

Avoiding Roadblocks In Counseling

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In 1952, Eysenck provided research evidence which suggested that counseling and psychotherapy were ineffective in improving a person's mental health. Eysenck's challenge sent off a shock wave among counselors and therapists that resulted in a number of studies that have attempted to evaluate counseling outcomes. Truax and Carkhuff (1967) evaluated research that related to the effectiveness of counseling. Unfortunately, they concluded that Eysenck was essentially correct in his assertion that a person's mental health will have just as good a chance of improving with or without counseling or psychological services.

In 1971 Truax and Mitchell provided another literature review on counseling effectiveness. They stated that:

(1) the therapeutic endeavour is, on the average, quite ineffective; (2) counseling or therapy itself is a nonunitary phenomenon; (3) some counselors and therapists are significantly helpful, while others are significantly harmful, with a resulting average helpfulness not demonstrably better than the average of no professional help; (4) through the close examination of existing theories and clinical writings, it is possible to identify therapeutic ingredients likely to lead to helpful and to harmful client outcomes, and through research, to identify such ingredients; (5) it is possible to translate the research findings into training and practice; and (6) it is therefore possible to markedly enhance the average effectiveness of counseling and psychotherapy by increasing the number of helpful counselors or therapists and decreasing the number of psycho-noxious or harmful practitioners. (p. 301)

Truax and Mitchell (1971) went on to note that effective counselors are empathic, nonpossessively warm in attitude, and genuine. They also believed that low levels of empathy, non-possessive warmth, and genuineness contribute to casualties in counseling. Truax and Mitchell (1971) concluded that since most counselors appear to be functioning at low levels on these interpersonal dimensions:

. . . the odds are two out of three that he is spending his energy, commitment, and care for mankind wastefully; he is either ineffective or harmful. Two out of three of his colleagues, he can be quite certain are ineffective or harmful. (p. 340)

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Lambert, DeJulio, and Stein (1978) provided an updated literature review on counseling effectiveness which challenged the assumption that Rogerian type conditions were responsible for client improvement. They concluded that the literature now suggests a modest relationship between Rogerian facilitative conditions and positive therapy outcomes. The researchers cited several methodological issues which may have been responsible for the diminished Rogerian effect.

If the Rogerian facilitative conditions are not responsible for positive counseling outcomes, then what is? The answer to this question is no doubt more complex than was previously believed. Perhaps, indicators of what should be done in counseling can be obtained by identifying what shouldn't be done in counseling. The purpose of the present paper is to identify possible roadblocks that may impede counseling effectiveness.

Roadblock 1: Force Square Pegs into Round Holes

The mix between counseling strategies and client characteristics can be a common cause of counseling casualties. Ironically, a negative mix could result from the good intentions and enthusiasm of the beginning counselor. The scenario may proceed as follows. First, the counselor reads an inspiring book such as *Primal Therapy* or attends a stimulating workshop by someone like Virginia Satir. Then for the next couple of weeks or months, the counselor (often unconsciously) seduces most clients into believing that they either need to scream like a baby or act out their family relationships. These counseling procedures do have value, but only for *some* clients.

The present author believes that there are two personal qualities counselors can try to develop to avoid this first roadblock to counseling—patience and flexibility. *Patience* is often necessary to see the client's world through the client's eyes. Such a phenomenological understanding provides clues to the perceptual field the client uses to interact with life. As counselors begin to appreciate the client's uniqueness, they will be less prone to try to make the client conform to their current counseling interest.

Wall (1974) presented a conceptual model that counselors can use to understand a client's unique way of viewing the world. She noted that people tend to use one of three perceptual fields to visualize and interact with life: near-spaced, mid-spaced, and far-spaced. Near-spaced people tend to need a lot of detail in their life. When they make a decision, they need to know all the contingencies. If they seek counseling, they want to know just where they are

in their counseling. They may therefore enjoy keeping detailed charts of their progress as encouraged in behavior modification approaches.

