experience. Ideally, there should be a match between the desires of the student and what is offered by the practicum setting. The ideal is to have not only a match but also mutual satisfaction and benefit for all concerned. Settings have much to offer students and students offer much to the settings.

 It is important at the outset and throughout a practicum for hopes and expectations to be clarified. Those who welcome students into a setting have hopes and expectations. Some call these goals and objectives. Clarity and agreement on procedure at the onset and during the practicum experience are necessary. At any point in a practicum expectations on both sides may be clarified, thereby avoiding disappointments. Sometimes not all hopes or dreams of the participants can be satisfied in a particular setting, nor can all expectations be met in one practicum! It would be rewarding to learn how to counsel children, adolescents, adults, and the elderly, not to mention clients with career issues, eating disorders, anxiety and phobia concerns. It would be gratifying to have the skill to help young people in their search for direction in life, to resolve relationship problems, to clarify issues involving spirituality and meaning in life, as well as to treat addictions. Imagine accomplishing all this in one practicum year!

##### Getting started

People in school and community settings have their preferred way of arranging a practicum. Some want students to jump right in and act as though they are experienced. Others want them to observe experienced professionals first and slowly build up a clientele. If students are in schools with supervisors whose workloads are heavy, they may experience a heavy workload earlier rather than later in their practicum. On the other hand, students may begin in settings where appointments are scheduled and two or three appointments a day are offered. The latter settings are often found in a community where professionals work on an hourly basis. A daily client load would, over time, average about four clients for the intern.

Since practicum students are guests they should act as guests, listening attentively to all and avoiding unnecessary conversations related to personnel issues and the politics of the setting. They are there to learn about counselling. The focus and task are clear. They are professional people in training and deserve respect not only for the work they do but for the persons they are. If issues arise appropriate channels are chosen in which to address them.

Every counselling encounter is important but the first one is often the one which causes particular anxiety since interns are meeting a client for the first time. It might be useful to consider, at this point, some basic ideas about counselling, for as counsellors we are responsible for creating an atmosphere where clients can feel safe, and share comfortably. One issue is physical safety, which is a basic need. An environment which appears safe is a good start in addressing physical safety, for such environments are important to clients. Students are guests, however, and rarely have much control over a practicum environment. Experienced counsellors understand safety issues and hopefully do provide a safe space for both interns and clients.

A second issue is emotional safety. How do clients feel emotionally safe with counsellors? They feel safe when they begin to trust and have confidence in their counsellor, that is, when they perceive genuine interest, sincerity and a desire on the part of the counsellor to be helpful. There are ways to promote trust, safety and confidence. The way counsellors look at clients, the way they listen and how they respond will determine to a large extent whether clients feel emotionally safe.

A further issue is presence. Presence means different things to different people. It can be thought of as a state of being, a way of looking, listening and speaking. Presence in counselling can mean an attentiveness on the part of counsellors towards their clients for the sake of the clients. Presence may well require the practise of counsellors resolving personal issues so as to be sufficiently attentive to their clients. Most counsellors take seriously their personal and professional growth, assuming that a mature person will be a better counsellor. Presence can also be an awareness about or attention to the present moment of sharing in sessions. Clients are often very attentive to the stories they are sharing. How can counsellors be equally attentive?

Different strategies can be used to help counsellors be present. They can take a couple of minutes prior to a session to relax, to breath deeply and to become more focussed on the present moment. They can note a bothersome personal situation, knowing that they can attend to it later. At times a session, if not particularly interesting, can cause the counsellor’s mind to drift. As self-awareness increases, so does awareness of the need to be present during sessions.

 Another important issue is identity. Persons have to be themselves. What does this mean? Neither clients nor counsellors are expected to park their personalities at the door of the counselling office. Some persons are more introverted or extroverted than others; some have one kind of personality and others, another. Clients and counsellors bring all that they are to a counselling session. Is that which the counsellor brings to the session helpful to the client? Common sense and good judgement on the part of the counsellor must prevail here. Clients do not come for counselling to hear about counsellors’ views on various subjects. The former want and need help to clarify and resolve, as much as possible, their own personal issues.

##### How to benefit from supervision

##### Supervision with an onsite counsellor or within a seminar class is an essential part of the counsellor learning process. Students should welcome supervision and the supervisor’s comments on their work. One way to benefit from supervision is for students to prepare for their sessions with questions about their counselling performance. Some questions might address what was done well and some might address the need for improvement. Students often know what went well and where to improve. While supervisors realise that each counselling encounter is unique, they may provide valuable insights into an intern’s performance. While providing such insights supervisors are not saying, “You are wrong” or “I don’t like what you said there.” Questions raised by supervisors should give rise to thoughtful reflection on the part of the students. Such reflections might include, “Why did I sit and listen for twenty minutes without saying anything?” “Was I really listening or was I avoiding interrupting the client when perhaps the client needed to be interrupted?” “Why did I talk so much? It sounded like a sermon. Why was I so preachy? Did I really think my words would make a positive difference?”

 Most supervisors will ask about the intention of a particular counselling interaction. What were the intentions or goals in the intern’s disclosures? Why was the issue addressed one way over another? Since there are many ways to approach clients, students must ask themselves why they approached the client in this or that manner. Constructive critical comments from other counsellors can be very helpful. If there is only one right way to approach counselling, professional counsellors would have mastered it. Experienced counsellors are interested in helping students learn to reflect constructively on their practice. Students are allowed mistakes and might make them more than once. The hope is that through a supervised experiential learning process these students will learn to improve on their counselling performance, to be more helpful in the counselling process.

##### Chapter 2

##### Counselling: Relationship and Process

##### Counselling involves a relationship and a process. The two words are interrelated since a process involves a relationship between two persons and a relationship involves a process of interaction. The relationship and process in counselling are considered interactive since there is a flow of communication between a counsellor and a client. The relationship and process serve the purposes of counselling by facilitating the exploration and resolution of presented issues. In this chapter I address the nature, characteristics and importance of a counselling relationship. Aspects of the counselling process include acts of sitting, listening, understanding, responding, affirming and challenging. Professional judgment will also be addressed. Two descriptions of the counselling process will be offered along with a discussion of the relationship between reason, emotion and behaviour. The chapter will end with a discussion on the relationship of fear, trust and courage as important elements in any counselling relationship and process.

**Counselling relationships**

Most counsellors agree that the counselling or therapeutic relationship established with a client is an essential ingredient in the positive outcome of a counselling session. It is probable that a very skilful practitioner will be helpful to a client. It is most likely, however, that a skilful practitioner who understands and values a counselling relationship will be even more helpful. Counsellor/client relationships are important for a number of reasons, as many problems and issues presented to counsellors have to do with relationships: student/student, student/teacher, parent/child, partner/partner, employee/employer, etc.

When clients talk to a counsellor about relationships they are in the process of establishing another kind of relationship, that of client/counsellor. Clients pay attention to the kind of relationship the counsellor establishes with them. They want a relationship where they feel understood, valued and accepted. For some clients the experience of their first counselling session sheds light on the potential in human relationships. For others, the client/counsellor relationship is instrumental in their healing process. Counsellor/client relationship is often short in duration, for the client may simply need information. Others want to share more intimate and difficult parts of their life and need more time in a longer counsellor/client relationship.

The nature of the client/counsellor relationship is professional. Counsellors are governed by a *Code of Ethics* and *Professional Standards*. This does not mean that they are impersonal but it does mean that they are always professional. Professional does not mean distant or uncaring, but rather competent and ethical. Sometimes students ask their supervisors if an invitation for coffee with a client should be accepted. Hopefully, good professional judgement will assist the students with such a decision. Socialising changes the nature of a client/counsellor relationship so the client and the counsellor need to talk about whether at a given point in time, coffee is a good idea. Some professionals tend to think that they should wait six months after the termination of counselling before they socialise with former clients. The real question for counsellors is not whether or not to socialise, it is rather a question of competence. In what way can they be most helpful to clients?

Some counselling relationships are easier than others. A number of factors, including personality, upbringing, values and understanding, result in counsellors connecting more easily with some people than with others. We recognise and acknowledge that fact and learn to make connections with people with whom we are less comfortable. There are always clients who, more than others, challenge us. These challenges help us search for ways to be more helpful. Other clients affirm us in our work. As a rule it is good to have a mix of both.

**Characteristics and kinds of counselling relationships**

All interactions in a counselling session happen within the context of relationships. The language of moralists is important for us to consider in this discussion. They would describe the counselling relationship as a “covenant” between persons. The word covenant takes us beyond a contractual relationship to one implying a “sacred” trust between two persons. The counselling relationship entails a privacy and intimacy reserved for the healing professions. Moralists suggest that the characteristics of this special relationship include fidelity (I will be here for you), reverence (I will appreciate your uniqueness as a person), respect (I will regard your personhood highly), truthfulness (I will be honest with you), and trust (I will hold in confidence what you share with me).

 In addition to the above characteristics of a counselling relationship moralists assist us with conceptualising the nature of counselling relationships. Three suggestions are offered here, although there are undoubtedly others. The “expert/client” relationship is one we know from other disciplines. Some of our clients see us as experts. The advantage of this view is an acknowledgement of the qualifications, knowledge and experience of the counsellor. The disadvantage here is that a power relationship evolves where the counsellor is active and the client passive. The counsellor, in this instance, assumes more responsibility for change than does the client.

The second view of client/counsellor relationships is that of the professional who provides “guidance” with the cooperation of the client. The advantage of this view is that it usually results in compliance on the part of the client to the suggestions of the counsellor. The disadvantage is that the counsellors are the ones offering the solutions. This is especially true for beginning counsellors who sense some obligation to provide answers before the issues are fully understood. The third view is that of a “collaborative” relationship. In this egalitarian view both client and counsellor participate fully in the counselling process. Counsellors have recently recognised this view as having considerable potential since it corresponds with many of the characteristics one ascribes to a counselling relationship. Beginning counsellors do not readily adopt this view because they often feel more comfortable with the expert or guide model.

##### Counselling process

 When we say, as counsellors, that we want to create a process we mean create a way to facilitate and enhance the possibility of a client sharing all that needs to be shared. We want the process to lead somewhere, preferably to a satisfying outcome for the client. Sometime the counselling process involves questions and/or comments, laughter and/or tears.

**Sitting with a client**

When clients seek information from counsellors they are not necessarily experiencing emotional pain. When they explore hurtsand disappointments experienced in their life they come in contact with such pain.Much emotional pain exists in and around people today and clients struggle with it on many levels: personal, interpersonal, social, political, organisational and cultural. There are different ways to deal with such pain. Some deny it and run from it; some distract themselves from it and some face it. Counsellors meet, generally, with people who are ready or believe that they are ready to address their pain.

What does it mean to address one’s emotional pain? It means that the time has come to share with another not only one’s story but also the pain of the story. Counsellors need to understand the courage necessary to say “yes” to facing personal pain and the risk involved in sharing it with another. This is not a light matter, so counsellors must appreciate that it is a privilege to sit with a person in pain. The first real task of the counsellor, then, is to “be with” the person. This simple gesture is often unique since most people do not want to “be” for any length of time with anyone in pain. The modern cultural message, especially in the western world, is to get over pain through distraction. To be with persons in pain, to be in silent appreciation of their state, is the beginning of a counselling process. When a person’s pain is rejected, that person is essentially rejected, which is why acceptance of such pain implies acceptance of the person in pain.

Counsellors must also understand and appreciate their own pain in order to “be with” clients in pain and help them deal in a healthy way with their distress. If the former are not comfortable with addressing their pain how can they be comfortable helping others address theirs? As counsellors, we could find ourselves transferring our feelings of discomfort to a client and skirting important client issues. At the same time we do not have to have resolved all our personal issues to be effective counsellors. There would be no viable counsellor if this were the criterion! Sitting with someone in pain does not mean being mesmerized by the pain but acknowledging it and empathizing with the person. Sometimes, as counsellor, this can mean feeling overwhelmed by the pain. A word of caution here. An image of two persons drowning in pain is not the image clients have of counselling nor is it an image that counsellors should have of the counselling process. Sitting with and holding pain “together” is a very different and more positive image.

**Listening to a client**

The basis of any relationship is good communication. Listening may well be the better part of that communication. Counsellors tend to see themselves as good listeners. This perception may or may not be accurate! Clients decide whether their counsellors are good listeners or not. Certain skills such as not interrupting or nodding the head to indicate that one is listening may help, but good listening comes from a deeper place. Do counsellors listen to themselves? Do they know how to be quiet enough to hear the words within? Do they see the value and importance of listening as a virtue in its own right?

There are a number of important reasons why counsellors should listen well. They cannot possibly understand a story unless they listen very carefully to the person sharing it. They are listening for several things: the content, the feelings behind the content and where the client is in reference to the story. They are listening, therefore, as attentively as possible. They want, through their listening, to see whether they have understood the story sufficiently or whether further clarification is needed. Through their listening they desire to convey that they are genuinely interested in the client and the presenting issue and that they are making every effort to be present to their client. Counsellors discern through intense listening how clients are responding to a situation and how they, as counsellors, are to affirm and/or challenge the response.

It is easy to be distracted while listening. The western culture is one of distractions. There is always something on our minds: the last interaction, the mortgage, the next meal, etc. There are many things that grab our attention so it is a challenge to know how to listen well. We counsellors need to remind ourselves often that a counselling encounter, whether of ten or sixty minutes in duration, requires our full attention. When distracting thoughts cross our minds we must acknowledge them quickly and return to the moment with the client. When these thoughts are acknowledged they can be stored temporarily, to be reflected upon later.

If we believe that listening is a passive activity, such listening is unlikely to be very helpful. Attentive listening implies an engagement in an activity that goes beyond simple sitting and receiving communication. Quality listening is hard to come by. Friends listen but often jump into a conversation before all that needs to be shared *is* shared.

Counsellors are inclined to learn strategies so that they can feel they are offering something technical to counselling. Strategies are important but in the beginning (in the middle and in the end!) quality listening is among the most important gifts they offer a client. When clients say that, “No one has listened like this before,” they are paying a great compliment. The depth of listening clients experience helps them discover something about themselves, a discovery that may not have happened without the gift of the counsellor’s listening.

The principal purpose of listening then, in counselling, is to assist the client in uncovering and sharing what needs to be uncovered and shared. While listening may not be sufficient in itself for change to occur, it is a rather important beginning in the counselling process.

**Understanding a client**

It is a commentary on our society that so few people feel understood, that is, no other person has taken the time to really listen. This is why understanding is such an important ingredient in the counselling process. What do clients want to have understood? *They* want to be understood. Whoever *they* are, they want someone to appreciate and understand them in their entire being. The task of understanding is challenging. Counsellors must listen carefully, not only with ears but with mind and heart, to reach this understanding. Some counsellors like to proceed quickly to an action or a solution. Understanding helps clients move to action and resolution in a more insightful and intentional way.

To understand means literally to get “under the skin” of another person. It is, to some degree, to “be” in this other person’s situation. At times, we counsellors have not experienced a client’s particular issue but we can imagine how that situation might feel by drawing on painful situations in our personal life. Our body language, especially our facial expressions can convey our desire and effort to understand. Our understanding response can provide through a reflective statement the underlying feeling in a client’s disclosure.

Clients want their feelings understood as well as their thoughts. An understanding response usually goes a long way with a client. For example, if a client talks about not getting what they want in a relationship and a counsellor suggests that this is hurtful and disappointing, the counsellor is saying essentially what the client indicated but including as well the feelings associated with the disclosure. Expression of feelings underlying a disclosure can affect understanding and can take the exploration of a client issue to a deeper level.

Understanding may not be enough, therapeutically, for the client but it is a good beginning regardless of the issue at hand. Listening and understanding are the prerequisites of empathy, a must in a counselling relationship. Counsellors want, if they can, to see the world from the client’s perspective. Empathic listening and understanding help to determine what is needed in the counselling process.

**Responding to a client**

When clients talk about something deeply distressing how should counsellors listen and respond in order to be helpful? The response is helpful when it enables the client to explore a problem, clarify feelings, gain insight into a distressing situation and make a potentially difficult decision. The appropriate phrasing of the response involves considerable skill, but skill is not enough. When the skill in phrasing responses reflects underlying attitudes of acceptance, respect, interest, liking and desire to help, the response is helpful.

Johnson and Johnson, communication experts, suggest five ways of responding to

a person: advising and evaluating, analysing and interpreting, questioning and probing,

reassuring and supporting, as well as paraphrasing and understanding. None of the responses can be labelled as good or bad, effective or ineffective. All have their place in helping people gain insight into their difficulties and solving their problems. But some responses are more helpful than others in building relationships and helping people explore further their feelings and thoughts.

Giving advice is making a judgment as to the relative goodness, appropriateness, effectiveness and rightness of what the client is thinking and doing. This response communicates an evaluative, corrective, suggestive and moralist attitude and intent. The counsellor implies what the client ought or might do to solve a problem. When advice is timely and relevant, it can be helpful to the client. Most often, however, giving advice and evaluating can raise barriers that restrict a counsellor from being helpful and developing a deeper relationship with clients. An evaluative counsellor can be threatening to clients and make them defensive. Being evaluative can be a way of avoiding involvement with a client’s concerns and conflicts. It is quick and easy and can communicate disinterest in a client’s issues. Avoid the phrases: “If I were you…Why don’t you…Don’t you think…You ought to…”

Analytical and interpretive responses communicate the meaning of responses to clients. These responses attempt to impart some deep psychological knowledge and reveal analysts who think they are the only ones who understand what is really transpiring. “I know what your problem is. The reason you are upset is because…” These suggestions often leave clients discouraged and defensive. They may choose not to disclose any further information for fear that there will be more analysis and interpretation.

A questioning and probing response from the counsellor indicates a desire for more information, a desire to guide the discussion along pre-determined lines. Many questions are asked and the counsellor may come across as an interrogator. There are open questions and closed questions. “How do you feel about your job?” is different from, “Do you like your job?” Avoid the “why” questions. They usually make clients feel defensive and encourage them to justify their actions rather than to explore them.

Reassuring and supporting responses are an attempt to be sympathetic. Counsellors want to reduce the intensity of their client’s feelings. This may result in denying the client’s feelings. “Things will be better tomorrow. Don’t be depressed.” This message intimates that the client should not feel this way. Support can be effective in counselling when clients feel insecure or lack confidence, but supportive comments need to be genuine and timely. The counsellor should observe carefully whether or not supportive comments actually move the client forward in the session.

A paraphrasing and understanding response denotes an understanding of the client’s thoughts and feelings. There are three situations where this response style may be most effective. The first is when a counsellor is not sure they have in fact understood a client’s thoughts and feelings. The second is to ensure that the client hears accurately what has just been shared. The third is a situation where the client needs to know that their thoughts and feelings are understood by the counsellor.

 The above five response styles encompass 80% of all verbal messages shared between counsellors and clients. If a counsellor responds in a certain manner 40% of the time, clients are likely to see them as always responding that way. The categories of response are neither good nor bad. It is the overuse or underuse of the categories that may not be facilitative. With counselling experience a counsellor will recognize when each type of response is appropriate. Many counselling relationships or conversations are best begun by using the understanding response until a trust is established, after which other categories of response may be more freely used.

**Affirming and challenging a client**

A major part of counselling has to do with affirming and/or challenging people. Counsellors define these two activities in different ways. Some maintain that support and direction are primary, whereas others cite acceptance and confrontation as basic. All clients need to experience affirmation, support and acceptance. They want and need to know on some level that they are not “crazy” and that someone sees their value even if they have a number of issues and concerns. At the same time most of them need to be directed or challenged when necessary if they are to change and grow as persons. The ultimate goal is to lead clients to a place where they can challenge or confront themselves.

The issue for counsellors is when and how to affirm and when and how to challenge. There is no ready-made formulae determining the “how” but a few ideas may help. If clients feel insecure about a new direction in their lives they need support and encouragement to take a step in that direction. If they feel secure about the next step in their lives they may need to be challenged to take it. If they are in denial about an obvious truth they need confrontation. If however, challenge or confrontation occur too soon or too late in the session they might be surprised and disappointed.

Affirmation and support, though necessary in the counselling process, are not necessarily optimal at any given time in the process. For example, if a client is struggling with a communication issue with another person, words of affirmation may be supportive but not necessarily helpful. The client might need to learn *how* to communicate. When a client lacks ability in a certain area counsellors need to be more directive. If the former knows what to do but lacks confidence the counsellor may then be more supportive and encouraging.

Some counsellors tend to see support and direction as the most important activities in counselling. They discern how much support and direction to offer a client based on their perception of the maturity level of the client vis-a-vis a particular task. The criterion can be misleading for clients if they are provided support when they need direction or provided direction when they need support. In general terms, if clients are skilful about the task at hand (for example, talking to a particular person) but lack confidence, the counsellor provides support. If they are confident but lack skill, the counsellor provides direction. If they are insecure and lack skill, the counsellor provides both. A good discussion about this adaptive approach to counselling has been developed by Howard, Nance and Myers.

**Professional judgment**

Professional judgment is part of a counselling process and happens within the context of a counselling relationship. Counsellors want to be faithful, reverent, truthful, respectful and trustworthy with clients. The former want to consider the client situation in its entirety. They want to respect the laws and the code, and as they are guided by these we want to assist these clients to greater freedom and dignity in their lives. Sometimes the latter may wish secrecy for immature reasons and sometimes they may wish it for very good reasons. There is need to discern with them, in the context of the counselling relationship, the avenue that will lead to greater growth and maturity in them.

Professional judgment speaks to the issue of ethics, a most important part of the counselling process. Ethics is not separate from experience. Ethics *is* our experience. It has to do with a way of living, not simply adhering to a code of ethics developed by others. It has also to do with a counsellor’s relationships with people generally and professional relationships specifically. The word ‘professional’ implies certain knowledge and skill. It does not imply that one can separate what one does from who one is. Professional judgment is still judgment even if it is guided by a code of ethics. The challenge for counsellors regarding a code of ethics may be similar to the challenge of law. Is it the words of the code or the spirit of the code that we are to follow? We are not always sure what constitutes the right or best decision. If we were, our path in counselling would be clear and there would be no dilemma. While codes of ethics provide frameworks, they cannot recommend a solution for every situation. The law and the code inform one’s judgment but the circumstances of each counselling situation also inform and form one’s judgment. An intelligent and reasonable response will hopefully lead the client as well as the counsellor to greater growth and maturity.

Bernard Lonergan, a noted Canadian theologian, helps us in understanding the process engaged when making judgments. He suggests starting with “experience” and moving progressively through reflection, articulation, interpretation and decision/action. Another counsellor’s experience is important but each counsellor should start with their personal experience. Experience means that “something” has happened in the counselling session. There is a disclosure of information or a transaction in the counselling relationship that is of concern. Counsellors begin to “reflect” on our experience. We are left pondering it. We can quickly let go of many of our experiences in counselling but on some we reflect more. “Something is up.” We are preoccupied to some degree, take our concerns into the next session, or take them home with us. As we begin to “articulate” our reflection on our experience we begin to analyse more clearly the nature of the above concerns. This is the main reason why the confidentiality clause in a code of ethics allows for professional consultation. We request another professional’s opinion at times to confirm our ethical concerns regarding a particular counselling session.

