

In Pursuit of Being in the Field of Counselling

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While psychological therapies all trace part or all of their historical roots back to Freud in the 1880s, many modern therapeutic approaches are now much more firmly grounded in other bodies of thought which emerged after Freud. Modern counselling and psychotherapy evolved tremendously from the empirical tradition which was given such impetus by Carl Rogers in 1940. However, the research agenda of psychology and counselling diverged greatly over the last half century. Additional work in cognitive psychology, learning theory and behaviour has informed many therapeutic approaches. Particularly, the term counseling has come a long way getting more psycho-social framework since then.

Even today, typically mental health professionals and social work professionals do not take clear distinction between counselling and psychotherapy. The terms are often used interchangeably; and the differences often relate more to an individual therapist's theoretical orientation, training and interests.

Let me however try a definition for Counseling. Counseling is not about mental illness, except rare cases of emergency "first aid" and referral. It is about helping normal, functional people handle the usual problems, opportunities and choices that come up in any life time situation. It is the process of helping a person who has come to you with a problem to sort out what's happening and how they feel about it, to look at their options, to choose a course of action that fits their values, resources and lifestyles (not yours), to implement their decisions, and to evaluate the practical and emotional results.

Both the Counsellor and Psychotherapist therefore, work therapeutically with clients on individual level to help deal more with everyday problems, such as family issues, exam, study stress, anger, conflict with children, spousal conflicts etc. and explore underlying issues to empower them to manage their symptoms of psychological disorder such as anxiety,

depression, eating disorders or any major trauma throughout the life cycle.

While typically Counsellors focus more on non-clinical aspects of psychosocial issues, Psychotherapists look into the same issues and other aspects with more clinical and therapeutic interventions. However, one can see that for both the professionals the aim is common -- "to help individuals make decisions for themselves to improve their sense of personal wellbeing and alleviate distress".

In recent time, there is a growing tendency by the mental health professionals to use something they call the "bio-psycho-social" model, as a guide in order to figure out what is wrong with a patient/client, and to assess him/her broadly.

The bio-psycho-social model assumes that mental health problems are hardly ever limited to just one domain of human experience (say, just a "mental" problem). Instead, most mental health problems are influenced by multiple domains of human experience, and have biological (medical), psychological (mental) and social/spiritual impacts. For instance, someone who is depressed might have become that way because of a medical condition (such as a heart attack), a social condition (such as losing a loved one), or a psychological condition (such as an overly self-critical nature). Regardless of the cause of the condition, that person's depression will likely show physical symptoms (such as slowed speech and lessened appetite), psychological symptoms (such as suicidal thoughts) and social symptoms (such as social withdrawal). It is possible to treat depression through physical means (anti-depressant medicine, physical exercise), psychological means (cognitive therapy) and also social means (urging the person to get out and interact with other people) regardless of how that depression got started. Here, what is more important is that they can all be used at once despite their different origins; it isn't limited to trying one intervention at a time.

From my working experiences with the community the reasons I find people coming to counselling or psychotherapy are as varied as people themselves. Often, clients have encountered distressing or stressful experiences or situations, which they'd like to talk about in a

safe setting. These might include present circumstances of settlement in Canada, separation, bereavement, or other major life transitions, or experiences from the past. Others seek help in dealing with specific psychological or behavioural traits that they'd like to alter, such as compulsive thoughts or difficulties relating to people (especially in a foreign land like Canada). Some people seek counselling to help them explore a general feeling that their lives are not quite right, or to cope with feelings of depression or anxiety. Still others look to counselling to discover or create meaning in their lives. Many people are attracted to counselling as an opportunity to undertake personal development in a safe and supportive environment:

And how such counselling is offered? We strictly follow the five "critical dimensions" of counselling (as one might see that it is heavily influenced by Carl Rogers' approach) developed

by researchers in the field, typically known as the "counsellor's pentacle". These are; (1) Empathy -- our ability to make the client feels understood, trusted and safe. (2) Through "unconditional positive regard" clients are made feel accepting and cared about as a person. (3) Respect -- our ability to sit in silence during a session while the client works out a solution and our willingness to provide information and resources for which the client has asked. (4) Congruence (or genuineness) -- being honest and authentic in our dealings with our clients that we only work with clients for whom we can have real empathy, warmth and respect, rather than role-playing or "techniquing" those qualities and finally (5) Confidentiality normally means that anything discussed during a counselling session is held absolutely private and not discussed elsewhere, especially to let client feel safe in speaking about intimate and painful issues.

Now, just to touch upon briefly some theoretical approaches that are broadly centred in combinations, variations and extensions of core models. These include Psychodynamic; Behavioural, or Cognitive model; Humanist and Integrative approach sometimes dealing with spirituality and consciousness; and Person-centred approach to help clients develop inner resources by expressing negative feelings with a permissive and accepting environment. Two other approaches I notice widely in use in Canada is the Feminist approach addressing inequality in relationship, and Solution Focused approach. Professional trainings also provide intensive orientation on "Body-Mind-Soul" approach. Lately, there are growing interests in areas of "Subtle Energy Analysis" and "Alternative health approach".

In Canada and across North America, both Counsellors and Psychotherapists work in a range of settings including schools, colleges and universities, hospitals, industry, with a wide range of voluntary, community organisations and social service agencies, rehabilitation facilities and correctional facilities. Opportunities also exist in the private sector, including providing psychological therapy services to employing organisations, via employee assistance programmes (EAPs).

However, to become eligible to practice Psychology and/or counselling the process is vigorous. While the profession of psychology is highly regulated by the College of Psychologists of Ontario, to practicing counselling one needs to maintain a register of certification of counselling with the Canadian Counselling Association. For example, one cannot call oneself a 'psychologist' or 'psychological associate'; use the terms 'psychology' or 'psychological' in any description of services offered or provided unless s/he is registered with the College. For that, a Psychologist must hold a doctoral degree from a program of study with content that is primarily psychological in nature. In addition, all applicants must meet the current supervised practice hours (1500 hours or more) required by the College, complete any further professional training or experience that the College requires, pass the examinations approved by the College and have professional liability insurance.

Training in counselling and psychotherapy is more than just theory and academic study. It is a long journey that may take up to several years. Therefore, any one already in practice and/or willing to practice Counseling needs to go through a vigorous process of training to learn not only about skills and hands on experiences but also about individual qualities to become a sensitive, pensive and enduring person. Somewhere down the line, you'll also want to figure out what your own personal theory of counseling is, the model that works best for you and for those who seek your help. One also needs to be very very careful to maintain professional ethical principles and stay nonjudgmental in values and vision. At the same time, you should always remember your limits: As counselor you cannot help everyone who comes to you. Accept it.

Let me also reiterate that counselling doesn't stay and end in the counselling room. It is a lifetime journey of challenges and chances of rather more personal therapy. Such personal therapy gradually brings about a greater degree of self understanding and more appropriate ways of being, and of coping with personal difficulties. The skills we learn put enormous appliances in many aspects of our life, empower and enrich our relationships at home, work and community, as well as provide us with increased well being to becoming the person we were meant to be and always wanted to become that'll be carried with us in our everyday life.