At the other extreme is the far-spaced person. Far-spaced people tend to be dreamers always thinking about tomorrow knowing that today will work out on its own. A client with a far-spaced perceptual field may tend to show signs of resistance if asked to make detailed behavioral charts. Such clients may seem to be more amenable to existential strategies.

People that live primarily within a mid-spaced perceptual field tend to have difficulty in making decisions. These people inevitably ask others for their opinions regardless of the size of the problem. Counselors can perceive mid-spaced clients as reluctant, because they want the counselor to decide what to do next. Any counseling approach that brings about a shared responsibility would seem advantageous to such clients. One technique the present author developed for such clients is "the paper ball technique." It involves balling up a piece of paper and asking the client (in a humorous manner) if he or she would like to play ball. The client usually says, "What do you mean?" The counselor replies, "Catch" and throws the client the ball. Then, the counselor adds, "When you want me to take more responsibility for what we are saying throw me the ball, O.K.?" Once a shared responsibility is established, appropriate counseling strategies can be employed.

Flexibility is the second personal characteristic that counselors can use to avoid this first roadblock. Nystul (1976) identified three levels of social interest that people tend to live within (i.e., the *umwelt*, the *mitwelt*, and the *eigenwelt*). He recommended that counselors should be flexible and should communicate within the client's level of being in the world.

People functioning in the *umwelt* level of social interest live in a biological world. They are the drug addicts, alcoholics, and perhaps organically induced psychotics. Since these clients are literally living within a biological world, traditional talking oriented approaches to counseling may meet with deaf ears. Such clients have often given up on life. Therefore, existential strategies can be helpful to rekindle hope within the soul of the client. A minimal use of words and a maximum use of body awareness exercises and physical contact can be useful to reach into a client's biological world. Psychiatric assistance with chemotherapy can also be an important adjunct to counseling the client living in the *umwelt* level of social interest.

People functioning within the *mitwelt* level of social interest live in a social world. They are usually referred to as our "normal" population—people trying to hold down jobs and raise a family. Clients functioning within a

mitwelt level of social interest can benefit from traditional approaches to counseling.

People functioning within the eigenwelt level of social interest live in a world of transcendental experiences. The oceanic and spiritual experiences enjoyed by mystical and religious people place their realm of existence primarily within eigenwelt. Counseling strategies which set the stage for self-transcendence can be effective in working with a client functioning in the eigenwelt world. Creative Arts Therapy is an example of a counseling strategy which leads to transcendental processes (Nystul, 1978).

The mix between client characteristics and counseling strategies is integral to creating a positive therapeutic climate. The importance that patience and flexibility plays in the therapeutic relationship is illustrated in an ancient American Indian prayer—"Do not try to judge a person until you have walked a mile in his moccasins."

Roadblock 2: Use Restrictive Definitions of Counseling

Counseling is often described as a process directed at changing a client's behavior to bring about a more productive and satisfying life (Shertzer and Stone, 1974). Nystul (1979) suggested that such a definition of counseling was unnecessarily restrictive and could lead to negative outcomes in counseling. Perhaps some clients did not want to become changed persons through personal growth but simply wanted help in maintaining a status quo or equilibrium with life. Such clients typically wanted support in working through the loss of a loved one or wanted a friend who would really listen (Nystul, 1979).

These clients rarely state that they are coming to counseling for support or friendship. Instead, they would tend to "play the game" of counseling by suggesting an interest in personal growth and behavior change. Counselors that fail to deal directly with the client's actual needs perpetuate the client's game playing. Working at cross purposes with the client may promote reluctance and resistance within the client. When this occurs, the counselors can blame themselves for failing as counselors. All too often, this blame is then projected on to the client who is labelled a "bad client" (Vriend and Dyer, 1973). At this point, the client is usually terminated or referred (peddled) to another counselor. For the client, the counseling experience is yet another indication that there is no hope (i.e., even a paid counselor has given up on them).