We then “interpret” the experience as we try to make sense of it. We are, in fact, judging a relationship situation, trying to add to our knowledge of what is happening in this relationship. We begin with a judgment and proceed to a “decision or action.” If we decide to take action then the process just described, which includes the steps noted above (experience, reflection, articulation, interpretation and decision), repeats itself. Counsellors accept that there are consequences to any decision they might take; to act or even to not act in a given counselling situation.

**Counselling process as a series of steps**

One simple way to view counselling is that there is a beginning to the sessions, a middle and an end. In the beginning, counsellors are especially concerned about establishing rapport and a therapeutic relationship. This means essentially that we want to be able to connect with the client, to listen attentively and try to understand empathetically what the client is communicating. Some counsellors believe that until there is sufficient understanding and empathy communicated in the counselling session there may not be much therapeutic change. They claim that clients need a certain degree of safety, trust and confidence in a counsellor before they are willing to explore fully what needs to be addressed. While there are certain skills involved in establishing a trusting and respectful relationship, the clients determine ultimately whether the counsellor is genuine in his/her efforts to understand the nature of their concern. The first phase of counselling, rapport and relationship building, needs to be present throughout all counselling sessions.

 The middle phase of counselling is where the hard work begins for both the counsellor and client. While understanding and rapport are essential, more intensive work in the cognitive, affective and behavioural domains is often required. Sometimes beliefs need to be examined, clarified and even challenged. Sometimes feelings need to be explored and expressed, and sometimes various behavioural options and their consequences need to be discussed in detail. The middle phase of counselling is often where counsellors feel challenged and clients begin to question the amount of work involved in the counselling process.

 The final phase includes proper closure as an important aspect of a counselling session. As a rule, it is beneficial to close each session with a short summary of the conversation so that both the counsellor and the client understand what has been achieved in the session. Sometimes counsellors and clients are reluctant to bring final closure since they have difficulty saying goodbye. Counselling sessions should not go on indefinitely. Clients may have an opportunity to address unspoken concerns or work more extensively at new issues at a future time. Too much reluctance to let clients leave may imply that counsellor does not have confidence in the client.

 Some counsellors view counselling as a process involving a series of five steps. Step one is developing a relationship with a client. Communication skills at this point are crucial. The counsellors want to get to know their clients, to express concern and care about helping them with their particular issue. Reflecting a client’s concern and feelings around a particular concern is often a good first step in establishing a good counselling relationship. If counsellors judge a client’s communication too quickly, probe with too many questions, or even provide an interpretative analysis of an issue too soon, such a client may create a distance from the counsellor. While it is true that a counselling session needs a variety of responses on the part of the counsellor, it is best to start with supportive and understanding responses. In everyday conversation evaluative responses are the most commonly used and understanding responses the least commonly used. Perhaps that is the reason why some clients feel understood for the first time when they talk to a supportive counsellor. Understanding, however, can occur on an intellectual level only. Counsellors must strive to communicate not only an intellectual understanding but a heart-felt one.

 Step two is a way of integrating the mind and heart of counsellors. These want to show an empathy with their clients’ struggles and accept them unconditionally. Through attentive listening, counsellors try to understand clients and their concerns. Counsellors need not agree with everything put forward by the latter but want to communicate that they are seriously trying to see the world from their clients’ point of view and appreciate the perspective of the clients. This empathic understanding can provide clients with needed trust and a sense of safety since most find it difficult to share intimately for fear of judgement, an attitude which they have often experienced outside of the counselling office.

 Step three provides an opportunity for both client/counsellor to establish certain goals or objectives. When counselling is too loosely structured neither the client nor the counsellor are sure that they are meeting the objectives of the session or that their time together is constructive. Objectives can be renegotiated if necessary but it is important to clarify the goals of a particular session as well as the long term goals of therapy. Negotiating and establishing objectives may be easy if clients simply need information but become more challenging when the issue is complex emotionally. In the latter case providing a safe and trusting environment may be the first objective. During the middle phase of counselling, objectives become more challenging since the timeline of one hour or less is not always adequate to reach a particular goal of a particular session. One key question in step three is, “What is the best way to spend our time together today?”

 Step four identifies a plan that helps achieve the identified objectives. Once both client and counsellor know the counselling direction, they must agree on a plan to get there. If information is required, who will acquire it? If feelings, thoughts or behaviours need exploration in more detail what is the plan to achieve this objective? Will reading psychological material or keeping a journal be helpful? These questions and others need to be discussed and negotiated by counsellor and client.

 Step five is an ongoing evaluation and assessment of the counselling plan and objectives. These often need to be reviewed and assessed to assure their continued validity and effectiveness. While it is easy to conceptualize counselling as a process with a beginning, middle and end, or a series of steps to be followed, experience informs us that counselling can be a fairly complex activity and some structure and guidelines are necessary to have a general sense of the landscape.

**Reason, emotion and action**

Counselling has much to do with helping people clarify and work through their thoughts, feelings and actions. Much has been written on the concepts of cognition (to know), emotion (to feel) and behaviour (to act). There are many schools of thought on these three concepts. The relationship between them is an open question. Some theorists believe that cognition precedes feeling and behaviour. Others believe that feelings precede cognition and behaviour and still others that behaviour is all that really matters. Whatever the theoretical position, it is important that counsellors address all three areas at the appropriate times. The issue of knowing, feeling and acting for counsellors is not only theoretical but also practical. Experience and observation suggest that unhealthy or destructive habits persist and are not easy to change. The task of the counsellor is to see where change is needed and how best to facilitate this change.

The contrast between thinking and feeling is arguably a false one. It leads to the conclusion that emotional life is irrational, that life is governed by intellectual and rational principles and that emotions should be subdued or even suppressed for fear of contaminating rationality. It is easily believed that the intellect is solely about thinking and that emotions are solely about feeling; they are distinct and opposite. It might even be thought that reason comes from a higher self and that emotions come from a lower self. A new understanding is in order! Both intellectual life and emotional life need educating. Clients and counsellors must learn to think and feel for themselves.

The capacity for reason belongs to our emotional nature as much as to our intellectual nature. The Scottish philosopher, John MacMurray, provides a very good analysis of the relationship between reason and emotion. Thinking is an action even if it is a private one. If someone asks another what they are doing, they can say that they are thinking. It is a reflection on living, an abstraction of sorts. Every activity must have a motive and all motives are emotional. Motives belong to feelings, not to thoughts. At the most our thoughts may restrict and restrain, or direct and guide actions.

Clients are, in general, afraid of their feelings. They fear being out of control so they try to keep a lid on emotions. They have not been taught to address such feelings. These emotions are still present within, controlling clients and doing so without much knowledge or awareness on their part. Emotional life is not simply a part or an aspect of human life. It is not, as is often thought, subordinate or subsidiary to the intellect. Emotional life is the core and essence of human life. The intellect, because it is instrumental, can deal with life in a piecemeal way only. It must divide and it must abstract. Clients desire integration of their feelings, thoughts and actions, not separation of them. It is in the emotional life that the unity of the personality is realised and maintained. It is in emotional activity that this unity is expressed. Emotion is the unifying factor in life. Failure to develop the emotional life will, therefore, result in abstraction and division. Such a state is blind to the purpose and fullness of life.

One of the roles of the counsellor is to help clients learn to think for themselves and take responsibility for their actions as well as the consequences of these actions. An equally important role is to help people understand their emotions so as to enable them to take responsibility for these emotions. The realm of counselling is the discipline of educating counsellors and clients about thoughts, feelings and actions.

**Fear, trust and courage**

 Counselling has much to do with fear, trust and courage. Clients often arrive at a counselling session fearful that they will not be understood or that the counsellor may not be helpful. As the counselling process and relationship develop the client begins to trust and then develop the courage to explore difficult issues and make important changes in their lives. The following stories illustrate the relationship between fear, trust and courage. Jean Vanier, a well known contemporary spiritual leader, recounts a personal story in a book called, *Images of Love, Words of Hope*. “In 1942 I was much affected by the war and I said to my father that I wanted to join the (Royal) navy. This was a difficult period of the war. Many ships (sailing) from Canada and England were being sunk. I was thirteen then. It meant that in order to enter a naval academy, I would have to cross the Atlantic. I remember my father saying to me, 'Well, come and see me in my office.' I was a little bit scared because we children would never go to see him in the office. I went and he said, 'Explain to me what it is you really want and why you want to join the navy.' I forget what I said but when I had finished I remember his answer. He said, 'I trust you and if that is what you want, well then that is what you must do.' I did not realize it at the time but that was probably one of the most healing moments of my life. Because my father, whom I loved and admired, trusted me, then I could trust myself. Had he said, 'That's childish, you're too young, wait for four years and then you can join the navy,’ I would have accepted that. My own intuition to what I should do was so fragile I wouldn't have rebelled. But I would have lost trust in my own deep intuition and in my own desire. Because my father said, ‘I trust you; I trust that intuition,’ then I could trust in myself.”

The second story is from a graduate student in counselling. For her counselling practicum she worked in a school, assisting with the guidance and counselling program. One of the students in that school wanted to drop out. Mary, the student, felt overwhelmed by all of the work she had missed while being unlawfully absent from school. She was an only child, abandoned early by her father. Initially, she and her mother were very close. When her mother remarried Mary felt that their relationship had changed. At 17 she had her share of experiences with drugs and sex. Fairly quickly into the interview Mary reported that she had been told to leave home since her mother and stepfather were not getting along with her. She then boarded with a single mother with young children. She acknowledged during the counselling sessions that she has done many things to upset her mother. Mary was very hurt and angry when her mother asked her to leave home and interpreted this act as siding with the stepfather. Mary apologized to her mother and stepfather for her wrong doings but was not asked to return home. She came for help regarding two issues. She felt she had matured quickly because of her circumstances and wanted to find a way to complete high school as well as to redefine her relationship with her mother.

The student counsellor worked with Mary over a period of two months, a total of 10 hours. During that time the counsellor provided a supportive environment for Mary to clarify her thoughts, feelings and future direction. The counsellor listened with interest and concern and offered supportive and sometimes gently challenging comments when required. Mary accepted her share of responsibility for missing school and for the strained relationship with her mother. Several months after the closure of the counselling time, Mary attended school more regularly and had a healthier relationship with her mother. They talked often and she felt loved and supported by her mother even though they did not live together. She also felt more positive about her relationship with her stepfather. She believed that her mother and stepfather recognized and credited her for the positive changes she had made in her life. Mary suggested that through her counselling she had survived a rough time in her life and had gained a confidence in herself, a confidence that extended to other areas of her life. She hoped to move into her own apartment in the summer and talked about a career in teaching and counselling.

The third story is about a middle aged woman. She called my office and asked if she could come and talk with me about what was happening in education in the province of Nova Scotia. I knew that others would be more qualified to address her concern but I agreed to see her. When the woman came there was no discussion about education. She conveyed to me that something terrible had happened in her life and she did not know where to turn. She believed that she was going insane. She became visibly upset, so I asked whether it would help to talk about it. With great hesitation she said that her adult daughter tried to kill her. She was hospitalised because of the injuries incurred by her daughter’s attack. Once discharged from hospital she left the province, fearing for her life. As she shared her story I wondered about fate. How did she end up in my office?

How does a mother cope with such distress? How does a woman conjure up the courage to say to a complete stranger that her daughter hates her and wants her dead? What could I possible do or say that would make a difference? I saw in front of me a highly educated, cultured woman whose anguish was deep and profound, and for whom no words could be consoling. I sat with this woman in her great distress and listened to her story. I have rarely witnessed such deep anguish. At times I was frightened by my perceived inability to do something helpful. She could figuratively or even literally die if she did not share her story. I thought that all I could do was to invite her to come back, even though I was hesitant to do so. If I rejected the anguish I would reject the person in anguish. We sat together for three months, a total of 12 hours. When she regained some of her physical and emotional strength she returned to her province. Several weeks later she telephoned me at midnight, quite certain I would not be at my office, and left a message. On it she said, “I want simply to thank you again for all that you offered me and I want to let you know that somehow my daughter and I are beginning to talk with each other again. I am hopeful that somehow all of the pain we have caused each other will give room for some love between us. I am most grateful for your faithful company on my journey.”

These stories, I believe, speak to important and universal questions about fear, trust and courage. In Jean Vanier’s story the fear is that he would not be understood, the fear that his own intuition would not count for much. Vanier’s mentor, namely his father, trusted his son’s intuition and thereby “en-couraged” him to follow his dream. In our second story the student counsellor trusted that, although she did not have all of the answers, the 17-year-old with some guidance would develop the courage to find her way Mary feared being disconnected from her mother. She trusted that with some support and guidance she would find a new way to be with her mother. In the third encounter my client feared being connected to and disconnected from her daughter. In this story enormous courage was needed to listen to and share her deep anguish. The woman trusted that this anguish would be received, respected and treated with care. States of isolation and alienation are feared because human roots are in relationship. Fear is in the very nature and structure of any interaction. These fears are legitimate. The foundation of fear is the loss of relationship. Relationships are fragile and so is self-confidence. The foundation of trust or confidence is the hope of relationship. All three stories illustrate the tension between fear and trust, and the courage it takes to resolve the tension.

This chapter addressed the counselling relationship and counselling process. The nature of the counselling relationship highlighted the characteristics of a therapeutic relationship. Counselling process addressed the issues of “sitting with,” of listening, understanding, responding, affirming and challenging. Various steps involved in the counselling process were described. The relationship between cognition, emotion and behaviour were addressed as important elements in the counselling process. The chapter ended with a descriptive narrative on fear, trust and courage as three of the important elements in the counselling relationship and process.

##### Chapter 3

##### Counselling Issues

##### I stated in Chapter Two that knowledge of the counselling relationship and process is key to effective counselling. Knowledge about issues is equally important in the practice of counselling. Some of the more salient issues discussed in Chapter Three are advice-giving, cultural sensitivity, difficult issues, referrals, transference/counter-transference, confidentiality, disabilities, disorders and drugs.

##### Giving advice

Counsellors often ask whether they should give advice to clients. The former hear of difficulties associated with giving such advice. It is true that counsellors need, in the first instance, to listen and to understand the pertinent issues. It is also true that if a suggestion comes from a client it is more likely to be effective than if such advice comes from a counsellor. When the conversation is facilitated so that the suggestion or “advice” emerges in the counselling dialogue more positive results will emerge. Sometimes the counsellor makes a suggestion because it is obvious and appears to be appropriate. Counsel such as, “I think you should talk to your parents about this,” is different from, “I think you should quit your job and try to get another.”

 Most counselling programs do not support a hierarchical model of counselling such as “father or mother knows best.” While clients want to know what counsellors think and what they recommend, the latter should offer recommendations in a manner that is collaborative and respectful of the clients’ sense of agency. Counsellors do not make decisions for clients, nor are clients told what to do but rather are helped to discern their own decisions. The counsellor listens to the expectations of the client, supports them where possible, challenges them when necessary and alerts them to possible positive and negative consequences of these expectations. Counsellors might feel that they know the direction a particular client should take, and though they may be right it is often best not to assume such an authoritative role. Counsellors think and feel in reference to their personal position and circumstance in life, which are often quite different from that of the client.

##### Cultural sensitivity

 The counselling profession generally attracts sensitive and caring people. Sensitivity and caring are located within a counsellor’s social and cultural perception of the world. An action which is perceived as caring and sensitive on the part of one person may not be seen as such by another. Modern society is wonderfully diverse. We counsellors should be aware of our social and cultural backgrounds and the qualities and limitations of various views of the world. By virtue of our calling we want to be open to other views, other ways of knowing and seeing the world. When we are with a person from a background other than our own we must respect the values and qualities of that background. For example, if too much eye contact is threatening to a client, we should limit eye contact. If touch is considered culturally inappropriate then we avoid touch. We need to be careful about the assumptions we make of others. A male counsellor might make inaccurate assumptions regarding a female client based on gender. A female heterosexual counsellor might make inaccurate assumptions, based on sexual orientation, regarding a male client. Working with an unemployed person at the poverty level is different from working with a successful middle class wage earner. Counsellors need to respect these backgrounds and work to better understand the person whose cultural situation is different from their own. In certain cultures, a client would expect counsellors to give advice, so they would have to carefully discern when and where to give advice. Advice-giving would need to be monitored to determine whether a dependent relationship would develop between client and counsellor or whether advice would actually free the client to make his/her own decisions.

 There are many ways to learn about different cultures. One can live in foreign countries for a time. Countries in the developing world are becoming more interested in counselling as their traditional family support systems undergo change. Counsellors can read about different cultures and trans-cultural counselling. They can befriend people with different cultural backgrounds from theirs and can learn from them. Clients from different cultures usually do not expect total understanding of their views, but they do want to know that their counsellor is interested and respectful of these views. Counsellors should use an adaptive approach, when appropriate, with clients from a different culture.

**Dealing with difficult issues**

Student counsellors work with clients who, on occasion, present challenging and difficult issues. Sometimes clients feel suicidal. They can suffer from anxiety and panic attacks, be quite depressed or have no sense of direction or purpose in life. Faced with these issues, counsellors at times question their ability to help such people. It is quite understandable that the former might feel out of their depth in these situations. Before they refer too many clients to other mental health professionals, there are a number of considerations to keep in mind. Firstly, while student counsellors are working under supervision they have the support and guidance of experienced counsellors. Secondly, will the students learn to deal with difficult issues if they refer clients elsewhere? Thirdly, are these students certain that someone else is readily available and more likely to help the clients?

 While it is important for counsellors to respect their areas of strength and limitation, it is also important for them to stretch areas of knowledge. Most counsellors are generalists, so the broader their base of knowledge and experience the better. This does not mean that counsellors can assume everyone who needs help. It does mean, however, that they think seriously about why they are referring a client elsewhere. If they are understandably fearful working with a depressive client they can bring this feeling of fear to their supervisor. They need to discern the nature of the fear and find a way to address it. It may mean continuing to work with the client or it may not. The client may have a disorder requiring special treatment. As specialty areas in counselling develop to treat eating disorders, personality disorders, addictions, etc, it is useful for counsellors to know who is available for special counselling in the community, who can provide special services. As specialty areas are crucial, so the need for generalist counsellors remains, especially in rural communities.

**Referrals**

It is appropriate, on occasion, to refer a person to a medical doctor, a psychiatrist, a mental health clinic or to Family and Children’s Services. There are times when these professionals have the appropriate service to offer so we as counsellors need to know what is available in the community. A list of agency names, contact persons, and phone numbers is useful information. It is important to meet with other helping professionals to understand their work and to grow confident about referrals to them. For example, workshops are a good meeting place for the different areas of help. Professionals can work in a collaborative manner if each has a clear understanding of the role of the other players in the helping process for no one professional has a monopoly on helping. Sometimes there are several professionals involved in the life of one client and in this case counsellors need to respect professional boundaries. They need also to clarify their role as counsellors in the client’s life so as to avoid confusion. What should be avoided is the judging of other helping professionals whose training and orientation is different from counselling. While the latter may be very helpful for some clients, other clients may respond better to help from a professional in clinical psychology, psychiatry or social work.

**Transference/counter-transference**

The issue of transference and counter-transference is a contestable one. Some counselling approaches simply negate the concept of transference. Others see it of considerable therapeutic value. Whatever one’s position may be one needs to pay attention to the way a client responds to the counselling process and relationship. Some clients see counsellors as mother or father figures. Understandably, they may transfer onto counsellors unresolved feelings regarding their parents or significant others. They may be as angry at their counsellor as they are/were at their parent; they may be as distrustful as they are/were of their parents; they may want to please as they wanted to please their parents and they may want unconditional love and acceptance as they wanted from their mother or father. Counsellors will hopefully respond to the transfer of a client’s feelings in more constructive ways than the client’s parents. On the other hand, if an unresolved emotional issue is tapped within the counsellors, counter-transference of the counsellors’ feelings may result. They may become angry with the client, or express displeasure and not be aware of why they are experiencing such emotions. It is possible, of course, in such a counselling session to talk about this phenomenon so that both client and counsellor process what is going on. Counsellors need, actually, to address their feelings with a trusted colleague or, as students, with their supervisor. It is safe to assume that both clients and counsellors have unresolved personal issues. The question for both parties is when and how well these issues are resolved constructively to the benefit of both.

##### Confidentiality and ethics

 As counsellors, we need to know the ethical and legal requirements of our profession. We should have available to us all the appropriate reference material including the *Code of Ethics*, the *Standards of Practice* from the Canadian Counselling Association, and any provincial guidelines therein.

Confidentiality is a most important ethical consideration, for clients need to know that personal disclosures during counselling sessions are held in strict confidence. Confidence is defined as “firm trust, assured expectation, telling of private matters, allowed to know private thoughts or affairs.” As it relates to ethics, confidentiality is a set of principles assuring trust or confidence. In everyday language, confidentiality is the assurance of trust or confidence in the person with whom private matters are shared.

We as counsellors are sometimes faced with conflicting values and principles in the area of confidentiality. We value both the anonymity of our clients and the safety of people who are in relationship with these clients. We understand our clients’ need for privacy yet we understand equally the right of other parties who need to know, minimally, the results of a counselling session.

If one’s perception of a confidant is one of trustworthiness then personal sharing is possible. If, on the other hand, one perceives another as less than trustworthy caution is exercised in any personal disclosure. If a need or desire to disclose on a personal level takes precedence over a negative perception of another’s trustworthiness one quickly discerns whether to disclose or not.

Some people initially appear trustworthy. That is a perception to be supported or not through experience. The problem with confidentiality on the part of the counsellor is that they cannot outside the session breach confidence without serious implications for the counselling relationship. When confidence is breached once, clients are suspicious until they have reason to believe that it will not be breached again.

In counselling it is often assumed that trust or confidentiality is a one-way street. That is, the client can trustfully confide in the counsellor but the former can freely disclose what they wish from a counselling session. Counsellors need to be discerning about their personal sharing, aware that this sharing may be disclosed to others by the client. The issue of trust or confidence needs to be discussed often in the counselling process since it is such an integral part of the session. There are times outside when both parties need to disclose information about the session, and the counselling conversation about these disclosures can further enhance the therapeutic relationship. Disclosures on the part of the counsellors should be made explicit to the client so there is no misunderstanding about what is to be shared or not to be shared with third parties. For example, if a counsellor needs to talk with the parent of a 15-year old suicidal client, the client should know in advance what will be shared with the parent or guardian.

In the case of a referral from an outside agency to a counsellor, anonymity regarding the client is not possible. The referral agency must treat any disclosure of client information with the greatest discretion. The degree of discretion in this action will determine the success of future sessions with the counsellor and whether the counsellor will have continued confidence in the referral agent. Confidentiality, therefore, is a relational issue in a context much wider than the therapeutic environment. The following questions are pertinent to the issue of confidentiality. Is the school or the agency perceived as a safe place in which to make private disclosures? Does the agency or school environment demonstrate trust and confidence among its members? Is the atmosphere of discretion evident to all concerned? Can this professional community be trusted?

In the beginning of a counselling practice ethical issues can appear fairly straightforward. If there is reason to suspect abuse, suicide and homicide, the appropriate people need to be informed. While these circumstances remain clear, and are quickly addressed, counsellors know through experience that some ethical considerations can at times occupy a considerable amount of time and energy. Imagine a counsellor who reports an incident of abuse only to learn that their client’s life has thereby become more vulnerable. The client’s confidence in the counsellor gave them strength and hope in life and this confidence has now been breached through professional obligations. Ethical dilemmas require considerable soul searching as counsellors are guided by codes of ethics, standards of practice, the experience of other professionals and their own professional judgement.

#  Note-taking and files

Note-taking varies according to the counselling setting. The Student Services Policies and Procedures Manual in a school setting state that counsellor files are to be made accessible to the counsellor, the principal and the coordinator of student services. Any other person would require the consent of the junior/senior high school student to access these files. Counsellor notes do not have to form part of a counsellor file. The file contains only the name of the student, the date and time of the appointments and a summary of the sessions. The court may or may not require a counsellor’s notes depending on the simple or complex nature of a court case. Counsellors can destroy their hand written notes if a summary of the session is on file. If a student is transferred to another school, counsellors can keep the notes but not the file containing the summary of the notes.

 Parents can access information from the cumulative records and confidential files of the school provided the parents are the legal guardians of the child. Counselling notes can be subpoenaed for the court to review but parents cannot require counsellors to disclose their notes. If parents want access to third party reports they should be referred to the institution that created the report. If information is requested by a custodial parent or legal guardian over the phone, such information should be noted by the counsellor so there is no misunderstanding about what was shared in counselling sessions. If a father has legal custody of a child but the child is living with grandparents, the father needs to give permission so that the grandparents can be consulted instead of or in addition to himself.

 When a student is 19 years of age parents have no right to access files, unless the 19-year-old has a mental handicap. For a minor 16 to 19 years of age parents can be refused access to files when the following factors are considered: the psychological maturity of the child, whether the child is dependent upon guardians or is self-supporting, whether the child is living at home or not, and the complexity of the treatment. If a 15-year-old female has a baby and is still living at home, the parent has a right to access school information.

Children and Family Services Act requires the reporting of all alleged physical or sexual abuse, whenever perpetrated, as well as signs that physical or sexual abuse which might occur in the future. Reporting is also required when a child suffers from emotional harm, neglect or abandonment or when a child is denied medical attention after suffering from an untreated mental, emotional or developmental condition. When young clients ask a counsellor not to tell anyone of their issue, the nature and limits of confidentiality need to form part of the counselling discussion. Some counsellors maintain that everything is confidential, that nothing is reported other than what is required by law. When working with young clients a counsellor may see the value of some disclosure to a relevant third party.

Complex ethical questions are without clear and precise answers. The primary responsibility of counsellors is to respect the dignity and to promote the welfare of their clients. To do this, good professional judgment is to be exercised in the interest of the client. In the case of students’ rights, dignity and privacy must be respected while the rights of parents and the needs of staff are recognised. Counsellors need to stay abreast of the latest legal and ethical issues related to their work to negotiate well between these two groups. Cooperation with parents is desirable and preferable, especially when the student is at risk, when the parent is a vital part of the solution, and when the student’s school program and personnel are implicated by the counselling. Teachers want to know about the students they refer and the skilful counsellor finds a way to reassure a teacher while not disclosing confidential information about a counselling session.

#  Resolving ethical dilemmas

#  Ethical issues raise questions for counsellors. What to do in this particular situation with this particular client with a particular issue? Before such a dilemma occurs a few points need to be kept in mind. Familiarity with Codes of Ethics (CCA), Charter of Rights, Education Act, Board and School Policies and Ethical Decision Making Models is most important. Membership in Provincial Counselling Associations is recommended as well as participation in ethics workshops. When a dilemma regarding ethical issues does occur consider the following actions:

1. Identify and articulate the conflicting principles creating the ethical dilemma.
2. Assess any additional information required and available.
3. Establish a time line for decision-making.
4. Acknowledge any personal emotional response.
5. List positive and negative consequences for each course of action for all concerned individuals.
6. Consider possible legalities surrounding the issue.
7. Consult with another competent and trusted professional.
8. Rationalise the decision and take action.

A large part of ethical decision-making and resolution of dilemmas requires good discernment.

Discernment

Discernment is a process which involves a reflection and articulation of a counsellor’s experience in an effort to derive meaning, make decisions and take action on a counselling issue. Discernment is an ongoing cyclical dynamic which takes into consideration an analysis of exterior and interior forces as well as the considered views of others. Exterior forces may include a knowledge of legal requirements, codes of ethics, and school or agency policies. Interior forces comprise a knowledge of personal thoughts and feelings on an issue. The counsellor’s foremost concern is any personal fears and anxieties which may restrict a client’s freedom to make the right decision on a particular issue.

The code of ethics allows for consultation for good reason. No one individual possesses all the wisdom needed to solve all ethical issues. Other counselling professionals may offer suggestions which have a definite and positive influence on a future decision and action. Counsellors wish to know how other professional people would consider treating a given situation so as to find reasonable solutions at a time when reason is somewhat elusive. Counsellors need to be open to other considerations, especially if they are emotionally involved. They are searching, through discernment, for ways to decide freely, and act ethically and morally. They are not passing judgement on a situation but are trying to decide on a course of action that is not obvious.

Once we, as counsellors, are aware and knowledgeable about the interior and exterior forces at work in a situation we might conclude that we are still not free to decide, in which case more reflection and discernment are necessary. The question then becomes, “Why am I not free? What is the real issue here and how do I address it?” We might also make a decision and conclude shortly afterwards that this decision was not the right one. We return to the drawing board and enter the discernment process again.

Discernment is not something to engage in from time to time only. It is a regular part of the therapeutic process. Counsellors discern often whether to ask this question or that of a client; to make this comment or that on a particular issue. Ultimately, they may discern whether they are helpful or not to a particular client.

**Disabilities, values and principles**

Many counsellors do not have a background in the area of disability. Since people with disabilities are sometimes in need of counselling services, a commentary on disability is in order. Beliefs, values, attitudes, principles and perceptions influence how we act and how we feel in relation to one another. If the prevailing belief is that people with severe handicaps cannot learn there will be no attempt to teach them. If the belief is that children are less valuable to society than adults, then they will not be given due respect and help. If aboriginal people are perceived as fundamentally different, they will be treated differently. Care-giving practices, counselling and others, are influenced to a large extent by the core beliefs, values and principles of the community agency and the individual staff members of that agency.

Values and principles operate most often on an implicit or unconscious level. Sometimes counsellors feel awkward when there is a lack of congruence between what they are doing, what they are asked to do and what they believe or value. They experience this awkwardness especially when dealing with issues of a confidential nature. Counsellors need to clarify internally and articulate what they do value so that they can be congruent and consistent with their care-giving practices. There will not always be a perfect relationship between what they believe and what they do but there will be more clarity about what they stand for and where they are going with this stance.

 Beliefs, values, attitudes, perceptions, and principles are influenced by the society and culture in which we live. Family, school, peers, television, religion and personal experiences influence us. In one culture a person with a disability is seen as gifted; in another that person is a burden. Within the same culture, a person is perceived by one family as capable of leading a productive life and by another family as helpless and in need of custodial care. Cultures influence one another. The Scandinavian countries have influenced North America with the Normalization Principle. Australia is influenced by North America’s interpretation of the Normalization Principle.

Two of the assumptions underlying values and principles are:

1. Humanity is divided into two groups. This has seemingly been the case since early times and is based on a hierarchical notion of society. Humans resist the view that we are more alike than different. The psychological and social implications of assuming that humanity is divided into two groups have serious implications for people. There are the “haves” and the “have nots,” the “rich” and the “poor,” the “disabled” and “non-disabled,” the “normal” and the “mentally ill.” This division of people serves to separate and segregate groups.

## 2. Intellectual differences are real, absolute and based on non-arbitrary classifications. Once a person is labeled or categorized, it is difficult to change society’s perception of such a person. In the area of mental handicaps, prior to 1959, the psychometric cut off point for mental handicap was 1.5 standard deviations from the mean, resulting in 3% of the population labelled mentally handicapped. In 1959 the same organization, the American Association on Mental Deficiency, declared the cut off point to be one standard deviation from the mean resulting in 16% of the population being labelled as mentally handicapped. In 1973 the cut off point was changed to two standard deviations, resulting in 2% of people being intellectually challenged. Overnight 14% were removed from labelling, funding and assistance! Bogdan and Taylor address the issue of mental handicap in their book Inside Out.

# People with disabilities often experience themselves as a burden, a menace, an object of pity, and/or an object of ridicule. Some common wounds of devalued persons include: relegation to low social status in school and community, rejection, congregation, segregation, a sense of life being wasted, a sense of disappointing family, low self-esteem, and a suspicion of multiple deviances.

# Dominant values and principles arise out of history. Before 1970, dominant values included strength, independence, autonomy, productivity, success, beauty, and status. The predominant principles were: segregation and isolation of those who could not achieve, and of those perceived as interfering in the achievement of others. From 1970 to the present the values have been the same as pre-1970, supplemented by the much needed values of individuality, dignity, respect, empowerment, privacy and autonomy.

# An historical overview of the nature and origin of values and principles provide an understanding of the way the current approach to human services and counselling was reached. In Ancient Times, 1550BC-500 AD the Greeks, Romans and Spartans valued strength. Their principle was the survival of the fittest. Persons with disabilities were considered demon-possessed and treated accordingly. Philosophers, including Aristotle and Plato, believed that the weak should be segregated or eliminated. In modern times, Judeo-Christian views have greatly influenced Drs. Wolfensberger, Vanier, McGee, and Rogers, all leaders in the field of human services.

# In the Middle Ages, (500-1500 CE), there were no programs for treatment or training of persons with disabilities. They were ridiculed, punished and even exorcised. In the late 1700’s and 1800’s the removal of their chains began. Schools and institutions for persons with disabilities began to surface. In 1785, the Paris School for the Blind and Deaf was created by Drs. Itard and Pinel. In 1851, the first institution for persons with mental handicaps opened in Massachusetts, U.S.A. In 1880 there were 2,429 persons in 10 institutions (4.8 per 100,000) in the USA. In the 20th Century, due to immigration, urbanization, industrialization and capitalism, an escalation of numbers in institutions began. In 1930 there were 68,035 in 77 institutions (56.4 per 100,000) and in 1967 the numbers peaked at 194,650. In 1970, in the USA, there were 186,743 in 190 institutions (92.1 per 100,000), and in 1978 there were 139,432 in 236 institutions (64.9 per 100,000). People were segregated in these institutions because they were considered a peril to society. Men and women were separated from each other in these asylums to avoid reproduction and many were sterilized.

# A number of events led to an increased public awareness of mental disability and to a decline in the numbers of persons with disabilities in institutions. In World War II a third of army recruits were rejected because of some form of disability. This was the first significant record of disability in western society. After the war, considerable resources were allocated by the governments for the physical rehabilitation of disabled veterans. The Supreme Court Desegregation Decision (1954) in the USA proved to be quite significant in the human service field. The highest court in the land ruled that it was against the law to segregate black children from white children in American schools. The implications for other disadvantaged groups were clear. In the 1960’s the Kennedy Family became very involved in human services as President John Kennedy had a sister with a mental disability. Lobbying groups for persons with handicaps had a new and important voice on the national American scene. The Civil Rights Movement had also gained considerable momentum in the 1960’s. The media became involved in exposing the degrading conditions prevalent in American institutions that housed persons with mental handicaps. Dr. Blatt from Syracuse University published a pictorial essay called *Christmas in Purgatory* and delivered a copy to everyone in the American Congress. Suddenly, the well-kept secret of conditions in American institutions was made visible and the American public was ashamed. Consequent to Dr. Blatt’s essay there was a nationwide outcry to do better. Sarason and Doris described the history of care for the disabled in their book, *Educational Handicap, Public Policy and Social History*.

#  Two predominant perceptions of people with disabilities have prevailed in recent decades: the organic perception and the mechanical perception. The organic perception views people as organisms which become rational and develop personalities in time. This was the view of influential philosophers, including Aristotle. Some examples of this view from my own research and observations are: residents tied to posts, residents locked in rooms, residents tied in chairs or carted off to bathrooms in groups. In one well-known institution in Canada residents were referred to as “low grade.” North Americans feared the decline in property value as a result of the advent of group homes forming in their neighbourhoods. Residents in some institutions have been branded as though they were cattle. This attitude is based, I contend, on an organic view of people.

#  The second predominant perception of people with disabilities, the mechanical metaphor, depicts people as machines which can be separated into parts and analyzed, the parts thereby becoming open to control and/or manipulation. In this view, persons are seen as a series of behaviours. Behavioural psychology has dominated the field of disability in the last several decades. Words such as “control,” “modify,” “extinguish,” and “reward” are the most commonly used words in human services. Rewarding people outside the context of relationship is like oiling a machine to make it work.

# The effects of these perceptions on care-giving practices are significant.

# Relationships in human services have been, for the most part, of the dominant/submissive kind. On the one hand, a care-giving relationship can become overprotective, resulting in care that is custodial only in nature, with little respect for personal growth and development on the part of the one in custody. On the other hand, caregivers can become authoritarian and mechanistic, resulting in compliance to staff rules with no meaningful personal relationships. In each case the positive qualities of the dominant group (namely, the professionals) are emphasized. Their negative qualities are ignored. The negative qualities of the lesser group (namely, the clients) are emphasized and *their* positive qualities are all but ignored.

# What do people with disabilities say that they want and need? A case study from my own research may help us address the question. Paul was born in 1945 with a hydrocephalic condition. He did not attend school, as his parents were fearful of the reaction of his classmates. He had no friends until age 14, so most of his time was spent at home. His mother died when Paul was 22. He attended a workshop and lived at home with his father and step-mother, both kind and loving people. He went to an institution at age 24 because of a misunderstood incident in the neighborhood. The situation at the institution was difficult for Paul so after 8 months his father found him a group home. There he helped around the house, went on camping trips, went for walks in the evening, cooked on Mondays and made friends.

# Why did Paul want to be seen and related to as a person? He wanted to be included in the choices and decisions that affected his life. A new metaphor that depicts people not as animals or machines but as persons was introduced by John MacMurray. The personal metaphor presents a personal sense of agency and a psychological sense of community. Personal agency means that people are actively involved in the processes that shape their lives. Agency is a matter of intention.

# Community is the second component of the personal metaphor. Community means relationships or friendships. “I want to know you and you want to know me. I see your value and you see my worth. I care for you and you care for me.” Relationship here is primarily mutual and reciprocal, based on respect and personal dignity. Control and power are subordinate to care and respect. A new metaphor was introduced into Paul’s life in the group home: the personal metaphor.

#  The questions regarding the personal metaphor include: How are clients involved in decisions that affect their lives? Where do they experience their sense of agency? Where is their sense of agency restricted or denied? What structures are in place promoting positive personal relationships? What activities inside the group home promote friendships? What structures outside of the group home are in place to promote friendships?

#  The current western values and principles in human services are necessary but

# incomplete. It is necessary to not only help people normalize behaviour but to accept them as they. It is necessary to not only teach people with disabilities but to learn from them; not to promote individual rights only but also freedoms and responsibilities. Individuality can be promoted but not at theexpense of relationality.

# The values of counsellors need to include respect, warmth, tolerance, acceptance, safety, security, continuous support, friendship and mutual growth. The basis of quality of life stand on four main pillars: a sense of respect and valuation, participation in the processes that shape one’s life, a sense of involvement and belonging, and meaningful projects and relationships. People who come for counselling, whether disabled or not, want the same thing: respect and understanding from their counsellor, involvement in counselling decisions, assistance with relationships and meaningful work. Values and principles are culturally determined and need to be critically examined from time to time for they are at the heart of human services and counselling.

**Disorders**

 Post World War II years saw the development in the US military of a broader classification of disorders and for the first time mental disorders were used in a classification system. The DSM I (*Diagnostic Statistical Manual*) was developed in 1952, the DSM II in 1968, the DSM III in 1980 and the DSM IV in 1994. The DSM V is expected to appear soon in print. The DSM uses an Axis system where Axis I addresses clinical disorders, Axis II, personality disorders, Axis III, general medical conditions, Axis IV, psychosocial and environmental problems and Axis V, global assessment of functioning.

 Personality disorders concern counsellors since these are not always certain whether or not a client’s failure to respond to therapy is due to an existing disorder. Personality disorders do not stem from debilitating reactions to stress, but from a gradual development of inflexible and distorted personality and behavioural patterns which result in persistently perceiving, thinking about and relating to the world in maladaptive ways. A client’s functioning is often impaired by these patterns of behaviour and s/he may experience considerable subjective distress. Personality disorders are coded on a separate axis on the DSM because they are different from standard psychotic syndromes in that they are chronic and resistant to modification. People with personality disorders are often experienced by others as confused, exasperating, unpredictable and unacceptable. The general criteria for a personality disorder include inner experiences and behaviours that differ markedly from the client’s culture. Two of the following characteristics need to be present in a client for a diagnosis of personality disorders: a markedly different way of perceiving and interpreting self and others, inappropriateness of emotional response, unusual interpersonal functioning and lack of impulse control.The enduring pattern of this disorder is inflexible and pervasive across a broad range of personal and social situations. The same pattern leads to significant distress or impairment in social and occupational areas. It is stable and of long duration and its onset can be traced back to adolescence or early childhood. These characteristics of personality disorders are important for counsellors to consider so that they may better understand the psychological dynamics involved in their work with clients. Personality disorders are difficult to diagnose since the criteria are more broad than categories on Axis I. Clinical judgment is more important in these cases than is objective criteria.

Personality disorders are grouped into three clusters on the basis of their similarities. The first cluster includes paranoid, schizoid and schizotypical personality disorders. Clients with this disorder appear as odd, with unusual behaviour ranging from distrust and suspicion to social detachment. A paranoid personality disorder manifests itself in a pervasive distrust and suspicion of others, such that the motives of these are interpreted as malevolent. A schizoid personality disordersurfaces as a pervasive pattern of detachment from social relationships, beginning in early adulthood. Clients with this disorder demonstrate a restricted range of expression of emotions in interpersonal settings. These clients appear indifferent to the praise or criticism of others and take refuge in solitary activities.

The second cluster includes antisocial, borderline, histrionic and narcissistic personality disorders. People with these disorders have a tendency to be dramatic, emotional and erratic. The client with an antisocial personality disorder displays a pervasive pattern of disregard for and violation of the rights of others. These traits are first observed in the client at approximately age fifteen. The client performs repeated acts that are actually grounds for arrest. A borderline personality disorder is a pervasive pattern of instability in interpersonal relationships, self-image and affects. Marked impulsivity is noticeable by early adulthood. A histrionic personality disorder is an all encompassing pattern of excessive emotionality and attention-seeking beginning in early childhood. A narcissistic personality disorder is a deep and remarkable need for admiration. The person has a grandiose sense of self-importance.

The third cluster includes avoidant, dependent and obsessive compulsive personality disorders. Anxiety and fear are the dominate features of people in these categories. An obsessive compulsive personality disorder is a pervasive pattern of preoccupation with orderliness and perfectionism. A person with this disorder might check repeatedly the house locks each night without a conviction that the doors are indeed locked.

While the training of counsellors does not focus on personality disorders, it is likely that all counsellors encounter some clients with these disorders. The treatment approaches for the disorders are varied and the training of counsellors in this domain is useful. Therapy involves humanistic, cognitive behavioural and other approaches familiar to counsellors, along with proper medication prescribed by medical health professionals. Knowledge of the disorders helps counsellors to be patient with their clients’ progress and to understand that, while personality structures are slow to change and modify, some efforts in the cognitive, behavioural and affective domains may be of significant benefit to clients suffering from personality disorders.

The DSM-IV TR (Diagnostic Statistical Manual) is used by a diverse group of mental health professionals in a variety of settings. A large amount of mental health data has been collected to assist in the diagnosis and treatment of various mental disorders. The Manual also serves to improve communication among clinicians and researchers regarding policy decisions. While the Manual is not something used on a regular basis by counsellors it is important for counsellors to have some knowledge of the Manual.

**Drugs**

In the 1950’s the drug chlorpromazine was discovered to reduce symptoms of psychosis in schizophrenia, thus beginning an evolution in the mental health field. This drug helped patients reduce their stays in psychiatric hospitals, and provided hope and relief to millions of people in the community. Since the 1950’s considerable research and development of psychotropic drugs has taken place.

Neurotransmitters are the chemical messengers that direct and synchronize brain activity. They regulate thoughts, feelings and behaviours. Chemical and electrical messages are transmitted across the neural synaptic spaces (the spaces between the nerve cells) within the brain. There are hundreds, if not thousands, of neurotransmitters and most psychotropic medications work at altering or imitating the action of these transmitters. Drugs are designed to change or interrupt, at the synapse, the transmission of certain neuro-chemicals (chemicals that are found in the brain). In particular, these neurotransmitters are thought to be involved in hyperactivity, depression, anxiety, mania, psychosis and so on.

In the 1970’s and 80’s research with controlled double blind studies confirmed the efficacy of combining drug-therapy and psychotherapy, confirming the importance of professionals working together in the interest of clients. Suggesting a referral to a physician or psychiatrist does not mean that counsellors are giving up on their clients. Medication can elicit a number of feelings that need to be addressed in counselling therapy: dependency, inadequacy, the culture of the pill fix, etc. Medication can reduce emotional pain so that a client is freer to undergo therapy.

A decision regarding when to refer a client for an assessment for medication is an important one. Referral is considered when the presenting problem is a recurring one which responded well to medication in the past, when there is significant suicidal ideation and when there is a history of suicide attempts. Significant symptoms of depression, including thoughts of death and hopelessness, may require a referral. Marked confusion in thinking, as well as memory loss, may suggest the need for a psychiatric assessment. Hallucinations, delusions, obsessive thoughts and compulsive behaviours could also be considered reasons for referral.

There are at least four categories of psychotropic drugs often referred to as mind altering drugs, since that is their purpose: anti-psychotics, anti-depressants, anti-anxiety agents and mood stabilizers. Clients differ in how their systems metabolize or process the drugs, therefore, with the administration of the drugs and their follow-up, medical monitoring of dosage is critical.

Antipsychotic drugs are called neuroleptics and are used for schizophrenia and psychotic mood disorders. They alleviate or reduce the intensity of delusions and hallucinations associated with schizophrenia. The biochemical effect of the drug is the blocking of dopamine receptors. While some psychotic episodes require a stay in hospital, more and more clients are treated through mental health clinics which treatment offers less disruption to their daily lives.

Anti-depressants reduce affective, cognitive and behavioural symptoms. An untreated episode of depression takes six to twenty-four months to subside. A treated episode takes approximately three months. Three to six weeks are needed before the full positive effect of medication is observed. Recurrence occurs in 50% of clients having one episode, in 70% of those having two episodes and in 90% of those having three episodes. As a rule, clients are treated for at least six months after the first episode, to reduce the possibility of relapse.

Anti-depressants were discovered serendipitously in the late 1950’s. One group of antidepressants is the Monoamine Oxidase Inhibitors (MAO). Another group is the tricyclic antidepressants (TCA’s). Once the brain’s three neurotransmitters (serotonin, norepinephrine and dopamine) have sent messages to the brain they are burned up by the enzyme, monoamine oxidase. Depression is associated with low levels of monoamines. Increasing the monoamines eases depressive symptoms. A third and more popular group is Selective Serotonin Re-uptake Inhibitors (SSRI’s), released by the pharmaceuticals in 1988. This group dominates the anti-depressant market with Prozac, Paxil and Zoloth. Improvement in the client usually occurs within three to five weeks and there are fewer side effects. Lower levels of the transmitters noradrenaline and serotonin are associated with depression. Anti-depressant drugs were developed to increase these neuro-transmitter levels in the brain. The drugs inhibit the absorption of serotonin, the body’s natural mood enhancing chemical, so that it remains in the synaptic spaces of the brain for an extended period of time. Common side effects of this drug are anxiety, dizziness, gastrointestinal upset, insomnia and sexual dysfunction.