Roadblock 3: Allow Yourself To Be Seduced by Your Client

Seduction between the counselor and client can occur overtly or covertly. Codes of ethics for counselors view overt sexual activity (e.g., intercourse between the counselor and the client) as a severe breach of ethical conduct. The reason for this is obvious. Clients are under the counselor's professional care. Intimacy between the counselor and client will confuse the objectivity necessary in a professional counseling relationship.

Covert seduction between the counselor and client can be far more common and can occur in at least two ways. First, the client can fantasize about the counselor being a special lover. Needless to say, counselors need to be very tactful in working through such fantasies. Honesty, openness, and empathy can provide an appropriate climate for working through such intense feelings.

The second type of covert seduction can manifest itself in the client's "story telling." Story telling is usually a lot of fun for both the counselor and the client. It usually proceeds as follows. Each week the client sits down and tells one story after another, seemingly non-stop. The stories can be primarily true and are usually very interesting. They may even seem like miniature "Peyton Place" episodes. As the counselor sits back and listens to these stories, s/he may fall victim to what can be called the popcorn syndrome. In the popcorn syndrome, the counselor passively takes in (like popcorn in the movies) all the stories the client unwinds. Unfortunately, clients don't improve through story telling. Breaking in on a non-stop talker can be difficult. Again, the "paper ball technique" can be used to bring about a shared responsibility in the counseling process.

Roadblock 4: Take Your Client Home With You

The burned out counselor phenomenon is a familiar hazard to the counseling profession. Counselors can either burn themselves out directly or indirectly.

A counselor who invites his client to his house for an informal visit is an example of a counselor inviting a direct burnout. Such visits not only make it difficult for the counselor to get a break from work, but can lead to role confusion within the counseling relationship. Counselors can also induce a direct burnout by providing unnecessary opportunities for clients to "check-in" via frequent phone calls. Naturally, availability for phone contact is neces-

sary for clients during crisis periods. A pattern of non-crisis calls may lead to a dependent client and a burned out counselor.

Indirect burnouts are perhaps more frequent among the counselor ranks. They occur whenever counselors have difficulty cognitively "breaking away" from work. For example, these counselors may incessantly worry about clients instead of relaxing with their friends and families. Counselors who find themselves up against this roadblock should seek counseling for themselves, before they become another burned out counseling statistic. The importance of self-renewal and personal growth activities can be encouraged to avoid this roadblock.

Roadblock 5: Think That Counseling Must Be What Your Client Needs

Many counselors have not had adequate training in diagnosing whether a client's identified problem has a functional (psychological) or somatic (organic) etiology. Some complaints can be psychosomatic and therefore involve an interaction between psychological and organic processes.

Accurate differential diagnosis is therefore essential to determine the correct etiology of the client's complaint. A simple preliminary screening procedure that can be used in making a differential diagnosis was developed by Dinkmeyer, Pew, and Dinkmeyer (1979). They recommended asking 'The Question': "What would be different in your life if you were Well?" If the origins of the client's complaints are functional and therefore serve a purpose, the client may respond to the question with comments such as "I would have a girl friend," or "I would be able to do better work." If the client's comments do not serve the purpose of avoiding a task of life (e.g., "My back wouldn't have these sharp pains"), then it is highly probable that the complaint has an organic origin.

Formal psychological testing can also be used as part of the differential diagnostic procedure. For example, the Halstead-Reitan Battery has received renewed interest by psychologists to diagnose organic brain syndromes (Lezak, 1976). Naturally if any organicity is suspected, the client should be referred to the appropriate medical services.

Conclusion

The present paper has attempted to identify roadblocks that may impede positive counseling outcomes. Each of the roadblocks presented could be

developed further. Additional roadblocks can also be identified by the reader. Perhaps, as counselors determine what not to do in counseling, it will be easier to identify the factors responsible for effective counseling.

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Our past is not our potential.