Anti-anxiety drugs reduce muscle tension, thus giving a calming and emotionally soothing experience. Xanax, Valium and Serax are commonly used although there is evidence to suggest that clients create a dependency on the drugs when administered over a period of time. Gammaminobutyric acid (GABA) is an inhibitor neurotransmitter that helps the brain inhibit anxiety in stressful situations. GABA are chemicals which enable the brain cells to transmit impulses from one cell to another. Anti-anxiety drugs (benzodiazepines) increase the efficiency of GABA, resulting in a calmer state for the client.

Mood stabilizing drugs are used for bipolar disorders. While lithium, tegretol and depakote are effective for manic states they have to be monitored very carefully since too little or too much can produce unwelcome side effects.

While there is considerable controversy regarding the overuse of drugs and the giant financial corporations associated with the multibillion dollar pharmaceutical industry, the desire of all health professionals is to relieve human mental suffering where possible. Practitioners and clients must weigh the pros and cons of all approaches to relief of suffering. While the decision to medicate or not does not rest with the counsellor, it is helpful for counsellors to know what drugs are being administered, for what purpose, for what length of time and, most importantly, the side effects of the medication. Clients need to be respected for the decisions they make with their medical practitioners. It is easy for counsellors to conclude that medicating a depression prevents a client from exploring the reasons for the depression but counsellors will undoubtedly see in their practice clients who benefit considerably from such medication.

This chapter brought together and addressed a number of counselling issues including advice-giving, cultural sensitivity, challenging clients, referral, transference, confidentiality and ethics, discernment, disabilities, disorders and drugs. While the issues are many and varied they are issues inevitably to be faced by practising counsellors.

**Chapter 4**

**Counsellor Issues**

##### While there are many issues regarding counselling processes there are also issues for counsellors themselves, such as the nature of their discipline and the ways it differs from other disciplines. Another issue is the necessity of ongoing personal/professional development which includes continuing education in counselling and this throughout their career as counsellors. Further, self-care and private practice are counsellor issues. These and others will be addressed in this chapter.

##### School/Agency Counsellors

Some counsellors work in the school system. They are teachers who have decided that counselling is the area of service to which they feel called. Their teaching experience has led them to believe that the positive influence they hope to have in society is best achieved through the practice of counselling. They value students and believe in “one on one” contact or small group experience as a means of helping those students address some of their personal concerns.

Other counsellors work in a community setting. They see the value and importance of “psychological” work. They often work as part of an agency team which offers counselling services so as to help people in a community deal positively with their life issues. They, also, value “one on one” contact and small group experience.

Counsellor education programs provide for both groups of counsellors and assure each group’s appreciation for the role of the other. Since the foundational part of counsellor education is the same for both groups, they share a language and a sense of professionalism that eases communication and promotes co-operation. While some of the concerns of school counsellors are particular to a school setting, they share many concerns with agency counsellors.

 **Guidance/Counselling/Psychotherapy**

Guidance, counselling and psychotherapy could be seen as existing on a continuum, with guidance providing useful information to clients, counselling providing emotional support, and psychotherapy providing in-depth analysis of issues and concerns. There may be a logic and some history to this way of thinking. In practice, the differentiation is usually more involved and complicated. The distinctions are not necessarily useful when counsellors face people with issues and concerns. Some health professionals are comfortable providing clients with information and this is helpful. Others are more comfortable providing emotional support while yet others are interested in what they refer to as “in-depth work.”

 As counsellors, we are likely to work in all three of the above areas. Some clients will need information, some will need support while others will need in-depth work. The distinction between counselling and psychotherapy is not always evident. Authors of counselling texts use the terms “counselling” and “therapy” interchangeably. There are associations for counsellors and associations for psychotherapists, yet many of the members belong to both and the difference in their therapy is not always clear. Whether one calls oneself counsellor or therapist is not the point. The point is what each counsellor/therapist is called to do in their area of service and how well the work is done.

 In the school system some practitioners refer to themselves as school counsellors for they see their main role as teacher/counsellor. Others refer to themselves as guidance counsellors as they see their role as both a guide and a counsellor in a school setting. Some professionals trained in counselling are comfortable referring to themselves as counsellors; others are more comfortable with the title therapist even though the title is usually reserved for agency counsellors who see clients for a longer period than do their counterparts in the school system. It may be noted here that a guidance counsellor could meet with a student infrequently over a period of years.

##### Psychology/Psychiatry/Social Work/Counselling

There are many professionals in the mental health area: mental health practitioners, career practitioners, counsellors, psychologists, social workers and psychiatrists, to name a few. Each group has a professional association and wishes to gain recognition as a profession. The issue of territoriality can be a contentious one in the different professional groups and new groups are not easily welcomed into the “professional league.”

 Clinical psychologists require a solid background in the discipline of psychology. For clinicians the emphasis is often on assessment. Psychiatry is a specialty of medicine and its practitioners require a medical background. Treatment of pathological disorders has been a focal point in psychiatry, with drugs as the treatment of choice. Social work requires a background in sociology or social work. The focus in this discipline has been primarily the welfare of family. The discipline of counselling requires a broad academic background so as to understand the broad human situation. Subjects such as psychology, sociology, literature, philosophy, biology, religious studies and women’s studies all help counsellors understand their clients. The focus of counsellors has been on the counselling relationship as a way to assist these clients with their life concerns.

##### Personal/Professional Development

Personal growth may, for the counsellor, imply formal counselling if such is needed to grow personally and professionally. Why should we as counsellors not experience what it is like to be a client? We would have, by virtue of the experience, a deeper understanding of some issues clients bring to us.

Because there is a relationship between the personal and professional we are mindful as counsellors of our need for self-reflection and improvement, that is, working on personal and professional issues in our own lives. Self-awareness on the part of the counsellor is useful in a counselling practice. Clients do not expect perfect counsellors, nor do they expect counsellors without issues. The best self-disclosures come from counsellors who are able to share briefly with a client how they are dealing with a similar issue in their personal life. These disclosures make counselling more real, more honest and more collaborative. Some counsellors belong to groups, some journal, some pray and meditate. The desire through these and other activities is to become more self aware, more knowledgeable and through this awareness and knowledge become better professionals. Counsellors need to take advantage of the associations and professional development workshops that help address current issues in the field of counselling. As with any profession, the initial training and education are simply a foundation upon which to build, not ends in themselves.

The issue of ongoing supervision is an important one not only in a practicum but throughout one’s career. The more constructive feedback received regarding one’s counselling practice the better. Counselling can be an isolating activity and practitioners need opportunities to share insights and issues through individual or group supervision, so as to share their thoughts about counselling practice and listen to other counsellors share their experiences. A student’s concern regarding supervision is usually about feelings of inadequacy that are evoked when sharing with supervisors. Constructive feedback should result in counsellors feeling more adequate, not less so. Supervision, as in counselling, requires a trust that develops over time. It is natural to think that clients should trust us as counsellors, but do we trust other counsellors with *our* issues? Empathy for our clients increases rather significantly when we sit in their chair.

##### Private Practice

Some counsellors work in private practice. This option is best left to those experienced in counselling. Private practice is a business and not many counsellors are trained in business. It is normal for counsellors to have several years of practice before venturing into private practice. Building a practice is involved and requires an additional set of skills to those of counselling. Private practice implies payment for services, something unfamiliar for counsellors, who are usually paid salaries from boards or agencies. Many counsellors have a sliding scale to accommodate a range of people, while others have a flat rate.

**Workshops**

Counsellors are often called upon to offer the public workshops on a variety of topics. These workshops are related to areas of interest and knowledge in counselling. Workshops and in-services include topics on relationships, communication, self-esteem, adolescent depression, health related issues, assertiveness training, career development and family issues, to name a few.

These workshops and in-services help the public view the work of counsellors as larger than a “one on one” session, in an office. Workshops are ways for counsellors to consolidate their thinking about particular issues based on reading and experience. Not all counsellors are called to teach counselling but there is a relationship between the two activities. Teaching provides an abstraction or conceptualisation of the work of counsellors. Counselling, on the other hand, provides the teacher an opportunity to share with students the dynamics of particular counselling sessions, always aware of the dimensions of confidentiality.

**Self-Care**

There is much professional literature on self-care but not much evidence of self-care in action. It is difficult for counsellors to be preoccupied with “self-care” when the reason for their work is “other-care.” We as counsellors should not, however, neglect ourselves in the process of helping others. We often hear the expression, “Do not take people or problems home with you.” The reality is that we do. We do not take all clients home with us but we have on occasion been preoccupied with certain clients. When this happens we acknowledge this reality and seek appropriate consultation with a supervisor or a colleague.

More often than not the real issue is how to let one client go when meeting with and counselling the next. In the course of a day, events happen quickly and we do not always have the luxury of debriefing our experience. How can we, as counsellors, “shelve” our concerns sufficiently so that we can be reasonably present to the next client? Some counsellors, before seeing the next client, take one or two minutes to work at “shelving” the concerns. Brief notes can be helpful. When counsellors say goodbye to a client and shake hands, the former can see the gesture as a symbolic one of letting go the concerns of the latter.

What does self-care really mean? It means different things to different people. For some, it means having sufficient relaxation time on the weekend. For others, it is commitment to an annual holiday or retreat. For others it means enrolment in a support group. Some might walk the dog! We are each responsible for finding ways to keep us fresh in the midst of the many and complex demands on our time.

Clients need us, as counsellors, to be competent, confident, caring and reasonably well. Our work can be exciting, stimulating and satisfying. At the same time it can be intense and strenuous as well as physically, psychologically and spiritually draining. It is easy to reach an imbalance and entertain uncertainty. Care for self involves more than meeting physical needs. It includes maintaining a safe work environment, engaging in education for growth, and receiving loving support and encouragement from others. In a recent study, one third to one half of mental health providers are said to experience emotional exhaustion, poor sleep, chronic fatigue, loneliness, anxiety and depression.

There are a number of misconceptions about caring for self. Self-care can be seen as selfish, indulgent and narcissistic. The process of other-care is made up of a series of empathic attachments and active involvements. Balancing self-care and other-care is often a struggle. The ability to continually engage in the cycle is important but highly demanding. To “carry on” long term we need to find ways to maintain our vitality and avoid burnout and compassion fatigue. Unhealthy stress, plus high ideals, motivation and commitment, lead to such burnout and compassion fatigue.

Burnout is the result of a decreased ability to empathise with the next client because of a depletion of emotion over a long period of time. Some symptoms of burnout include:questioning how much satisfaction and enjoyment one is getting out of the work situation, feeling dread when thinking about work, excessive boredom, feelings of flatness, tiredness and pessimism about the future, and fantasizing about other work places. Burnout causes us to lose our “spirit” because of the physical, mental and emotional exhaustion caused by long term involvement in demanding counselling situations.

 The causes of compassion fatigue are many. At the intra-psychic level there may be an orientation towards perfectionism, excessive dedication, low self-esteem and compulsivity. Environmentally there may be poor work schedules, unrealistic expectations with too little support, responsibility without authority, and poor work environment policies. Bureaucratic hurdles, unclear communication channels, lack of positive and constructive feedback, and lack recognition or appreciation can, over time, lead to compassion fatigue.

Individuals who exert a high degree of empathy and work with traumatised clients

on a regular basis are at a high risk to develop compassion fatigue. Some physical signs of compassion fatigue experienced by counsellors include: exhaustion, sleep difficulties, headaches, gastrointestinal problems and colds. Some of the emotional symptoms of compassion fatigue include: depression, irritability, guilt, anxiety, helplessness and hopelessness. Some behavioural symptoms include: aggression, pessimism, defensiveness, cynicism, and substance abuse. Work related symptoms may include: poor performance, absenteeism, tardiness and misuse of breaks. Counsellors with compassion fatigue will have difficulty concentrating on a client’s story and may even withdraw from the client. The former may lose faith in the purpose and meaning of life and may experience feelings of alienation and despair.

 A few suggestions are offered here to prevent burnout and compassion fatigue. It helps to recognise a personal problem,balance one’s life style**,** build positive social supports**,** avoid negativity in the environmentand work smarter, not longer, hours. It also helps to reappraise thoughts that one is indispensable**,** to develop relationships with people outside of one’s professional environment**,** andto be faithful to accompaniment by a supervisor or colleague. We, as counsellors, must not view people as problems**.** We must consider ways to make work more satisfying**,** to vary responsibilities periodically as well as to get a fresh perspectiveso as to improve and expand our counselling skills.

 This chapter addressed a number of issues for counsellors including the relationship between counselling and other helping professions, the importance of private practice, personal/professional development, and self-care.

**Culture and Counsellor: Lessons about White Racial Identity from a Graduate Student’s Perspective**

It has only been within the recent past that researchers have explored the role that race plays within psychotherapy. For socially and culturally based reasons, researching the role that White skin plays within the therapeutic relationship is deemed unnecessary and furthermore, there exists a lack of awareness that it is possible to explore and describe what it is to be White. It may seem interesting that within a profession which attempts to help people in achieving deeper levels of awareness, there exists such a disinclination for researchers and practitioners to explore, reflect, and heighten their awareness of racial identity in general and White racial identity in particular.

This section of the chapter is based on the experience of a white Canadian counselling student in Nairobi, Kenya. The focus is my experience engaging in therapeutic relationships as both a counselling trainee and as a client. The aim of this study is to explore, describe, and critically reflect on the experience of being a White, western, female counselling student working in another culture with individuals from another racial group. An exploration into the experience of being White, as both a counselling trainee and client, within a different culture from the researcher’s own provides insight and reflections which have seldom entered research discussions on cross-cultural and cross-racial counselling practice.

**White Invisibility**

Tuckwell (2002) maintains that White invisibility is one of the core aspects of what it is to be White in today’s modern world. White invisibility denotes the phenomenon that White people hardly ever speak about being white. Matters of race are perceived by White individuals to be matters concerning non-White individuals. This silence, inability, or disinterest in discussing being white is derived from the assumption that being white is the norm and all others must be compared to this norm. The silence of the White racial group enables White people to assume a position of authority and to speak on behalf of every race. According to Dyer (1997), “The claim to power is the claim to speak for the commonality of humanity” (p. 2). Griffin (2000) refers to White invisibility in her argument that the dominant racial group hardly ever identifies itself. It is defined in relation to what it is not, rather than what it is.

Pope-Davis and Liu (1998) present instances within the last century where the Supreme Court in the United States was forced to define ‘Whiteness’. The Supreme Court rejected an individual’s claim that because he has White skin he is Caucasian, by arguing that racial categorization is not determined by skin colour. The following year another individual petitioned for naturalization claiming that since he was anthropologically Caucasian he must be white. The Supreme Court denied this individual’s claim arguing that while the individual was indeed Caucasian, he did not fit the generally accepted opinion of what it is to be white (Kim, 1986; Lopez, 1995; as cited in Pope-Davis & Liu, 1998). In this ruling, the Supreme Court alluded to the fact that ‘Whiteness’ refers to skin colour but the type of white skin colour needs to be generally accepted as belonging to the White racial group. The courts’ contradictory arguments indicate that being white requires no definition or guidelines. What is white is the standard, the norm and as such understood. As expressed by Pope-Davis and Liu (1998) the court rulings illustrate that “if you need to reconsider ‘Whiteness’ for an individual, then he or she may not be ‘White’” (p. 155). By internalizing that ‘Whiteness’ requires no definition and that all qualities connected to the White race are the standard and norm against which all other racial groups are measured, White people have historically been able to ignore race-related problems.

**White Privilege**

Alongside White invisibility, another core aspect of White identity is White privilege. White privilege refers to the unearned advantages in being white that are directly linked to the disadvantages associated with being black (Tuckwell, 2002). While many White people may be able to acknowledge socio-political and economic impediments that Black people face as a result of being black, the former remain oblivious to the corresponding privileges that they enjoy thanks to their white skin. White privilege is, for the most part, unconscious. This phenomenon is passed on from one generation to the next via socialization. Being a member of the dominant racial group and being socialized within a society that advocates the superiority of the White racial group and the inferiority of the Black racial group allows for the propagation of White privilege (Pedersen, 2000; Ponterotto et al., 2006). McIntosh (1995) outlined some examples of White privilege within North American society: “I see people of my race widely and positively represented in the media”, “I do not have to educate people about racial issues or speak for all members of my racial group”, and “I can make mistakes in public and not have people put this down to my race” (pp. 94-95).

**White Guilt**

Members of the White racial group who are able to acknowledge the invisibility that defines their race, as well as the unearned privileges to which they have access, often feel overwhelmed and experience a deep sense of guilt. The notion of White guilt is connected with the desire of White individuals to combat individual, institutional, and cultural racism while at the same time embodying a position of privilege within the societal system (Tuckwell, 2002). It is common for many individuals who are experiencing White guilt to avoid these uncomfortable feelings by redirecting racial focus back onto Black individuals. By returning to the comfort of White invisibility, White individuals are able to evade the pain and confusion of being part of the problem. Fighting against White invisibility and privilege involves owning the shameful history that is the legacy of the White racial group and coping with its associated painful, uncomfortable, and confusing feelings.

**Racial Identity Development**

 Theories of racial identity are based upon the belief that race is a social construction rather than a biological fact. According to Sodowsky (1996), racial identity can be described as “the internalized consequence of imposed societal categories” (p. 137). Carter (1995) defines racial identity as the “attitudes, thoughts, feelings, and behaviours toward oneself, as a member of a racial group, and toward members of the dominant or non-dominant racial group” (p. 89). Racial identity is distinguished from cultural identity and ethnic identity in that cultural identity “refers to the extent to which one learns through socialization to interpret meaning in his or her world” (Carter, 1995, p. 121) and ethnic identity is motivated by culture rather than the socialization process (Helms, 1996). In essence, racial identity theories are concerned with how individuals have internalized the social construction of race and their membership in a racial group that is viewed by society as either superior or inferior in nature.

**Helm’s White Racial Identity Model**

There are two underlying assumptions to Helms’ (1984, 1990, 1994) theory of White racial identity development. The first assumption is that members of the White racial group, by way of socialization, come to feel superior to members of the Black racial group simply because of their skin colour (Helms & Cook, 1999). Secondly, members of the White racial group can evade, challenge, or disregard recognizing their Whiteness (Carter, 1995). The process of developing a positive White racial identity includes recognizing and abandoning the privileges and sense of superiority that White people have been socialized to feel and acknowledging the socio-historical, political, and economic realities that are related to race. This process involves abandoning external societal influences and moving toward more mature ego statuses that involve personal definitions of one’s own racial group and other racial groups. Helms and Piper’s (1994) revised model of White racial identity chart this development process in members of the White racial group.

**Personal Narrative**

By exposing and challenging the cultural beliefs, values, and customs which informed the personal narrative, it is possible for readers to become aware of and re-evaluate their own ideas, behaviour, and attitudes as they relate to constructions which have been exposed through the researcher’s own story (Corey, 1998; as cited in Alexander, 2005).

Within personal narrative theory and practice, the master narrative is often presented as the hegemonic, principal way of viewing the world or believing the world should be viewed. The master narrative is that which directs the course of political, social, and cultural decrees. According to Alexander (2005), the personal narrative “always stands in relation to the master narrative, which is the reflection of culture and our relation to/in culture. Hence, the personal narrative is always a reflection on and excavation of the cultural contexts that give rise to experience” (p. 424). The personal narrative exposes the storyteller’s thoughts, feelings, and behaviour dialectically (Bochner, 2000; as cited in Alexander, 2005). Providing a personal narrative is in conjunction with this researcher’s goals, chosen method of inquiry, philosophical approach, and research material since the personal narrative requires the researcher to acknowledge and engage with history and socio-cultural perspectives.

During my practica I was attempting to be aware of myself, my role with, and my affect on the client. Since part of my practicum experience involved developing awareness of myself and reflecting on my experience with clients I was in a position where I had to become aware of and confront my own racial identity. Were I not constantly reflecting on my attitude, behaviour, and thoughts after meeting with clients it would have been easy to push away feelings of discomfort that arose from my cross-racial interactions and resume the blissful ignorance that many members of the White racial group enjoy. Due to the nature of the practicum, I had to explore any and all feelings of discomfort that arose within me since they would likely affect my practice and development as a therapist.

 My experience within countries outside of North America led me to believe that transitioning to life in Kenya, while certainly not obstacle-free, would not be fraught with moments of great discomfort. I believed that my time in England, France and my experience in Taiwan, being a member of a visibly minority race, were enough to prepare me for the unexpected struggles that would surface in Kenya. Little did I know that I was completely unprepared for the disparity between members of my racial group and those of other racial groups living within Kenya and the privileges that are explicitly bestowed upon members of the White racial group.

 While I was looking forward to learning about counselling within a culture different than my own – hence, honing some multicultural counselling abilities – I was thoroughly unprepared for the experiences I would have as a counselling student and student counsellor within Kenya. I remember feeling unsure and intimidated the first time I walked onto campus. I knew not what to expect regarding the physical structures of the school, the student population, the faculty, or the administration. I felt self-conscious of my being white as I sat in an auditorium full of students and parents who were black. I tried unsuccessfully to appear at ease and comfortable in my surroundings.

Being a visible minority within all of my classes I was determined not to draw attention to myself and I remember feeling uncertain about contributing to class discussions. I made subsequently a choice in my early weeks to contribute to class discussions, ask questions, and get the most out of my education rather than feel that I might fit in more were I to sit at the back and remain quiet. Much of what I had to say in class and the type of questions I asked were informed by my being from the West. I feel this worked well in conjunction with my professors who were, for the most part, educated in the West. I felt they understood my background and provided answers that were helpful. However, I sometimes felt that some of my fellow classmates were annoyed by my comments or questions. I began to feel sensitive as to whether I was speaking too much in class, not enough, or the right amount.

As we grew more comfortable with one another my fellow students would express their desire to talk to me about their tribe, or religion, or family practices. Even though I looked, sounded, and behaved in different ways from my classmates I still felt different in a special type of way, rather than an odd, disturbing kind of way. It certainly was not comfortable when I would be engaging with someone who I felt did not take kindly to me due mostly to my skin colour. However, I still felt that there remained enough people within the class, and among my professors, who respected me either because of or having nothing to do with my skin colour. Even though I was a visible minority, I knew I still occupied a privileged position.

 My program required 25 hours of personal therapy. My journey to find a therapist started with a White, western female whom I chose because of my belief that our shared background would provide a comfortable basis for me to express myself and my concerns about my own personal history but also about living and counselling within Kenya. I then moved on to a Black, female Kenyan counsellor who I thought may be a good match because we were both woman. I particularly looked forward to this experience because I discovered that if I wanted to effectively practice cross-cultural and cross-racial counselling then my own personal therapeutic experience should be one in which I am the client within that situation.

My third and final counsellor, the one who ended up being the right match was a Black, male Kenyan who had previously taught me in my program. My therapist and I had approximately twenty sessions together. His reflections, stance, and the empathetic sense I received from him all indicated that he could understand my background, however, I still wondered if he was *really* understanding me. Oftentimes, as a White individual in Kenya, I felt that I was deferred to because of my skin colour. While I never felt that my therapist spoke or behaved in any way that was ingratiating, I often wondered if he would have encouraged a Black Kenyan client to delve deeper into issues. I realize that the therapeutic style of my therapist is a factor at play and I do not know his style outside of my sessions with him. However, I had the distinct feeling at times that he was letting me off easy.

 When I was engaged in my practicum my therapist became somewhat of a supervisor for me. While I had another official supervisor, my therapist and I thought it would be useful for me to bring some of my concerns and questions about my work with clients to our sessions. He was incredibly supportive of my work as a trainee counsellor. I expressed my fears about engaging in sessions with clients who felt that I did not understand where they are coming from. After I began my sessions, my fears and doubts were still present and, my therapist shared his belief that if a sense of empathy was established between therapist and client then the job was well done. I was able to feel empathy for clients and in sharing their discussions with my on-site supervisor, I was told that most of them felt empathized with. I still felt, even after my sessions with my therapist concerning this issue, that establishing empathy was not enough and that my race and my perception of my clients’ race was or would be a significant factor in therapy. I was frustrated in that I could not talk about my concerns about race and how it was affecting me and affecting my clients during counselling sessions.

 My first practicum took place at a medical centre established by a group of psychiatrists who receive people on an inpatient and outpatient basis. The initial feelings I had upon entering an agency setup, I believe, are similar to those which interns feel in most agencies throughout the world. I felt as though I were expected to know the idiosyncratic ropes of this particular agency and act accordingly, while at the same time not doing or say anything without the authorization of my supervisor.

 The first client with whom I had a session was a White 15-year-old boy from South Africa. I believe my supervisor gave me this inpatient because of our shared skin colour, although I never explicitly asked her. This adolescent had a history of refusing to work with counsellors and I remember wanting to be the one who got through to him. I was completely focused on keeping his attention and not doing or saying the wrong thing – in essence, I was completely focused on myself. This client soon left the country and I will always wonder whether his comfort level with me had to do with my skills or our both being White individuals.

 All the clients following my initial client were individuals from the Black racial group. It was the time spent with these clients and the clients seen during my second practicum that raised questions in me about my own racial identity and my own feelings of racial prejudice. It seemed that most of my clients were delighted to be under the care of a White counsellor. It made no difference to any of them that I was a student. Oftentimes, I would be called ‘Doctor’ by family members or people dropping by the centre. It was assumed that as a White person, regardless of how young I looked, I was the “expert” doctor, given my skin colour. I noticed that being treated as superior within the centre made me start to believe that I was superior, though this realization came later.

 My feelings of superiority, stemming in part from my being treated as superior cannot be described outside the context of living within Kenya as an individual from the White racial group. By the time I started my first practicum I had lived in Kenya for over one year. During this time I was exposed to a type of treatment that is not apparent in North America, at least not explicitly so. Most high end shopping areas, restaurants, apartment complexes, residences, and streets in Nairobi are blocked off and guarded. I became used to being ushered through these barriers without question of my destination, who I was, or who I was going to see. I was let through because of my skin colour. I became used to being waited on ingratiatingly in restaurants, by taxi drivers, or at the market in the hope that I, the White person, would leave a large tip or buy the merchant’s product. I became used to being targeted on the street by vendors, street children, and beggars looking for money. I became used to being asked for money by total strangers, acquaintances, and those I considered friends. Sometimes the request was for school fees, medical expenses, funerary expenses, wedding expenses, or driving lessons. I felt angry, frustrated, resentful, and confused at being a constant target and feeling harassed because of the assumptions concerning my skin colour. I understood that relative to the majority of Kenyans I did have incredible wealth and that I did lead a privileged life. It was difficult coming to terms with the fact that my skin colour spoke volumes about me and dictated the ways in which people would relate to me. I discovered that after the confusion, frustration, and anger somewhat subsided I actually became acclimatized to this treatment and being treated in ingratiating ways began to feel normal. This is likely the single most treacherous thing for White, westerners coming to Kenya. Beginning to believe that being treated as superior is natural and okay.

 Oftentimes, I had a difficult time gauging whether my clients were being genuine and sincere with me. I often felt a sense of deference from my clients. Given that the average Kenyan views counselling as a form of advice-giving I was constantly pressed by clients to fix their problems and was told that they would do whatever I said to help themselves. This was problematic because I was supposed to be honing skills that enabled the client to come up with their own solutions. Since I was white, the majority of my clients believed that I had all the answers, and since I was a counsellor (the student part seemed immaterial to my clients) I was supposed to solve their issues with expert words of advice. When taking into account Kenya’s history of colonialism, the perception of people from the White and Black racial groups, and the western attitude that I bring with me to a counselling situation or interaction, I am now able to recognize some of the factors underlying what I experienced. I believe that White people are often told by Black Kenyans that ‘everything will be okay’ or that there will be ‘no problems’ because the latter are fearful of disappointing, displeasing, or making White individuals angry.

 I experienced numerous frustrating moments living in Kenya and interacting with Kenyans and it was through my practicum experience that I was able to hone in on the root of my frustrations and my deeply embedded racial prejudice not before identified. Living in Kenya, I was often frustrated by the way in which time is typically perceived. I became frustrated waiting for taxis and for appointments. I was often distressed by the lack of certainty with regard to scheduled meetings, appointments, or rendezvous. I was never able to adapt to the way of life in which things begin when they begin and meetings may not consist of all the people that were originally supposed to attend. I interpreted lateness and not showing up as disrespectful. I operated on the western understanding that when I am assured that something is going to be done it will be done. I would often become frustrated with the speed with which people walked, spoke, and conducted their business. I would become irritated when individuals took longer doing something than I thought was necessary. The thought that a person was lazy and unintelligent began to creep into my head and this was followed by the thought that the people as a group are lazy and unintelligent. These politically incorrect thoughts that were slowly moving into my consciousness were supported in conversations with other White, western ex-patriots who were talking, complaining, or lamenting about their interactions with people from the Black racial group in Kenya.

 The truth of my underlying beliefs was too ugly to contemplate initially. However, I had to contemplate these perceptions during my practicum since they were affecting my understanding of the client and my ability to be empathic. I understand that it is common to feel frustrated with one’s client and the client’s perceived lack of progress or even frustration that the client is in the situation that s/he is in. However, an emerging awareness of my beliefs concerning members of the Black racial group being lazy and unintelligent heightened my frustration levels with clients. I remember feeling that if this client simply had more initiative or if that client had had opportunities to be better educated then perhaps they would not be having problems. The awareness that I was judging and condemning my clients was very distressing for me. I knew that this was the antithesis of the way counsellors are supposed to approach clients. I felt an enormous sense of guilt as I was becoming aware of my judgments. An awareness of the privileges that I had being from the West and living as a White person in the world did not combat my own ugly perceptions that I was slowly becoming aware of. I discovered that I would constantly try to rationalize or avoid the uncomfortable feelings that resulted from my awareness of my own racial prejudice. This was very easy to do since the majority of the White, western ex-patriot population within Nairobi seemed to exist in somewhat of a bubble; everyone helped everyone else maintain the illusion that they viewed and treated all human beings as equals.

 I discovered the difficulty in becoming aware of my own racial identity in an environment that socially and culturally prevents such an awareness from occurring. Not only does the White population seek to maintain the obvious social and racial hierarchy that has been established but the majority of my interactions with Black Kenyans indicated that they, too, are maintaining roles and attitudes that contribute to the perception that they are inferior.

For my second practicum I decided to be part of an institution where the client population would be very different from that which I had experienced at the medical centre. I interned at a secondary school in Kibera, Nairobi’s largest slum. Secondary school is not free in Kenya so many adolescents are not able to continue their education past primary schooling. The students are orphans of parents who have been affected and or died because of HIV/AIDS. This school consists of 250 grades nine through twelve students. At this placement, I was working with a counsellor who was overworked, underpaid, suffering from health problems, and generally burned out. As a result of this, I was working mostly on my own since the school counsellor took the opportunity to devote herself to her other responsibilities while I was there at the school.

 The students were intensely curious about my presence. While they are used to White people (donors, religious, and volunteers) walking through their hallways and into their classrooms they were not used to the continued presence of a White person. The room I worked in was not well sealed since the school is made of corrugated tin, sticks, and mud so I would often see multiple sets of eyes peeping in through cracks in the walls, door, and ceiling in attempts to see what I was doing. One of the biggest difficulties for me and I believe my clients was that some of the grade nine students had never spoken with a White, westerner before. As a result, we had difficulty communicating. These students would have spoken predominantly, their mother tongue, secondly Kiswahili, and then perhaps a bit of English. They were unaccustomed to my accent and did not speak English with any ease. During my time with these students I spoke very slowly and used basic words. Not being able to speak any of the tribal languages, nor Kiswahili, was very embarrassing for me and the cause of much distress. I felt guilty that I was, in essence, asking clients to allow me to walk with them along a therapeutic path, and it had to be in the English language. I felt as though I was offering myself to accompany them but ultimately on my terms. I believe that were I to speak Kiswahili at least, I would have quite a different, and possibly richer experience with Kenyan clients.

 One of the most significant realizations my time provided me with was the way in which most of the students who came to see me relayed their personal stories. Most of the students’ parents were deceased. Sometimes my clients knew why and other times they did not. I was told stories of abandonment, of prolonged disease, of going hungry, of grief, and of fear. Most of these stories were told in a very straightforward, matter of fact manner. I had only two clients who broke down in tears during sessions and were overcome by the enormity of what they were sharing. I had never heard such accounts of uncertainty, fear, and grief from anyone, let alone fourteen to eighteen-year- olds. I wondered why I was being told things in such a detached way. I became aware that since everyone in the school shared similar experiences of loss, grief, uncertainty, and poverty most students viewed themselves as no different than their classmates and, as such, their experiences seemed rather common.

 Due to the environment that my clients were living and studying in I discovered that feelings of empathy would quickly become sympathy and then pity on my part. I felt deep guilty about my lifestyle and my privileges when listening to these students. I found it immensely difficult to finish my day at the school and then proceed home to a comfortable, safe apartment and an evening out with friends at a nice restaurant. I realized that I was not doing my clients any favours by feeling sorry for them, however it was a difficult emotion to work through.

 Given the dire needs of the students and the lack of a social system working in conjunction with the school, it was naïve of me to think that I could walk into the school and be only a counselling trainee. Students brought emergency issues such as not having enough (or anything) to eat. Part of my experience became somehow assessing whether or not the student was telling the truth since I had been advised by the school administration that some students may deliver a sob story in order to be given some sympathy money from the White woman. This was problematic because it fostered a sense of skepticism and doubt with regard to my student clients and their intentions. I honestly had no means of determining the truth of a client’s claims. I ended up taking the needs that were the greatest and (with the client’s permission) approaching the headmaster. After receiving the headmaster’s consent I would liaise with the deputy headmistress who was in charge of a social fund, which was meant for day-to-day emergencies in the students’ lives outside of school. I, too, believed when starting at the school that I would have nothing to do with money for fear of compromising the students’ perception of me. It turned out that the needs of the students were too great – I provided a means for them to share their needs and in order for those needs to be acted on I had to relay the needs to a colleague. My fear that word would spread in the school that if one went and poured one’s heart out to the White woman then she would find one money, was trumped by the need for me to act in part as a social worker.

I maintained many western-based assumptions during my counselling practica. I often used my own western understanding of normal or abnormal in determining the mental health of a client. When I began my internship I was disturbed that my clients were asking things of me that went beyond my role as a counsellor. As I began to be part social worker I kept thinking, ‘but this is not what I am *supposed* to be doing’. My sense of *supposed to* was based on a western understanding of the role of the counsellor and the boundaries that delineate that role. One assumption I brought with me to my counselling sessions concerns organized religion. I was unprepared for the role that organized religion played in the lives of most of my clients and the degree to which they discussed their church life, their prayer life, and their faith. Being from a secular, western culture combined with the fact that religion and spirituality are often discouraged within the psychotherapeutic arena in the West, I was uncertain of the way to engage my clients when they began speaking of their faith. My automatic reaction, to judge my clients as using their religion as a crutch in terms of predestination, belied my western-based individualistically oriented belief system.

**Concluding Comments**

 My recommendation for White, western counsellors practicing in Kenya involves becoming aware of their own racial identity. There exist many external standards upon which to develop or reaffirm one’s definition of race within Kenya. Being treated explicitly as superior within Kenya allows unconscious beliefs about White racial superiority, that have been fostered by a western socialization process, to emerge to a conscious level. When White, westerners begin to consciously believe that they are superior and to actively speak and behave in ways that express this belief, they are no longer in a position to effectively practice cross-racial counselling.

 I understand quite well the tendency to turn away from the tension and feelings of distress that arise when grappling with an awareness of the realities of race. As members of the White racial group we are encouraged to maintain an existence of blissful denial. As a counsellor, I have chosen a profession the overarching goal of which is to help clients reach deeper levels of awareness about themselves. To be a part of this professional community and to actively refrain from becoming aware of one’s own racial identity and the role that race has played and continues to play within society seems almost ironic, were it not that the social construction of race and racial identity is the farthest thing from being amusing. For counselling practitioners to ask their clients in good faith to explore their issues and develop awareness, it is necessary that the counselling practitioners themselves be willing to explore and develop an awareness of their own racial identity.

 Upon the completion of my research into race, racism, racial prejudice, racial identity, the socio-historical context of race within Kenya, as well as writing my personal narrative, I am left with an acute awareness of the challenges in maintaining and developing a deeper awareness of my White racial identity. That is to say, I am conscientious of the tension and feelings of discomfort that continue to arise when I grapple with the extraordinary power that the White racial group has claimed and the affect this has had and continues to have on society. I am aware that as I explore my own perceptions and attitudes concerning my racial group and the Black racial group I discover ugly truths and continue to feel a pull to return to the comfortable confines of oblivion. I am left with the realization of how easy it would be, and in accord with societal urgings, to recede to a frame of mind where external standards once again dictate my understanding of race. I am left with an awareness of how my journey involves remaining actively vigilant so as to allow my personal definition of race to be guided by reflection and introspection.

 I am left with a sense of gratitude that I have had time with clients and experience as a client in Kenya where I learned a significant amount in a relatively short period of time. My practica experiences and the awareness they brought me have altered my thoughts, attitudes, and behaviour in ways that have changed my overall experience of living in Kenya. The awareness that reflection and introspection are not only essential aspects of being an effective therapist but also of being a socially and culturally aware individual will remain with me regardless of where, in the world, I practice. I have learned that the more difficult the journey inward seems to be and the more I feel as though I want to acquiesce and return to comfortable thoughts, the more necessary it is to keep pushing through, and hopefully, eventually, working through the tension.

**Chapter 5**

**Counselling Theories**

Theories of counselling are important for a number of reasons, the most important of which is to help practitioners understand people, that is, the psychology of people. Why are people the way they are? Most counsellors hold two views about theories. One view is to learn one theory very well and work with it throughout a counselling career. The other is an integrative one, that is, to learn from each theory and appropriate what one thinks is important for counselling practice. Counsellors want to understand why a strategy does or does not work. They also want to understand why a client is or is not progressing in therapy. While there are many theories, old and new, a summary of some of the ones that I have found most helpful is offered in this section.

**Psychoanalytic Theory**

Sigmund Freud (1856-1939) was born into a lower-class Jewish family and lived in the Victorian era. He began his private practice at the age of thirty and was very dedicated to his scholarly work and his patients. His view that neurosis was sexual conflict was met with insult and condemnation from fellow professionals. By the early 1900’s however, Freud’s work began to receive recognition among scholars. He founded the Vienna Psychoanalytic Society. Many early scholars in psychoanalysis were influenced by Freud, but all did not agree with his emphasis on sexuality and many branched out to create their own theories. While many modern practitioners have issues with Freud’s theory, his contribution to the field of mental health is large and important.

Freud’s theory of personality is based on the premise that the psychic forces motivating personality are Eros (life and sex) and Thanatos (death and aggression) expressed in fantasies, desires, feelings, thoughts and actions. Instinctual desires for immediate gratification results in sexual and aggressive impulses. This demand for immediate gratification leads to conflicts with social mores that insist on restraint and controls. An individual is forced to develop defense mechanisms to restrain expressions of aggressive sexual impulses. Conflict happens at the unconscious level between the Id (impulses, drives, etc) and the Superego (conscience). When the Ego (responsible for mediating the conflict between the Id and Superego) fails to do so, neurosis occurs.

While many mental health practitioners are less interested in Freud’s stages of psycho-sexual development (oral, anal, phallic, latent, genital), it may well be true that stubborn persons have issues surfacing from their anal stage of development. Most counsellors’ interest lies in understanding why a client perceives stubbornness as a problem and in helping to solve this problem. The level of a client’s vulnerability to psychopathology depends on how early in life conflicts occur (or not) and on the intensity of pre-genital conflicts. Current precipitating events may stimulate impulses clients had been controlling all their lives. These clients may find themselves reacting to a current event at an unconscious level, as though this event were a repetition of their childhood experiences.

Therapists help clients from a psychoanalytic point of view by making the unconscious conscious, by helping clients associate their thoughts and feelings freely through a therapeutic process of “confronting, clarifying, interpreting and working through.” If a client gains an insight that was previously hidden, the analyst has, through this insight, some evidence of the validity of interpretations through this insight. This therapeutic process is expected to be slow and gradual. The client is expected to resist as conflicts surface to a conscious level. Transference is one of the most important sources of client content for analysis. Transference reactions are feelings toward the analyst that apply to significant people in the client’s past. The analyst’s own reactions to a client must be a delicate balance between being warm and human enough to allow for a working alliance, but depriving and blank enough to allow for client transference. Analysts must be aware of their own counter-transference feelings of infantile desires to make their clients objects of gratification. The analyst may react in an unconstructive way because unresolved child or parent issues have been tapped within the analyst,

Some practitioners dismiss Freud without much thought. There is, in my view, much to consider (or reconsider) in this instance. For example, it is evident to many that early childhood, especially the first several years, are important in the formation of the child. Parent-child relationship is hugely significant and Freud understood this well. Secondly, since most counselling problems have to do with relationships, it makes it important to consider the early parent-child relationship as foundational in subsequent relationships. Thirdly, while sex and aggression may not be the only motivators in life, they remain important and present day culture provides much evidence of Freud’s insight into motivational forces behind relationships. Finally, offering clients a chance to share anything that comes to mind (free association), and providing a forum where they can “work through” issues, are of obvious importance in any theory, and Freud was among the first to articulate these two concepts.

**Adlerian Therapy**

As a psychiatrist, Alfred Adler was quick to appreciate and defend many of Freud’s ideas, and although frequently cited as a student of Freud, he did not always agree with all of Freud’s insights and concepts. By 1911, differences between Freud and Adler had become irreconcilable for Freud focused on the sexual while Adler focused on the social. The latter avoided technical jargon, as he spoke and wrote for the public. He developed a number of child guidance clinics and shared much about the importance of family.

His theory of personality accentuates striving for superiority as the core motive of human personality. Adler was frail as a child and may have felt inferior. Striving to be superior is a natural reaction to inescapable feelings of inferiority, and is an inevitable and innate experience in all humans. People construct their lifestyle partly on the basis of early childhood experiences such as birth order, ordinal position and feelings of inferiority. Adler had much to say about differences in personality between an only child, a middle child and a first born child. While there are many exceptions to the descriptions offered by Adler, it is useful for counsellors to understand that birth order is a factor in therapeutic use.

A healthy personality is aware that a complete life is possible only within the context of a more perfect society. Pathological personalities are those that have become discouraged from attaining superiority in a socially constructive style. These people come from family atmospheres of competition, distrust, neglect, domination, abuse or pampering, all of which discourage social interest. Children discouraged from social interests tend to choose from one of four selfish goals to attaining superiority: attention seeking, power seeking, revenge taking and declaring deficiency or defeat.

Clients in Adlerian therapy are encouraged to actively participate in the analysis of their lifestyles. The process can be accelerated by bibliography (reading books on personal growth and development). Past events are connected to the present only to demonstrate the continuing or discontinuing of a client’s style of life. A lifestyle analysis includes interpretation of the basic mistakes (eg. overgeneralization, distortions, minimization, unrealistic goals, faulty values). Clients are seen as being able to make a radical change in their lifestyle (eg. give up selfish goals in the name of social interest). The notion of choice in Adlerian therapy was a significant contribution in an age of determinism. Other therapists would later develop more fully the notion of choice in therapy.

Therapeutic relationship in Adler’s theory is a central part of the process of helping clients overcome their longstanding discouragement so they can be free to reorient themselves towards healthy social interests. In many ways, therapeutic relationship is a prototype of social interest. A therapist’s positive regard for a client reflects the love and caring of an individual dedicated to the well-being of human beings. The therapist is the teacher who has faith in the unused potential of clients to create a fulfilling style of life.

**Jungian Therapy**

Carl Jung was a broad thinker and a prolific writer. He is seen by many as the forerunner of the “new age” movement. He disagreed with Freud in many areas. His contribution to our understanding of personality is significant. He incorporated ancient mythology and eastern religious views into his theories. Jung believed that people were born with both a personal unconscious and links to a collective unconscious. The personal and collective unconscious contain repressed thoughts and images. Primordial images that make up the collective unconscious have the potential to respond to the world in a particular way. Humans inherit these images from their ancestors. Jung called these collective images archetypes. There are as many archetypes as there are situations. The archetypes most interesting to counsellors are the anima, the animus, the shadow and the self. The anima is the feminine side of the male and the animus is the masculine side of the female. The shadow contains the dark side of human personalities. Jung might even say the evil side of humanity. The self archetype is the organizing archetype and unifying principle in the personality which helps us generate a sense of unity and oneness within. As people struggle today with awareness, choice and responsibility, it is useful to understand Jung’s archetypes. An awareness of the complexity of self and its need for integration may assist in the development of healthier relationships. Clients need to acknowledge the existence of their dark side if they are going to live life in a true or “real” manner. While most clients and counsellors dislike the notion of evil, Jung’s understanding of humanity helps one see the recognition of a capacity for change from compulsions that restrict and paralyse to freedom to become more authentic as persons. Befriending the dark side of one’s personality is key to therapeutic change. While many clients desire to rid themselves of unwelcome parts of self, in Jungian therapy it is more constructive to *understand* and *integrate* the various parts of self. The self archetype can help clients move from confusion and fragmentation to clarity and wholeness.

In Jung’s attempt to understand personalities he observed two basic attitudes. One he called introversion, that is, the tendency to channel psychic energy inward. The other he called extraversion, the tendency to be active and outgoing. His analysis identified four basic functions: sensation, intuition, thinking and feeling. While each person uses all four functions, one function is usually preferred. If sensing is the preference, the focus is on immediate experience. If intuition is preferred, the focus is on possibilities and relationships with other concepts. The thinking type tends to view the world in a logical, objective manner, while the feeling type interprets information through values and subjective impressions. The two basic attitudes and four basic functions create eight personality types. The most popular method of assessing one’s type is the Myers Briggs Type Indicator. This inventory is used in a number of counselling settings to help clients with career issues, relationship issues, team building, and pastoral counselling. While some people resist the notion of types as a justification for behaviour, typology can help people understand why they are the way they are and do what they do, and whether there is reason to modify to some degree their negative tendencies.

**Existential Therapy**

“To be or not to be” may well, in fact, be the question! Ludwig Binswanger (1881-1966) knew Freud and was a psychoanalyst but tended to be existential and

phenomenological in his approach to clients. The former was committed to a person’s freedom of choice and believed that people’s struggles had to do with critical choice points. Medard Boss (1903-1991), another early existential psychotherapist, also knew Freud and was influenced by the latter’s psychoanalytic theory. Boss’ goal was to translate Heidegger’s philosophy into an effective psychotherapy.

Existentialists are uncomfortable with the term “personality” because it implies a fixed set of traits. Existence is an emerging, a becoming, a process of being that is not static. Existence is “being-in-the-world” therefore persons and the environment are in unity and inseparable. The world to which they relate is their own construction (phenomenology). They exist in relation to three levels in this world: unwelt (the physical aspects of the world), mitwelt (the social world) and eigenwelt (the way persons reflect upon, evaluate and experience themselves). They differ in their ways of existing at each of the three levels. In the process of creating a healthy existence they are faced with dilemmas of choosing the best way to be in their environment, with others and with themselves. An authentic existence is healthy because the three levels of being in the world are integrated, or in unity rather than in conflict. Existential anxiety is the result of conditions inherent in an existence that tempts persons to run away from an awareness of reality using different mechanisms.

When conflict arises one defense mechanism is to lie or to deny reality. Lying is the foundation of all psychopathology and can occur at any level of existence. The most common form of lying is misrepresentation of self to others. Lying leads to neurotic anxiety which is a non-authentic response to being. When neurotic anxiety leads to a decision that one must act upon such anxiety, symptoms of psychopathology develop. One experiences oneself as an object without will.

If lying is the source of psychopathology, honesty its antidote. Authenticity is the goal of existential psychotherapy, where increasing consciousness becomes a critical process. This psychotherapy must involve processes through which clients can again experience themselves as subjects or agents capable of directing their own lives and making choices. The emphasis in existential therapy is to encourage clients to enter into an authentic relationship with a therapist even to the point of choosing when treatment will end. In order to heighten their personal awareness clients are allowed to present themselves as they typically would relate to the world, with little intervention from the therapist, thus beginning the transference process. Clients focus on the immediacy of experience, the perception of experience and the meaning of that experience. Once therapists have gained a phenomenological understanding of a client’s world, they choose what techniques to follow, based on their genuine reactions to the client. In the process of choosing to be authentic, clients are confronted with an existential anxiety to be responsible for who they are and who they become. Therapeutic relationship is a direct relationship of a counsellor and a client sharing and experiencing therapy together in order to raise self-consciousness. Therapeutic relationship provides the best opportunity for clients to choose to enter into deep and authentic encounters.

**Person-Centered**

Carl Rogers (1902-1987) holds a place of honour in the counselling profession. Few theoreticians and practitioners have had a more positive impact on the profession. His work, both theoretical and practical, has laid the foundation for counselling programs and his emphasis on the value of the therapeutic relationship remains at the core of many counselling approaches. Rogers grew up in a strict religious environment on a Wisconsin, US farm. After two ears of preparation for the ministry, he shifted to training in psychotherapy. He received a PhD in clinical psychology from Columbia University in 1931. He found inspiration in Otto Rank’s view of a humanistic approach to therapy. He wrote *Counselling and Psychotherapy* in 1942 and *Client-Centered Therapy* in 1951, both considered classics in the field of counselling. Rogers’ humanistic approach to counselling and to life in general impacted other areas of society including education, business, marriage and world relations. He changed the name of his approach from “client-centered” to “person-centered” so as to widen the focus of his work.

Rogers believed that all humanity has but one motivational force, that is, a tendency toward actualization, which is an “inherent tendency of the person to develop all its capacities in ways which serve to maintain or enhance the person.” Humans are born with a valuing process that allows them to value positively those experiences perceived as maintaining and enhancing their lives and to value negatively those experiences that would negate their growth. As part of their actualizing tendencies, they begin to actively differentiate between experiences that are their own and those that belong to others. As self-consciousness emerges, they develop the need for positive regard for self. When individuals begin to act in accordance with introjected or internalized values of others, they acquire conditions of worth. They cannot regard themselves positively as having worth unless they live according to these conditions.

The more conditional the love of parents in children’s lives, the more pathology is

likely to develop in these lives. Because of the need for self-regard, children begin to perceive their experiences selectively, in terms of the conditions their parents placed on their behaviour. As some of these experiences are distorted or denied, there is incongruence between what is being experienced and what is symbolized as part of a person’s self-concept. The incongruence between self and experience is the basic estrangement in human beings. For the sake of maintaining the positive regard of others, individuals no longer remain true to their true self. Some individuals have such a significant degree of incongruence between the self and experience that particular events can prevent their defenses from functioning and can lead to disorganization of their personalities.

Rogers has stated very explicitly that the necessary and sufficient conditions for therapy are contained within the therapeutic relationship. Six conditions are necessary for such a relationship to result in constructive personality change. Taken together, the following conditions in therapy are sufficient to account for therapeutic change: relationship, vulnerability, genuineness, unconditional positive regard, accurate empathy and a perception of genuineness.

During the 1960’s Rogers and his colleagues began to theorize that a curative process involved a direct and intense expression of feelings which would lead to corrective emotional experiences. The process of change in client-centered therapy is most accurately conceptualized as a combination of consciousness-raising and corrective emotional experiencing that occurs within the context of a genuine empathic relationship.

In this process of change clients, rather than therapists, direct the flow of therapy.

Rogers originally used the label “non-directive” to describe his therapy. The therapist is able to capture sensitively the client’s experiences without being authoritative or interpretive. The contemporary view of the therapeutic relationship is that the therapist’s work of raising consciousness involves more than just a feedback function. The therapist’s work is to help clients redirect their attention so that these can make greater use of the richness that exists in the information generated by their feelings (eg. perceptual rigidities and distortions). By selecting more threatening information, therapists are, in fact, directive but use a subtle and non-coercive style. They control the process of therapy but not the content. In the process of increasing consciousness, person-centered therapists emphasize the primacy of the client’s feelings for the release of more powerful feelings. Most clients begin expressing themselves by avoiding a description of emotionally laden experiences. When they perceive themselves as accepted, they can begin to describe such feelings more freely until they are able to express fully more deep-seated feelings.

**Gestalt Therapy**

Fritz Perls (1893-1970) is the name most often associated with the development of Gestalt Therapy. Perl’s development was profoundly influenced by Wilhelm Reich. In 1946, Perls emigrated to the US and began the New York Institute for Gestalt Therapy. His theory was that “end-goals” are based on biological needs, (eg. hunger, sex, survival, shelter and breathing). The social roles we adopt are means whereby we fulfill our end-goals. As healthy beings, our daily living centers around the particular end goals that emerge into awareness. End goals are experienced as pressing needs until they are reached. These end goals become quiescent once they are met, through an adequate exchange with the social environment. The continual process of achieving these goals, along with the process of forming Gestalts or wholes, maintain the integrity of people. In cultures with abundant resources, less time is spent on fulfilling basic needs, so people preoccupy themselves with social games. These become identified as essential parts of the ego, and a person sees playing games as essential. When games are repeated, the roles in these games become habits or rigid behavioural patterns. In healthy existence, a daily life cycle is an open, flowing process awareness of one’s needs. The unhealthy personality becomes pre-occupied with social roles and remains stuck in the same repetitive patterns.

Playing these social games can lead to pathology. Perls disliked the term neurosis and was more comfortable with the term “growth disorder.” He identified five layers of psychopathology within the personality: the phony layer, the phobic layer, the impasse layer, the implosive layer and the explosive layer. In the phony level of existence people adopt and play games. Phony characters represent, at best, only half of who the person is. The healthy person attempts to find wholeness in life by accepting and expressing the opposite poles of life. At times this person is phony, and at other times, genuine. The goal is to be genuine most of the time. In the phobic layer people are afraid of the pain that ensues from facing dissatisfaction with parts of themselves. They avoid and/or run away from such emotional pain. The positive goal is to face the reality of their emotional experience more often than not. Below the phobic layer is the impasse level, the very point at which persons can be stuck in their maturation. At this level persons discover and experience the “lifeless” parts of self which they have disowned. In therapy, they can own up to these dead parts or leave them buried. The explosive layer entails an emancipation of life’s energies, a desire to feel deeply the sorrow and joy of life. The extent of the explosion depends on the amount of energy previously bound up in the implosive layer. Catharsis is the experience of the explosion.

The emphasis in Gestalt Therapy is on the “here and now.” While explosive breaking out is a powerful release of emotion, such cathartic explosions can be attained only after a struggle to increase consciousness. The client’s work in this case is to stay in the “here and now” while awareness of this struggle allows this client to work on the healthy Gestalt principle that the most important unfinished situation in life will always emerge into consciousness to be resolved. Clients in therapy will begin to act out their roles and therapists will help them become more aware of the roles/games. The therapist’s work in consciousness raising is firstly to frustrate the client’s desire to be protected and shielded from unpleasant emotions and secondly to help the client take responsibility for these emotions. Being “present-centered” means that Gestalt therapists cannot use any pre-determined patterns or exercises. Cathartic releases require that clients take responsibility for continuing in therapy when they most want to quit and run. Gestalt techniques, including “empty chair” and “exaggeration”, help clients intensify feelings and work towards resolution of these. The emphasis in Gestalt Therapy is on taking responsibility for oneself. Perls stated rather pointedly, “I believe we are living in an insane society and that you only have the choice either to participate in this collective psychosis or to take risks and become healthy and perhaps also crucified.”

**Interpersonal**

Eric Berne (1910-1970), an American psychiatrist, dissociated himself from psychoanalysis and in 1957 presented his first paper on Transactional Analysis (TA).

Berne was described as creative, articulate but also shy and lacking the charisma that characterized other founders in psychotherapy. His book *Games People Play* was written in 1964 to major acclaim.

In TA human personality structure is divided into three separate ego states: Child, Parent and Adult. The Child ego state is impulsive and stimulus bound rather than mediated and delayed by reason. The child can be further differentiated as the “Natural Child”, “Adapted Child” and “Little Professor.” The Parent ego state is carried intact from childhood and is composed of behaviours and attitudes that are modelled on parents or authority figures. The Parent within the personality is the controlling, automatic, limit-setting, and rigid rule maker of the personality, as well as the nurturing and comforting part of this personality. The Adult ego state is essentially the organ of the personality that gathers and processes data to make predictions and decisions. The Adult acts more clearly out of logic and reason and can realistically evaluate real situations because it is not clouded by emotion. The well-adapted personality switches from one ego state to another depending on the needs of a particular situation. Only one ego state can be in operation at a time.

TA therapy typically begins with a “structural analysis” through which clients become more fully conscious of ego states that were previously confused, contaminated or excluded. Consciousness-raising in a therapy session begins as an educational process where clients are informed about the language and concepts of TA, usually through “bibliography.” As these clients attain a deeper understanding of TA they become more aware of their own ego states and the “games they have been playing.” The client’s work is usually a pattern of graduating from student, to self-analyzer, to teacher. The stable individual is characterized by the freedom and flexibility to shift from one ego state to another. The healthiest person will incorporate the judgment, “I’m OK – You’re OK” into life.

Therapeutic relationship is part of both the content and the process of transactional analysis. The games clients attempt to play with therapists are a critical part of the content that is to be analyzed. The Adult of the therapist is the ego state most often involved in transactions with a client because consciousness-raising is a rational process. The therapeutic relationship is indeed unconditional in that clients are perceived as “OK” unconditionally, rather than “OK” only if they live their life in acceptable ways.

Psychopathology can occur either at the intrapersonal level (problems with ego states, life positions or life script) or at the interpersonal level (transactional conflicts between the ego states of two or more people). Practically speaking, psychopathology is most often a multilevel phenomenon entailing problems both within the personality and between personalities. Difficulties experienced within a person’s ego states are called “structural problems.” “Contamination” is one such structural problem in which part of one ego state intrudes into another. “Exclusion” is another structural problem for people who rigidly hold to one ego state and shut out the other two.

Berne suggested that there were three basic life scripts that led to self-destruction: depression (no-love script), madness (no-mind script) and addiction (no-joy script). He also suggested that “the victim, the persecutor and the rescuer” were the three roles that were part of the triangle of all life drama.

**Feminist**

Significant contributors to feminist therapy include Jean Baker Miller, Carolyn Zerbe Enns, Olivia Espin, Laura Brown and Toni Laidlaw. Feminist therapy evolved from the Women’s Movement of the 1960’s. Gender and power are central foci in the feminist approach. There are a variety of feminist philosophies that may influence a therapist’s practice. These include: Liberal, Socialist, Postmodern, Lesbian, and Global. Feminist therapists view problems through a socio-political lens rather than an intra-psychic lens. The counselling relationship is egalitarian. The therapist empowers clients to overcome their oppression and to advocate social change. The core principles include the idea that the personal is political. Within feminist therapy personal and social identities are interdependent and definitions of distress and “mental illness” are reformulated into social and political terms.

The major aim of feminist therapy is transformation both within the individual and in society as a whole. At the individual level the goal is to assist women to recognize, claim and embrace their personal power. The socio-political aim is to replace patriarchy with feminist consciousness. The therapeutic relationship in feminist therapy is based on empowerment and egalitarianism which enables the client to be expert in their personal life. This therapeutic process is demystified through self-disclosure on the part of the therapist and an inclusion of the client in all decisions related to the latter’s therapy. The client-therapist relationship models the way to identify and use power responsibly, and works towards equalizing along patriarchal lines the power differential that is inherent in a therapeutic relationship. Clients are not only included in both the assessment and treatment process, but are active partners in the process.

Feminist therapists have developed their own techniques which are intended to raise consciousness in clients so as to help them recognize the effects of gender-role socialization. These techniques may include empowerment, self-disclosure, gender-role analysis, gender-role intervention, power analysis and power intervention, bibliotherapy, assertiveness training, reframing and relabeling, group work and/or social action. The principles and techniques of feminist therapy can be incorporated into other therapy models and vice versa. The feminist approach helps to make therapists sensitive to the gendered use of power in relationships, which sensitivity was not apparent in previous therapy approaches.

**Solution Focused Brief Therapy (SFBT)**
 The co-founders of Solution Focused Brief Therapy are Insoo Kim Berg and Steve de Shazer. Their social constructionist approach stresses the client’s reality without disputing whether or not it is accurate or rational. This approach requires a philosophical stance of accepting people where they are and assisting them in creating solutions to their problems. There is little interest in formal assessment or focus on the client’s problems. The “right solution” is not important, as the orientation shifts from problems to possibilities. Clients focus on creating solutions as well as choosing the goals they wish to accomplish. SFBT focuses on finding out which client actions are successful and how to apply their self-knowledge to solving problems. The role of the therapist is to help clients recognize the competencies each possesses and to make a shift from a fixed problem state to a world with new possibilities, using achievable, usable goals in optimistic conversations.

There are, in this therapy approach, five steps involved in solution building:

1. Clients describe their problems and respond to the therapist’s question, “How can I be of use to you?”

2. The therapist works with the clients to develop well-formed goals, using the key question: “What will be different in your life when your problems are solved?” as soon as possible.

3. The therapist asks clients about the times when the problems were not present or were less severe. Clients are then assisted in the exploration of these exceptions, focusing on what they did to make positive events happen.

4. To conclude each solution-building conversation, and to further solve their problem, the therapist offers clients a summary feedback, provides encouragement, and suggests what clients might observe or do before the next session.

5. Progress is evaluated together by using a ratings scale. Clients are asked to determine how to build required solutions to their future problems.

SFBT is known for some useful techniques such as questioning, including the exception question (“When is this not a problem?”). The “miracle question” makes it possible for clients to think of a time when the problem was not there (“If the problem left over night, what would life be like?”). Scaling questions help clients see the intensity of the problem and the progress they are making. Therapist feedback reinforces the good work they are attempting in therapy (“Wow, how did you manage to do that?”).

**Cognitive and Cognitive Behaviour**

Albert Bandura was born, raised and educated in western Canada and spent his scholarly career at Stanford University. Bandura’s Social Cognitive Theory has had considerable impact in the field of counselling, especially in cognitive behavioural approaches to counselling. In his theory of reciprocal determinism, Bandura maintains that behaviours, external factors (rewards and punishments) and internal factors (beliefs and expectations) influence each other, and no one aspect is the sole determinant of behaviour. While behaviourists focused on behaviour as the major factor of determinism and cognitivists focused on the internal factors, Bandura saw the importance of an interplay between these factors. He suggests that most behaviour is not controlled by rewards and punishments, but rather by self-regulation, that people work towards self-imposed goals with internal rewards, that self-regulation can include self-punishment and when one fails, one tends to degrade oneself even when others do not. Bandura’s belief that observational learning or vicarious learning is a major form of learning has had a large impact on counselling, for counsellors could show clients that these were able to learn new skills through observing others performing them well. The clients could then perform skills expecting positive outcomes.

Donald Meichenbaum, from the University of Waterloo, was influenced by Bandura’s work, as the former developed his own cognitive behaviour modification approach to counselling. Michenbaum’s premise is that clients need to notice how they think, feel and behave, as well as how they impact on others. His cognitive restructuring principle involves modifying the organizing aspect of thinking, since this organising aspect determines which thoughts to continue, interrupt and change. As with Bandura, he sees the reciprocal dynamic of thoughts, feelings, behaviours and social environments. Clients can alleviate some of their distress by modifying the maladaptive thoughts and behaviours which contribute to their distress. They are thus taking responsibility for aspects of their lives over which they have control. Meichenbaum’s three-way process of change involves: self-observation (clients become more aware of their thoughts, feelings, actions, physiological reactions and ways of reacting to others); a new internal dialogue (they try on new adaptive thoughts, beliefs and expectations leading to new behaviours); and practice and evaluation (they learn and practise new skills as they process their progress with their therapist).

Meichenbaum’s well known Stress Inoculation Training (SIT) illustrates his cognitive behavioural approach to counselling. SIT is a combination of information sharing, Socratic discussion in therapeutic relationship, cognitive restructuring, problem solving, relaxation training, behavioural rehearsals, as well as self-monitoring, self-instruction, self-reinforcement and modification of environmental situations. While his approach involves a number of strategies, the collaborative relationship between client and counsellor stands as a significant help in the process of change. Meichenbaum’s approach has considerable appeal to counsellors since through this approach clients are exposed to strategies that can be useful throughout their lives.

Few people have contributed more to the profession of counselling than Albert Ellis and virtually no one could claim to be as prolific a writer. His book *Reason and Emotion in Psychotherapy* is considered a classic. He called his approach Rational Emotive Behaviour Therapy with emphasis on the rational, I might suggest. His well-known model simply stated as ABCDE is of course more comprehensive than the anagram suggests. His theory postulates that it is not the *activating event* (A) that causes *emotional consequences* (C) but rather the intervening *beliefs* (B). In other words, it is not reality but one’s perception of reality that causes problems. The goal of therapy is to identify and challenge (*dispute*) these beliefs and assumptions (D) and *reason emotionally* (E) one’s way back to health. Ellis’ strong and pointed assertions illustrate best his theory and approach.

Use your will power to change, decide to change, be determined to change, acquire the knowledge to change, act on the change, continue to decide to change.

Have strong and realistic expectations for changing.

Accept yourself, others, your and their frustrations, human fallibility, human relapsing, relationship restrictions, continue to work and practice.

Work at preferring but not needing to do well and be approved by significant others.

Acknowledge that you are a fallible human being.

Determine what you enjoy doing in life and then do many of the things that you enjoy.

You do innumerable good, bad and neutral acts in your lifetime.

You are highly fallible and will therefore often behave stupidly, inefficiently and immorally.

You are inconsistent- often perform well and often badly.

You have a number of good and a number of bad traits and characteristics.

You are born and reared to behave poorly and badly.

You can do many good and bad deeds but you are an ever changing process. You can act well today and poorly tomorrow.

Aaron Beck, an American psychiatrist, is well known for treatment of depression. His cognitive approach was influenced by Albert Ellis. Beck’s Cognitive Therapy (CT) is based on the premise that the way people think and behave is determined by their perception and structuring of their experience. He assumes that clients can become more aware of their internal communication, that their beliefs have highly personal meanings and these meanings can be discovered by the client rather than be taught by the counsellor. Beck credits Ellis as the first therapist to focus on the cognitive factors as a route to changing feelings and behaviours. Ellis in turn credits Beck for his major contributions to psychotherapy through his extensive research agenda. Beck did develop a most comprehensive theory of depression and while his work focuses on depression, his therapeutic impact in psychotherapy is clearly more wide spread. His approach is goal-directed, structured and time-limited with a focus on the client’s internal locus of control. Personality is developed and shaped by the client’s internal cognitive schemas. Cognitive schemas influence personal beliefs, internal values, and life assumptions. They determine how a client interacts and processes information in times of stress. Beck believes that clients suffering from faulty thinking based on incorrect or inadequate information fail to distinguish between fantasy and reality. He suggests that clients weigh the evidence to support or dispute their beliefs. In Beck’s cognitive approach a client’s dysfunctional thinking comes from internal processing errors. He calls these systemic bias errors. Eight common examples are: polarized thinking or dichotomous and black and white thinking, over-generalization, labelling and mislabelling, magnification and minimization, selective abstraction (focusing on the negative), arbitrary inference (forming conclusions without evidence), personalization and mind-reading.

Beck’s model incorporates the following stages: assessment of the client’s present reality, reduction of anxiety so the client is ready to learn, teaching how beliefs and assumptions are having a negative impact and creating an action plan to develop new knowledge and skills. This cognitive approach uses questions and conversational dialogues to gently bring insights to the surface, an approach similar to the Socratic dialogue. Beck believes that a therapeutic relationship with a client is necessary, though not sufficient for change to occur, as suggested by Rogers.

David Burns, another well known psychiatrist and author of the best selling book, *Feeling Good*, helps us understand clients with self-defeating beliefs. He identifies a number of cognitive distortions. These include: emotional perfectionism (I should always feel happy, confident and in control of my emotions), emotophobia (I should never feel angry, anxious, inadequate, jealous or vulnerable), and conflict phobia (people who love each other should not fight). Other distortions include: entitlement (people should be the way I expect them to be), low frustration tolerance (I should never be frustrated – life should be easy), performance perfectionism (I must never fail or make a mistake). Additional distortions include: perceived perfectionism (people will not love and accept me as a flawed and vulnerable human being), fear of failure (my worthiness depends on my achievements, my intelligence or my status and attractiveness), fear of disapproval or criticism (I need everybody’s approval to be worthwhile), fear of being alone (if I am alone then I am bound to feel miserable and unfulfilled) and fear of rejection (if I am not loved, then life is not worth living).

Burns developed a daily log to help clients challenge and change their

distortions. The latter describe an upsetting event and record their feelings which they rate from 0 to 100 for intensity. His Triple Column Technique involves recording negative thoughts in a first column and estimating the strength of the belief in each thought (0 to 100). In column two the client names the cognitive distortion and in column three substitutes this distortion with more realistic thoughts, all the while estimating belief in each one (0 to 100).

Theorists with cognitive orientations help counsellors understand and work with cognitions that cause distress. According to the former it seems that as humans we are inclined to dwell on the negative, judge and blame quickly, view life as black and white, over-generalize, discount the positives, jump to conclusions, as well as label self and others harshly.

**Multimodal Therapy**

Arnold Lazarus developed a comprehensive and systematic approach to behaviour therapy. While he may be considered a behaviourist, he is also seen as holistic and technically eclectic through offering seven modalities in which to work with clients. Lazarus’ basic assumption is that clients are often troubled by a variety of issues, thus a multitude of treatment strategies is appropriate. The counsellor orientation is to be flexible and versatile, to respond to the needs of the client. The techniques of the multimodal approach include positive imagery, behavioural rehearsal, positive reinforcement, modeling, biofeedback, self-instruction training, empty chair, and thought stopping. While Lazarus advocates technical eclecticism, he does not advocate theoretical eclecticism, thus remaining a behaviourist.

The BASIC ID model he developed is very helpful for counsellors who need to use a variety of modalities when working with clients. The “B” represents *behaviour*. The counsellor in this model wants to learn what behaviours are adaptive and which are maladaptive so as to help expand the adaptive ones. The “A” represents *affect* or feelings. Counsellors want to know whether clients experience a variety of feelings, highlighting those that are helpful and those that are not. “S” stands of *sensation*, the physiological feelings that are sometimes pleasurable and sometimes not. “I” represents *images* that the client needs to identify so as to recognise constructive ones and troublesome ones. *Cognitions* are represented by “C” and the concept is to identify those thoughts, beliefs and assumptions which cause distress so that a client can incorporate more positive and constructive cognitions. Since relations are important the “I” stands for *interpersonal* relations, which can be healthy or not. “D” represents *drugs* and also nutritional habits as well as exercise. The counsellor needs to know the medication history of the client to determine whether any side effects related to drugs or nutrition are interfering with the counselling process. All these aspects of personality are interrelated, enabling the counsellor to move from modality to modality in the interest of the client. Multimodal therapists tend to be very active in counselling sessions, playing both trainer and role models.

This chapter addressed a number of theoretical approaches to counselling while recognizing that there are many more theories and approaches available. Many practitioners are integrative in their approach to therapy, though one approach often speaks to a counsellor more than another. Counsellors will usually practice within one basic framework primarily and integrate other approaches into that framework. New approaches are emerging on a regular basis. Some that are gaining favour in therapeutic settings are spiritually-oriented approaches.

**Chapter 6**

**Counselling and Spirituality**

**Longing for connection to self, others and Divine Mystery**

I recall an experience I had when I was ten years old. I was sitting on the back porch on a summer’s night when the sky was clear and the stars bright. I remember feeling at one with nature and simultaneously not alone. I did not know then what to make of this experience. I had no way to describe it and chose not to share it with anyone for fear of rejection. Thus began, I suspect, my conscious journey of wonderment.

Humankind has been exploring the spiritual, its meaning and purpose, since the beginning of time. This search is part of the human condition. We humans are restless and aware that something or someone greater than ourselves exists and we want to be connected to it or “something” or that “other one.” We have also an inherent desire for communion with other humans. Augustine wrote that we are made for communion and we are restless until we find rest in the Divine. Thomas Moore wrote in Care of the Soul, “When the soul is neglected we experience obsessions, addictions, violence, loss of meaning and emotional pain. By caring for the soul we can find relief from our distress and discover deep satisfaction and pleasure in life.” Overnight the word “soul” captured the imagination of people.

**Three movements of longing**

The new element in the contemporary desire for spirituality is the intensity and extent of the search for the spiritual. There are important reasons for this development. I will mention three movements that I hope will help explain why spiritual discourse is so important in our age.

The first movement is the desire for more meaning and purpose in life. People are asking serious questions about life. How do they make sense of their lives? As one young person said to me recently, “What are we living for?” An alarming number of young people are self-harming as a way of releasing the terrible anguish that comes from a modern lack of meaning and purpose. Pro-suicide websites are readily available. People are looking for something, anything that will speak to more meaning and purpose for them. Many are seeking inner healing and wholeness; many are looking for ways to be more connected. They speak of themselves as mind, body and spirit and how these contribute to self-image and self-esteem. Therapists and counsellors are regularly sought out to help people feel more connected to self. They want to feel pleasure not just pain, joy not just sorrow, intimacy not just alienation.

To help in understanding this question of meaning and purpose, the rapid expansion of science and technology as well as their dominant place in contemporary society must be addressed briefly. Some writers have suggested that one decade of change in our age is the equivalent of centuries of change in previous generations. Many of the comforts we have come to cherish are the result of scientific and technological efforts. We have, as a consequence, put our faith in science and technology. Sigmund Freud suggested in the early part of the 20th century that our need for religion and the spiritual would diminish with advances in science and technology. With proper analysis, he believed we would come to know ourselves. We are, in point of fact, more spiritually hungry than ever, so I suspect that Freud was wrong in his assumptions about religion and spirituality. With all our advances we are still left with a sense of emptiness and continue to wonder about meaning and purpose. There is considerable psychological despair in our world and people are looking for ways to alleviate this despair. How else can we explain the proliferation of books, articles and materials on the spiritual? Scott Peck’s book, *The Road Less Travelled*, was on the New York best selling list for an unprecedented 600 weeks.

The first movement of the self, the sense of void and the search for answers about meaning and purpose lead us to and is directly related to a discussion of self in relation to others. The second movement is the diminishing of community and the yearning for it. The industrial revolution, capitalism, urbanisation, materialism and individualism have all contributed, over the century, to the break up of communities. Political, social and economic forces have mitigated against the creation and maintenance of a psychological sense of community. We have become isolated from one another and aloneness and loneliness are prevalent, so it should not surprise us to hear words such as “quiet desperation,” “discouragement” or “despair.” This sense of isolation has contributed to a growing and deepening fear of one another as we wonder whom to trust and whom not to trust.

We have a genuine need to be in positive personal relationships with others. It is in our nature to be social, to be connected to each other, so as a result of our struggle with feelings of isolation and alienation our societal response has been to create an entertainment industry to distract us, or in the words of Neil Postman, “to amuse ourselves to death.” While the information age is moving at a phenomenally rapid clip with new and interesting ways of communicating, this communication is unlikely to satisfy our deepest desires. The yearning for community and sense of belonging is, in many ways, associated with our yearning for the spiritual, since both searches have to do with communion. We want to know and be known by another. We want to care for others and be cared for by others. The desire to be connected to self and to others leads us to and is directly related to a discussion of Absolute Other.

The third movement, thus, is a desire to experience Divine Mystery. As individual identity is intricately related to other identities, humankind’s identity is intricately related to an Absolute Other, however this is “Other” is conceived to be. While there are many questions about religion these days, we know that people have not given up on their need and desire to experience the Divine. Sociologists inform us that 95% of people believe in God. People know intuitively that there is more to life. From the 1960’s onwards they have become fascinated by psychology. Bookstores are full of self-help, self-realisation and self-advancement writings. They had hopes that psychology would answer many of their profound questions about life: “Who am I? Who are we? What are we doing here?” People have become very curious about themselves as humans. They know more about themselves than ever and are more than ever disgruntled with themselves. Psychology provides interpretative frameworks to understand persons emotionally, behaviourally and psychologically. We, however, want more. We are searching for a way not only to understand ourselves but also to be connected with ourselves, with others, with the universe and with the Divine. We are searching for an experience of mystery, for a revelation that there is more to life than meets the eye, that there is layer upon layer of human experience. We wish to go deeper (beyond the trivial and the tragic) because we believe that at this depth we may experience that which is the source of life and gives life. While we know human suffering, we want to know human potential and possibilities. We know that there is more to life than materialism, consumerism, money markets and entertainment. We are searching for that “more” within ourselves and beyond ourselves when seeking that ultimate communion with self, others and Divine Mystery.

**Two Spiritualities**

We hear of two principle spiritualities today: traditional spirituality and New Age spirituality. Traditional spiritualities have their roots in the major religions of the world. There is Buddhist, Islamic, Judaic, and Christian spiritualities, among others. These spiritualities are based on a view that a higher power exists and that we are connected to this power. There are specific spiritualities to guide people on their journey. These spiritualities are often seen as rational, dogmatic, intellectual and for the most part driven by male thought.

New Age spirituality is seen as non- traditional, less rational and focussed on experience. The intellectual approach is out, for it limits one’s spiritual freedom and ability. In response to a felt emptiness, the new spirituality responds with a seeking for enlightenment and intimate contact with the supernatural. This spirituality has diverse views of God, often presenting God as a force or a power *within* humans.

The roots of New Age spirituality are not in religion, but in psychology. Carl Jung, the son of a Swiss pastor, looked for alternative approaches to spirituality in psychotherapy. Jung concluded that God was part of a collective unconscious to which all human beings belong. Abraham Maslow, an atheist humanist and part of the “human potential” movement believed that peak experiences of ecstasy were available to everyone. Carl Rogers, member of a religious family and credited with the “self-realisation” movement, believed that the resources to solve our problems resided within us. At the end of his life he turned to seances, Ouija boards and a medium in Brazil who claimed to put Rogers in touch with his departed wife.

Post- modernism has rekindled our interest in emotion and intuition as valid sources of knowledge. Our perspective on life today is changing from an objective, external one to a subjective, internal one. We want to experience life through a sense of self-worth and not from structures imposed on us by large institutions.

**Where do we go from here?**

I think that as a society we need to examine our values. What do we believe in and care about? What really matters to us? These are spiritual questions, thus the discourse on spirituality. Society needs a spirituality which will address the sense of alienation and discouragement addressed earlier. This spirituality will help us regain our sense of integrity and our need to reconnect with the self, others and with the Divine.

By way of an outline for my argument I would propose a cursory examination of the context in which our current existential dilemma has developed. I shall address briefly the tension between religion and science since the former has been the home and defender of the spiritual, and the latter the architect of the technological age in which we live. The traditional debate between science and religion can best be seen as an ongoing tension within persons, a tension between the mind and the heart of humankind.

In our contemporary culture we are increasingly aware of our disillusionment regarding our political, socio-economic and religious structures. We are cognizant of serious divisions and inequities in our social structures and many of us are now questioning how these divisions and inequities are to be resolved. Our society is in desperate need of a principle of valuation, a spiritual center from which we can decide what is most worth having in life for all of humanity. Without a spirituality that respects the integrity and wholeness of persons and community, we shall be without intention and unity of purpose and we shall remain at the mercy of external forces that do not have our spiritual well- being as their focus. As Scottish philosopher John MacMurray writes,

Until we find a faith to live by, life will be too much for us, and we shall lack the power to act decisively. But a faith is not something that we can force upon ourselves. It must touch us in every aspect of our being. It must make itself credible in all the circumstances of our daily lives. Faith must be, in short, real. It must be a faith that we can live by and that makes life thoroughly worth living.

It must be faith that integrates mind and heart and brings purpose and

meaning to life.

Any dilemma, that is, a choice between alternatives, can be dealt with in a number of ways. We sometimes run away from a dilemma, and persuade ourselves that all is well, thereby not having to make a choice about resolving the dilemma. Merely talking about a complicated and complex world can easily excuse us from making a choice or taking action. Sometimes we make a choice without much analysis or discernment, or alternatively, face the dilemma and proceed to discern a good course of action. Professor MacMurray writes, "We have lost our faith and when we lose our faith we lose our capacity of choice. We lose the power of action. We lose our grip on reality and so our sanity."

There is often a difference between what one believes and what one feels. People believe in democracy but are aware of their undemocratic actions. They believe in progress but are not convinced that everything cited as progressive is in fact so. They believe in justice and equity but are aware of the unjust and inequitable quality of their actions. People believe in institutions that serve others but are also aware of self-serving interests in these institutions. The human ideals, visions and dreams of these institutions seem remote at best. Churches are presently housed with many who assent to certain beliefs and perform their duties religiously without necessarily experiencing a living, authentic spirituality integrated into their lives and shared with others.

The dilemma experienced at present shows itself as a split between mind and heart, between imagination and feeling, or in the discourse of spirituality, a tension between two spiritualities. Notice how some refer to the age in which they live as the Post-Modern Age or the Age of Science and Technology. Others refer to it as the Age of Information. Critics refer to it as the Age of Materialism, or the Age of Discouragement. One high school valedictorian recently referred to it as the Age of Confusion. Some parts of the world are privileged through wealth and other parts deprived through poverty. How can so much knowledge be available yet not solve world problems? Why do humans feel incapable of action? Why are so many in psychological and spiritual turmoil if the world is making such progress?

In 1932 Professor MacMurray wrote, "We shall use science to get what we want and to do what we feel most worth doing. And if we begin to feel that nothing is really worth doing we shall use science to amuse ourselves and to distract our minds from the deadly boredom of living a life that has lost its meaning because we have lost our faith."

Contemporary media systems expose people to the trivial or the tragic. The separation of mind and heart is too much to bear, so we humans distract ourselves, hoping that the pain of separation can be ignored or eased while we wait. Wait for what? We do not know. We have set the intellect free without much regard for affectivity. We have learned to trust ourselves to think, but have refused to trust ourselves to feel, therefore the current treatment of feelings appears superficial at best. We have learned to examine facts but not values. Real feelings, inclinations, impulses and drives in the emotional life determine direction in life so it is important to discern the movement of one’s emotional life and not simply rely on one’s ideas or mental states. Emotional life is important, not only for its content and form but for its significance and meaning. It is not enough to be in touch with one’s feelings or even express them but to understand their meaning and significance in relation to others. The separation of mind and heart, or reason and emotion, has taken its toll on humankind and the world is at a point where the integration of heart and mind is crucial to survival.

As people become less intimate with most fundamental emotions, they lose their capacity to understand the meaning of life and the importance of intimate relationships. It is essential to grieve this loss of intimacy and to explore ways in which to retrieve it. Without intimate relationships a sense of meaning and purpose is lost. The spiritual has the capacity to unify the intellectual and emotional sides of self so as to facilitate living with others and with the Divine. There is need of a spirituality that will address the fears that paralyze: fear of failing, fear of unhappiness and loneliness, fear of not finding a place in life, fear of not resolving issues. The Dalai Lama proposes that to live well, basic spiritual qualities need to be cultivated. These include love, compassion, patience, tolerance, forgiveness, contentment, a sense of responsibility, and a sense of harmony.

One does not so much need spiritual techniques and psychological quick fixes, as a new way of living, another way of viewing oneself and the world. One can develop an attitude of mind and a life style designed to promote life. The “stuff of spirituality” is a generosity in relationships, dignity in work, promotion of justice, and respect for all of creation. For counsellors, spirituality is concerned with how to live a full life with others. Spirituality involves a search for wholeness and the manner in which we live each of the circumstances of our life. Ten different people define spirituality in ten different ways, thus showing the richness and personal significance of spirituality for people. The word “spirituality” denotes something rich, deep, complex and not easily described.

A contemporary and integrated spirituality contains the following elements: awareness and connection to self, to others and to the Divine. Awareness of oneself, of one’s “personal shadow and light,” in Jungian terms, lead to a sense of honesty and integrity. Spiritualities which focus solely on the development of the self on the one hand risk becoming too individualistic and self-serving. On the other hand, spiritualities which focus solely on others risk losing an element of serious reflection, contemplation and discernment. Connection with the Divine points not only to an individual’s need to experience the Divine but humanity’s need for inspiration, guidance and hope. Spiritualities which focus solely on the Divine may lose sight of the real and immanent world in which humans live. These three dimensions, self, other and connection to the Divine are intricately related and inseparable. All three are interdependent and each exists in relation to the other two. Each dimension holds the others; all of the dimensions are one. .

A contemporary and integrated spirituality has to have as its focus a reaching out to all of humanity. It has to take into consideration real concerns about self, others and the world. Every minute, the nations of the world spend 1.8 million dollars on military armaments. Every hour 1500 children die of hunger-related diseases. Every day a species becomes extinct. More people are being detained, tortured or made refugees than at any other time in history. Many of earth’s people are poor, lacking the essentials of clean water, hygiene, education, health and housing. Diseases such as AIDS are killing millions of people, especially in Africa. A contemporary spirituality must not ignore or remain distant from the pain and anguish of the world.

This contemporary spirituality has to support the relationship between contemplation and action. It must help us reflect on and discern where and how to engage the world. In this regard a contemporary spirituality needs to be both individual and communal for we need to reflect and act with others. Science and religion have shown us that everything and everyone are inter-related. A contemporary spirituality begins with that premise. Traditional spiritualities have rich spiritual practices that help promote order and discipline in our lives. Creation spirituality helps us to be aware and mindful of our relationship and responsibility towards all of creation. Social justice and feminist spiritualities helps us to be mindful of and attentive to structures which diminish the dignity and freedom of marginalized groups. New Age spirituality highlights the importance of experience as an entry into spirituality.

Joan Chittister, one of the leading spiritual writers of our time, suggests that spirituality needs to include a sense of permanence in a world of transience and a need for the Absolute when all else is relative. She proposes also that spirituality must recognise a need for silence in the midst of noise and a need for contemplation to balance action, a need for peace in the midst of violence and a need to belong in the midst of a crowd. Chittister provides a positive counter for many of the critical observations of today’s world.

Physicists report that they are close to discovering a new theory called TOE, a Theory of Everything. I suspect that spiritual questions will persist beyond the TOE. Questions such as, “Who are we? Why are we here? How can we learn to live together in peace and harmony?” lead to a need for regular spiritual conversations with others which, in turn, lead to greater awareness of the dignity and value of all humans. Such an awareness will lead to greater spiritual freedom which in turn will lead to a realisation of vulnerability, and finally to humility and compassion. Finally, humility and compassion will lead to greater awareness and wonderment at the relationship between the self, other and the Divine.

**Ways of understanding spiritual paths**

**Life, death, new life model**

This model leads to an understanding of ourselves individually and collectively. Who are the people and what are the events and experiences that generate life and lead to faith, trust and confidence? Conversely, what people, events and experiences leave us with a sense of discouragement and despair? Where is it that we doubt, mistrust or lack confidence? Dreams, hopes and expectations generate life, yet at times we doubt these dreams, hopes and expectations. Relationships can fill us with hope and life, yet sometimes we doubt the value of relationships. In the life, death, new life model there is a fatal flaw, that is, a belief that when life is generated it will continually generate. Similarly, when doubt persists it will never again give way to new life. The fatal flaws, while disconcerting when experienced, are opportunities to review and assess one beliefs and values, to deepen spiritually and to trust the movement of life, death and new life.

All have experienced moments when theforces withincall to life, to hope, to greater love, as well as times when forces within lead away from faith, hope and love**.** There are destructive uses of time and constructive uses of time. There are voices that encourage us to carry on and take one small step towards new life, and voices that debilitate us and take us to a place of confusion and doubt. How our time is spent and what voices we listen to are essential on the spiritual path.

# Identity, vocation and mission

 Identity – who are we? We are persons with names. We have been given particular qualities and gifts; we have been given life and have a place in the universe. I exist here with others, at a particular time and in a particular culture. The question of identity, however, begs the discussion on the relationship between individual and community. Forces at work in our culture have mitigated for individuality and against community and decades of individuality have left us feeling alone and lonely. Humanity’s identity, giftedness and authenticity cannot flourish without community.

If we are relational by nature there is no “I” without “you.” That is, we need each other. Today, many are searching for a way to experience both individuality and community. How do we retain the individual while promoting the relational? The question is resolved when the community promotes the individual and the individual promotes the community. There are, however, tensions and issues associated with this solution. The individual sacrifices something to promote the well-being of the communal and the community is stretched beyond itself to promote the well-being of the individual.

Relationships are always in need of being created. This truth is important for a number of reasons. Some people think that to be communal all one need do is find a community and fit in, but mere involvement in a community changes the community and the “fit” needs ongoing readjustment for both individual and community. Community members tire by times of welcoming others into their midst. On the relationship level, persons most often think that another will satisfy their needs and less often that they are there for the other. Every interaction impacts relationship sometimes positively at other times negatively.

There is no question that there is a discrepancy between how we want to be in relationship and how we are, but this should not frighten us or make us lose hope. We acknowledge simply that the gap exists and we learn to work from inside this gap. I mention the word “gap” because people often give up on relationships and community because their expectations are not met. A discussion on identity leads to a discussion on vocation, for identity informs vocation.

Vocation, from the Latin “vocare,” is more than what we do, but rather a calling to a way of “being in the world.” What is my direction in life? How am I connected to myself, to others, and to the universe? What role do I play? Identity informs vocation/calling as they in turn influence identity**.** While vocational roles of parent, teacher, worker define us to some degree, they do not capture identity or vocation comprehensively. Any such role plays a part in forming and informing identity and vocation is more than role. If one’s role is that of counsellor it is likely that one will counsel whether practising counselling or not.

The model of identity, vocation and mission is not only circular in nature but indefinite, that is, there is no retirement from identity, vocation and mission. When one accompanies others in their passing from this world one notices how often people die the way they have lived. If they were attentive to others when living they are likely to be so when dying. If they were unconscious of others, they will be so when dying.

 Identity and vocation lead to mission or work. Mission/work is undertaken at this or that particular time in life given a certain health, age or circumstance. Work can be simply work but, when given the opportunity, work reflects who people are as persons, their identity. While this notion may appear a privileged one (the luxury of indulging in introspective work) it seems clear in many countries that meaningful work, regardless of its nature, is important for people. Jobs change according to circumstances, both internal and external for they may terminate or become tiring. But identity and vocation remain. If the latter are too closely identified with one particular job or status in life, then the subsequent loss of that job or status and the grief process following will be long and involved.

Spiritual disciplines: practical help for people

 As counsellors, we acknowledge that the point of all spiritual disciplines and practices is to provide help on the spiritual path. Specifically, these practices are intended to help persons become more attentive to the “real” happenings in their lives and in their world. When physical fitness is desired, exercise is required. When mental fitness is the goal, engaging in mental exercise is necessary and if spiritual fitness is the goal, spiritual exercises/disciplines are essential. Most disciplines require time and perseverance, therefore people can quickly give up on practice when results are not immediate or evident. Our culture lacks self-discipline generally, therefore, we should not be surprised that spiritual disciplines are not easy for people to sustain.

Disciplines come from the word “disciple” which means “to learn and to follow.” Such disciples follow practices that have been authenticated over time but they engage in these practices in a unique way, becoming neither rigid nor dogmatic. Scrupulosity is not the goal here. The goal is to grow in greater spiritual freedom. This freedom is a movement towards an interior freedoma person becomes more open and receptive to the inspirations of the spirit within and without**.**

**Daily awareness exercise**

 Daily awareness exercises enable a review of daily interactions and their meaning, where persons ponder the directions which express the presence of light and of generosity on their journey. They ponder directions which call them either to isolation or self-centredness. They acknowledge with gratitude actions which lead to love and harmony and they express sorrow for actions which lead to selfishness and disharmony. The daily awareness exercise is not a test of perfection but rather an effort to provide a perspective on life circumstances, which will lead to greater freedom in and satisfaction with life.

 Daily awareness exercises lead ultimately to a personal understanding of states of consolation and desolation within. When in these states, some thoughts, feelings or actions might bring consolation, that is, peace and harmony, while other thoughts, feelings or actions might bring desolation, that is, aloneness and loneliness. We know that we are in desolation when we are too focussed on self. At times a real disappointment, upon reflection, can lead to a deeper appreciation of life, thereby bringing consolation. We recognize an experience as one of consolation when this experience moves us closer to others.

**Prayer/meditation/retreat**

Spiritual activities include learning to sit still, not such an easy practice in our culture. For some, sitting still may include praying over a passage from a sacred text. Others go further still and observe their interior feelings. What phrase, word or feeling moves them? Are they profiting spiritually from their time of prayer and meditation? In the course of a day there are normally fewmoments for prayer and meditation. Retreats away from home, even for a few days, afford the opportunity for longer moments of prayer and meditation. Many psycho-spiritual writers today have acknowledged the relationship between prayer in its various forms and the well-being of an individual. Counselling/therapy and spiritual activities involving the practices of yoga, mediation, prayer and various rituals are inter-related on a deep level.

**Discernment**

At times one is not sufficiently aware of all of the forces at work within or without. Deception is another way of saying that not everything is as it appears. As said above, one can appear happy and excited but in a state of desolation when focussed on self to the exclusion of others. On the surface some people appear to have everything and to be in a state of consolation, but on the inside they are empty and desolate. Discernment is the ability to perceive and know what truth is operating in life.

In one of his books Parker Palmer recounts a rather interesting story. Parker was a highly regarded university teacher with an extraordinary ability for communication. One day he was asked to consider allowing his name to stand for President of the university. He was a member of a Quaker group so he brought his consideration to the group for discernment. The members listened as Parker shared that this invitation was a wonderful opportunity to make a positive difference in the life of the university; he could reach more people and have a greater impact on them than he would with his teaching. He was asked by the group to be completely honest about his real motivations to consider the presidency. He acknowledged that he wanted to be recognised, famous and have “his picture in the paper.” The group said humorously that there were simpler ways to have his picture in the paper. Parker said later that the group saved him from making a huge mistake. No doubt, he would have performed well as President and done many good things but he was born to teach not to administer. The group helped him be true to his gifts and talents. As a result of this help Parker Palmer discerned and decided to continue teaching.

**Spiritual reading, conversations and groups**

 There are many writings that inspire and encourage us on our journey and we need these good texts to nurture our minds and our hearts. One does not want to consume texts but to contemplate their message. It is not easy to find the right text for a client but one can offer a general area of reading that they may find helpful. Some well-known psycho-spiritual writers have captured the imagination of many, and so their works are often safe places to start. I have witnessed clients be inspired by a line or phrase. Their minds and hearts were ready for a single word to inspire, to give hope, or to open up a possibility for movement in their lives.

If we as counsellors are going to integrate spirituality into our lives on a daily basis we need to experience spiritual conversation. A spiritual conversation is a conversation about our lives, a conversation about how we experience or do not experience the spiritual in our lives. Spiritual conversations are by nature intimate; we share personally about our experiences, how we perceive and interpret these experiences. Some experiences may be positive, others, negative. Most often our experiences are of an ordinary kind. “I had this or that kind of day at work.” “I met so and so today and this is what we talked about.” When alone we may review our day and discover that there were moments in the day that brought us peace and consolation and there were other moments that brought us desolation. As we pay attention to these interior movements we learn to discern the movement of the spiritual.

A noted theologian uses a five-point model to help us understand the importance of spiritual sharing: experience, reflection, articulation, interpretation and action in a given situation. As we “experience” prayer, mediation, reading, conversations and interactions with others we need to “reflect” on these experiences, “articulate” the possible meaning, and “interpret” the experiences so as to make a decision or to “act.”

We need a structure, a place and a time to share and to grow spiritually. Groups are not easy to form or sustain, for disappointment and discouragement surface easily. On the other hand, personal experience can be one of deep gratitude for the people journeying with us. The spiritual path is primarily a communal path. Deception is not easy when living in community, where people know,love and challenge each other. Bi-weekly or monthly meetings in community are helpful.

Spiritual conversation is conversation where listening is vital. All have had the experience of one person sharing at a meeting and another responding immediately to this sharing. Undue attention to responding overrides any quality listening for the response was being prepared *while* the person shared. In the beginning of any communal gathering sharing is tentative until unity, trust and honesty grow. Only if the latter qualities are present does sharing become more intimate.

Spiritual conversations in groups highlight important truths: we are not alone; concerns and issues are universal for we are more alike than different; we can relate to people of other generations, traditions and backgrounds; the Spirit is alive and well and working in the lives of people in our world. This spiritual knowledge operates on an experiential level rather than an intellectual one. That is, we see it, hear it and experience it in a personal and intimate way.

##### Counselling, accompaniment and spiritual direction

Some who come for help want and need professional counselling or therapy. Others, however, want to “check in;” that is, they want a counsellor to listen to them, to help them check out their perceptions of reality. In their language they want the counsellor to “walk” with them. Some want company while “walking” on their journey. Others want spiritual guidance.

What are the similarities and differences between counselling, accompaniment and spiritual guidance? All three activities require good listening and attentiveness skills. All three require a person with some degree of care and compassion. Counselling and spiritual direction have a structure and a body of knowledge as well as training available to those who are interested. Accompaniment has no formal structure or training per se, except for some groups such as Alcoholics Anonymous. Counsellors and spiritual directors are often known in the general community and can be reached through appropriate channels.

Counselling is defined by many as an interactive process involving a professional and a client. Clients arrive at a point where they believe they cannot make a change without some kind of counselling intervention. Most clients want change to happen. The change can be on a behavioural, cognitive or affective level. Many theories about and approaches to counselling have been presented in Chapter 5. The intervention may or may not be effective. In a counselling situation educated and trained counsellors bring to a session qualities and skills they have acquired over the years. Phrases such as, “behaviour modification” and “cognitive restructuring” may reflect their professional knowledge and the way they approach clients. The expectation on the part of clients is that the counsellor will possess knowledge and skill that will serve them well.

In accompaniment one person “walks” with another through the difficult process of coming to terms with a given situation. A more experienced person is paired with a less experienced one so that the latter can learn from the former, and both benefit from such a process. An organisation such as L’Arche International requires that their assistants (those who come to share with persons with disabilities) meet with their accompaniers on a regular basis, usually once a month, to review issues and concerns facing them in their community life. On occasion counsellors are asked to simply accompany such persons. People seeking accompaniment are not preoccupied with resolving an emotional issue in their lives. They usually concern themselves with how best to live in ordinary circumstances and whether a decision is needed regarding an experience they are currently living. The accompaniment challenge may be to provide enough space and time for a person to clarify what they are living and experiencing. Awareness and insight in this case may be sufficient for the accompanied person. If, however, counsellors/accompaniers judge that the emotional situation of the person accompanied is such that counselling is required, they may suggest that the sessions proceed in a more formal counselling mode.

Spiritual guidance is usually best left to people trained in spiritual direction. In some locales, however, there are few if any of these resource people available, therefore someone identified as spiritually mature is sought to guide. This person might be a trained counsellor. In these types of encounters there is a stated intention that spiritual guidance is what is desired, that is, the person seeking assistance states that they are interested in and committed to a spiritual way of life and are seeking guidance along the way. Spiritual help may be for particular periods of time, such as guiding someone through a “dark night of the soul.”

Not all counsellors are called upon to play the three roles of counselling, accompaniment and spiritual direction, but if necessary, the similarities, differences and boundaries of each role should be noted and understood. One way to view the relationship between counselling, accompaniment and spiritual direction is to say that while we are the same persons with the same qualities and skills, the purpose of the three activities is different. The purpose of counselling is to help clients resolve an issue more satisfactorily than they could prior to the counselling. The purpose of accompaniment is to *be* with other persons as they share their communal concerns and how they might address them. The purpose of spiritual guidance is to attain an awareness, new insight, or even make an important decision, always in the context of the faith journey of the client.

The challenge for some counsellors involved in multiple roles becomes more accentuated in rural communities where, typically, resources are limited. In theory, specialisation may be the safe way for professional counsellors to proceed but in reality clients will decide for themselves what gifts and qualities they perceive and need in these professionals and what requests the former will make of the latter. As stated above, counsellors acknowledge their qualifications and limitations, but ultimately it is the clients who decide whether they are comfortable working with this or that counsellor.

**Lessons from Jean Vanier, accompanier and spiritual guide**

Jean Vanier is well recognised as one of the great spiritual leaders of our time. For the past forty-three years he has been involved in creating L'Arche communities throughout the world and has been a voice for and with the devalued people of this age. His life and his work have been an inspiration to people of all walks of life and he has attracted many persons to share his vision of L’Arche. I would suggest that he has much to teach our culture about emotional and spiritual health, that is, a state of well-being. I will share a few insights I have gained in my association with him.

According to Jean Vanier it is important to have a vision, a dream, a goal in life. This vision or goal is important because a sense of purpose and meaning in life is essential. We need to know, accept and value our small place in the universe. Through a period of prayerful reflection and with the help of a spiritual mentor, Jean was able to discern his deepest desire - to life simply and poorly with devalued persons who are marginalized by society. Jean’s original vision was very small - to share life with two persons from an institution. This was in 1964. This vision, become an internationally recognised movement, did not happen without trials and failures. What is impressive is that, in the midst of all the concerns and questions regarding a development of this nature, Jean remained clear about and faithful to the vision. He has learned, obviously, from his experiences but he is not overly distracted or discouraged by short-comings or failures. The issue for him is not about success or achievement, but about fidelity to the vision.

To carry the vision and assume the responsibility for such an important work as L'Arche, Jean reached out to others and called them forth to share this vision. He supports many people and is supported by many. He learned early that power and control are not part of the vision. Friendships are, however, and trust and confidence in others are an important dimension to his work. While he travels world-wide, he is rooted in community and friendships.

The nature of Jean Vanier's work is serious, as are the concerns of and questions about it, but he does not take himself too seriously. Other people might see him as a "great" person, a “guru” perhaps, but he knows the pitfalls of a false sense of self. He is attentive to people and is highly creative, yet practical in his work. He can laugh at himself and enjoys laughing with others. Many people today have either an inflated or deflated sense of self. What I have learned from Jean is that while it is important to treat life seriously, it is important not to take oneself too seriously.

I have also learned from Jean to respect the past and the future, but to live as much as possible in the present. His travels throughout the world and his interactions with many have led him to value “living the moment.” This attentiveness to the present moment is not a fatalism resulting from a sense of hopelessness about the future, nor a tendency towards self-indulgence. Attentiveness to the present moment is rather a spiritual sense of perceiving, experiencing and valuing the moment that is given. I know few people more active and involved than Jean Vanier. His schedule is demanding and yet he is not busy in the usual sense of people whose workload is heavy. There is a peace about Jean that inspires others. The words he wrote about his father in his book, *In Weakness, Strength*, apply also to himself:

His outward success was not unrelated to his inner life; on the contrary, we are convinced that the spiritual side of his life was the very source of his greatness in public matters. Certainly it made him particularly sensitive to the needs and feelings of others; it added to his remarkable moral rectitude a radiant warmth which won the affection of all who knew him.

 The challenge today is to slow down, especially when uncertain about a particular direction in life. This slowing down process requires a recognition of the need to be quiet, and an awareness of the benefits that come from being still enough to know what is of value; slowing down leads to a recognition of the need to discover the vision, to carry on in the face of adversity, to share with others; slowing down reveals a necessity to focus on the positive, to be open to the present. Counsellors and clients search together for more personal vision and mission, as well as strength in times of adversity.

**Chapter 7**

**Counselling and the Person of the Counsellor**

In this chapter I write about the person of the counsellor, the role of the counsellor and its relationship to the identity of the counsellor, the important notions of awareness and choice for the counsellor and my personal path to counselling**.** Regardless of education and training as counsellors, we bring who we are as persons to each counselling session.

**The person of the counsellor**

When we as counsellors anticipate meeting a new client there are feelings of uncertainty, apprehension and vulnerability on the part of both the client and ourselves. What will happen in the conversation? Will we determine the essence of what needs to be shared and discussed with the client? Are we going to connect? Will the encounter be helpful?

My graduate training in counselling psychology was in the cognitive behavioural approach and psychosynthesis. I could be seen as a cognitive behaviourist but also as humanistic or existential, or even as a counsellor with a spiritual focus. It is difficult for me to be content with one descriptor of my identity and my approach as counsellor for I have become over the years integrative and adaptive. As said in previous chapters the integrative is one approach in which counsellors borrow what they need from all theories and integrate these into their own style of counselling. The adaptive is an approach which highlights the needs of the client and the counsellor’s decision to be supportive or challenging. At times counsellors are listeners, at times, teachers. Their style is determined by their perception of the dynamic between client and their counsellor.

My practice is varied because in my experience I treat many and varied issues and relate to many and varied people. I can see a person who is concerned about the meaning of life just before I see a person who wants help with vocational direction. I see a 15-year-old in conflict with a parent, then meet with a 55-year-old who is depressed. As a generalist I do need to adapt.

The word “change” is used often in counselling but I think it is helpful to consider other metaphors including “shifts” “movement” or “growth.” I rely on the counselling relationship to determine whether a client wants to change, can change or will change. Sometimes change may be subtle; sometimes, quite remarkable. I have seen small changes make huge differences in a client’s life. I do not always know nor do I have a theory about how such change occurs for there remains an element of mystery in the change, a realm of unknown unknowing. Recently, I read that 40% of change is due to factors outside the counselling sessions, 30% due to therapeutic relationship, 15% due to techniques and 15% due to the placebo effect. These statistics are both humbling and consoling for they demonstrate that counsellors form only one part of the client’s journey. They are a significant part, nevertheless, so the percentages can be misleading.

**The person and the role**

There is, I believe, a seamlessness around what I might call my role and my identity. In therapy I am not playing a role even though therapy involves a counselling role. I am who I am in that moment, in that role. It is not sufficient for me to bring theoretical knowledge, understanding or knowledge of strategy, though I remain grateful for these. Part of what I bring is an awareness and knowledge of how my own journey is evolving. I bring this awareness and knowledge to my teaching as well and to my practice. The relationship between my client and myself, and between my students and myself, is human to human, dealing with real life issues. I do bring, however, an identity that is grounded in my spirituality, grounded in a place of deepest desire from which I perceive and act. This grounded place is also in flux and dynamic and yet entirely influential in value-making, in perception and action within my practice and teaching.

The disclosure of self for the counsellor involves discernment. On an intentional level it is about facilitating the movement of the client, yet such movement is at times mysterious and not always influenced by the counsellor. With exploration counsellors learn more about clients and their perception of the world, their wants and needs. I value empathy as a way of understanding, and of feeling what the other person understands and feels though I do not believe I am ever fully empathic or understanding. Empathic understanding may not lead to change in a client but may be helpful in facilitating movement within the client. If client issues arise from relationships then it is likely through relationship and the sharing of relationship experiences that movement and change become possible. It is most often through dialogue that self-awareness changes. When clients say, “Thank you for listening” they are really saying, “Thank you for helping me perceive something differently so that I have a new way of working with my issue.”

**Awareness and choice**

There is a relationship, I believe, between awareness and choice. Awareness stems from the reflective process that arises out of a counselling conversation or interaction. I observe it in my office when engaging in conversation with clients. There is a moment during the conversation when I perceive that something internal is happening within them. An awareness surfaces. Both client and counsellor respect this internal awareness and allow it to be. We are not sure where it will lead but we know that in this awareness, such an existential moment is an important one. I may ask several questions. “Do you want to do something with this awareness or not?” “Do you want to stay bitter or not? You have just become aware of the consequence of remaining bitter. re you able to choose an alternative and do you even want to choose one?” “Do you want to forgive or not?” “Do you want to let go of the feelings, or perhaps it is not the time to let go?” My experience as a counsellor suggests that there is a growing consciousness around choice that we as persons might appropriate, limited though this choice may at times be. Clients and counsellors, have a choice regarding the way they perceive and interpret their world. With choice comes possibilities and responsibilities. Perception of past, present and future informs and forms choices. Life is not governed by the past but by possibilities for the future. Counsellor and client sit together and hold moments of awareness because possibilities come out of this moment. Sometimes I perceive an ambivalence to action on the part of a client, a sign that change is difficult. When inaction is chosen, I need to challenge the client and say, “Are you aware that you do not want to do anything about that?” I am not convinced that any good and profound in therapy happens without sufficient challenge.

We have learned much about therapeutic relationships from humanistic and feminist counsellors. We have seen that honest, authentic, egalitarian and caring relationships found in a good counselling session holds possibilities for therapeutic change. We know that self-disclosure on the part of the counsellor can make a relationship with a client more real. When a therapist is engaged in a process of growth and change clients feel reassured that therapy is primarily about process. People do not expect a counsellor to be perfect but they do expect them to be honest. A counselling relationship exists for the very specific purpose of providing a therapeutic environment for the client. This relationship enables growth and development as well as change in both client and counsellor. Some clients have become better listeners because they have observed a counsellor truly listening to them. Perhaps in a small way these clients will, in turn, contribute to healthier relationships because they have seen the value of listening and of being heard.

When I sit quietly and review my day as counsellor it is with the goal of becoming more self-aware. Such awareness will begin a process of reviewing life patterns to see what does and does not work, and what I want to bring to social encounters. In reviewing and evaluating the encounters of each day I may ask myself, “Did I say too little or too much? Did I listen or not? Did I overact or under-react?” I appreciate the phrase “awareness exercise” presented earlier since it is an exercise that can be learned and practiced. The content of awareness is less important in a way than the process of awareness, for the content varies. Awareness is all encompassing, as it enlightens the self in relation to self, to others, to the universe and to the Divine. The goal of counselling, I believe, is to help people be more fully alive and fully engaged. For some clients the personal growth of the counsellor is irrelevant. For others, however, it is important. Some people think that counsellors should be highly evolved and well integrated. There is considerable disillusionment when therapists are found to be ordinary people.

**A personal path to counselling**

When I reflect on my vocation as counsellor I think that the “call to counsel” came to me, for I was not consciously aware of choosing counselling or therapy. It was not an aspiration of mine. In this regard my maternal grandfather was an important influence in my early childhood. I observed that he sat in a rocking chair smoking his pipe and reading until someone came into his store. Often people would come to talk to him because he listened. I saw him on a regular basis throughout my childhood. In conversation he would introduce simple philosophical notions to me and I was always intrigued by what he had to say. When I reflect on my counselling career and in particular on my counsellor education career, my grandfather is the mentor who comes to mind. The rocking chair, the pipe, the listening! I was told by my mother later in life that the townspeople, politicians, religious and business people would seek my grandfather’s counsel. While as a child I never understood the relevance, I now perceive my grandfather as a natural counsellor.

My own path involved a lot of existential angst as my desire was to go deeper and further in knowledge and experience but I was not sure what that meant. The long struggle to self-awareness was good preparation for my work in therapy. I do understand struggle, pain, disappointment and confusion. I may have learned something about these important life issues through my grandfather. The premature death of his wife led to great suffering on his part. I sensed in the midst of his suffering he still trusted and hoped in the future. Despair was not really an option. One could become disappointed, depressed, disgruntled or dissatisfied with how the world was going, but one carried on living and working.

At university I graduated with a degree in psychology. During my subsequent years of exploration abroad, the seed of listening and studying that had been planted in childhood began to surface. I often found myself, whether in France, India, Africa or Canada, in the role of listener, the role of one who summarizes a situation or of one who brings clarity to an issue. My work experiences led me to graduate school, to theology and then counselling psychology. I had a growing desire to learn and the disciplines of philosophy, theology, and psychology were equally important to me. After five years of graduate work I was offered a position at Acadia University, one that involved teaching in counsellor education at the Masters level and allowed time for private practice.

**The work as path**

My work is largely teaching and counselling. These activities energize me personally and professionally, and contribute to my high degree of satisfaction in my work. The combination of having a practice, learning from this practice, sharing with students about the practice, as well as reading and writing, is most rewarding. The academy is a very satisfying place for me.

I have always been intrigued with people, who they are and how they live. I am interested in the process of engaging with people, learning to know them and how they perceive the world, what is important to them and how they deal with joy, sorrow, achievement and disappointment. I am curious as to why some of my counselling encounters bear fruit and why some do not. I have always been interested in theoretical approaches to counselling since there is much to learn from models, and have been drawn especially to relationships and their value in therapy. Some counselling relationships lead to a better place, a place of greater awareness. A counselling session is not simply helping a client, although I am always open to that possibility in the encounter. I find that my own growth as a person evolves as a result of the therapeutic encounter. I bring who I am to the work but the work informs and defines me to some extent. The conversations in therapy are very special in their intensity, depth of beauty and pain.

Humankind’s basic need is a relational one. We need to accompany each other. The availability of family and friends is not obvious today so professionals are sought who will care for and listen to us. Counsellors provide a forum for people to explore the truth in their lives. Therapy works only if counsellor and client arrive at a place of honesty; being honest before a non-judgmental counsellor is a good starting place for therapy to happen. There is surely risk in telling the truth in therapy, but there are consequences to hiding that truth.

As stated previously faith, trust and confidence are words that are associated with the counselling process. Counsellors are an integral part of such a process. As they reveal themselves and discern their part in the process they can trust that therapy will evolve. What brought me to the work of counselling was that I could be part of a process with clients, a process that would lead to mutual freedom and satisfaction in life. I have been privileged and honoured to work in counselling and I believe that counselling encounters will continue for the foreseeable future. Counselling is one way of “being in the world.” Circumstances define how I make manifest who I am, but I am essentially this person who listens.

My hope for my students and clients is that they will continue to become more of who they are, become more self-accepting and giving of themselves. My desire is that even in the midst of continued turmoil, they will ask the following questions again and again, “What does it mean to be human today? What does it mean to be in relationship today? What does it mean to have community today?” Humankind is having trouble trusting systems, political and otherwise, but it has a deep desire to trust that the universe is unfolding as it should. An unusual amount of searching is occurring and I think that counsellors and counsellor educators can provide a context for people to explore fundamental questions and desires in this search.

My point of reference for humanity is the acknowledgement that there is darkness and light in the world and in each person. We are vulnerable, weak, poor and fragile. The world is broken. I acknowledge that brokenness for I believe that, historically, the world has always been broken. The hope of humankind is not simply an acknowledgment that it exists in a broken world, but that in the darkness and brokenness there is a light. We have the capacity to be intelligent, responsible and caring people. There have been times in my personal and professional life when I thought for a while that darkness would overcome light. Upon reflection, I perceive in my struggle an invitation to deepen my understanding of personal darkness and light. I have learned that I can and should continue to work even during such a time of darkness, during a down turn where there seems to be more death than life; where there is an atmosphere of depression or dissatisfaction. I understand clients when they say that life is similar to a roller coaster. If I am on the upside, where life generates energy and all is well, I must not suffer the illusion that I will enjoy this energy forever. Similarly, when I am on the downside I must not suffer the illusion that this too will go on indefinitely. When in a downturn, clients often forget that they have experienced bouts of darkness in the past. It is helpful to remember these experiences and to say, “Yes, I had a dark period of several months or even some years but something happened to alleviate this experience.” It is also helpful to be told by a friend, “I’ll be thinking of you during this time.” Such a response is more helpful than someone saying, “You’ll get over it soon.”

I have a daily practice of quiet time, meditation and prayer. This time provides a perspective that I would not otherwise have. Before retiring at night, the discipline of the “awareness exercise” restores my balance. I review my day and the interactions I have experienced in the classroom, at meetings, during counselling sessions, etc. During this review I ask myself, “Did I say too much, too little? Was I distracted or present? What did I learn from this day that can enhance the next?”

For my students I hope to model a quality of openness and non-judgment which they in turn will model for their clients. I trust that these students will be committed to the work of counselling, that they will be honest with and accepting of themselves and their clients.

**Suggested Readings**

Today, more than ever, it is important for counsellors to read in a broad range of subjects including Philosophy, Theology, Spirituality, Morality, Ecology, Psychology, Sociology, Anthropology, Literature, Social Justice, Religious Studies, Women Studies, etc. I have listed only a few of the works which have influenced my practice.

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