

Chapter 2

Counsellor Characteristics and the Counselling Experience

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Abstract A qualitative study on counsellors' characteristics and experiences was carried out with counsellors practicing in Delhi and Mumbai. In-depth interviews were conducted to collect data from eight counsellors (two male, six female) coming from different educational backgrounds such as clinical psychology, psychiatry and social work. The participants worked in varied settings—schools, hospitals and private practice. Analysis of the data suggested that counsellors were highly motivated individuals committed to helping and to the process of growth. Participants attempted to locate their practice in contextual socio-cultural reality of their clients and to interact with them in culturally sensitive ways. In the course of their work, practitioners encountered and overcame obstacles arising from the workplace, professional relationships, nature of clientele, and the nature of the counselling process itself and ethical dilemmas regarding confidentiality, and involuntary medication. Participants demonstrated resilient behaviours and self-care coping strategies such as engaging with a supportive social network, meditation and exercise.

Keywords Counsellor characteristics • Counsellor experiences • Motivation • Impact on personal life • Effect on professional life

In the context of the twenty first century, counselling has evolved from advice giving to a profession encompassing different themes, emphases, practices and schools of thought (Belkin 1985). In many parts of the world, professionalization has helped in defining the role of counsellors and has given an identity to counselling separate from social work and other related disciplines that aim to fill the same position in the market.

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2.1 The Role of the Counsellor

In 1997, the American Counselling Association (ACA) adopted the following definition of professional counselling: ‘The application of mental health, psychological, or human development principles, through cognitive, affective, behavioural or systemic intervention strategies, that address wellness, personal growth, or career development, as well as pathology’ (as cited in Marini and Stebnicki 2009, p. 16). This definition establishes guidelines for the official ACA role of counselling and seems to endorse a professional that works with the normal population as well as with those with pathology.

Counsellors help clients in reaching ‘their optimal level of psychosocial functioning through resolving negative patterns, prevention, rehabilitation, and improving quality of life’ (Hershenson and Power 1987, as cited in Marini and Stebnicki 2009, p. 16). Counsellors work in varied settings like schools, hospitals, corporate settings and so forth, and their role also varies depending upon the setting in which they practice (Marini and Stebnicki 2009).

2.2 Counsellor Experiences in the Field

The personal attributes of a counsellor affect not only the work with clients but also personal and professional development (Rogers 1961). It has been suggested that the most important element in counselling is the ‘personhood’ of the counsellor (Gibson and Mitchell 1999) and that the most powerful impact on the client may be that of observing what the counsellor is or does. Several researches have been undertaken to explore counsellor characteristics and experiences. The selfhood of the counsellor has been conceptualized and researched as ‘inner conversation’ (Rober 2002, 2005).

Several research studies have explored the experiences of counsellors in their work. Hill and O’Grady (1985) have studied therapist intentions. Llewelyn (1988) studied the therapist’s view of helpful and unhelpful events in therapy. Melton et al. (2005) mapped the inner emotional experiences of therapists in training. The most comprehensive research on therapist within-session experiences is that of Orlinsky and Howard (1977), using the therapy session report. They provide a composite portrait of the process of psychotherapy from the subjective perspectives of clients and therapists through descriptions of 11 dimensions of client experience of therapy sessions and 11 dimensions of therapist experience.

Numerous authors have highlighted the significance of counsellors’ experiences of the therapeutic relationship to their growth and development (e.g. Orlinsky 2001; Skovholt and Ronnestad 1992; Goldfried 2001). Research on counsellor development suggests a close link between how counsellors manage challenges in the therapeutic relationship and their experiences of either growth or stagnation in their professional development (Ronnestad and Skovholt 2003).

In a study focusing on therapist development by Skovholt and Ronnestad (1992), 100 therapists and counsellors ranging from the first year of graduate school to 40 years beyond graduate school were interviewed. The goal of this study was to generate knowledge pertaining to issues of therapist development such as challenges, emotional reactions, attitudes towards work, influential factors in development, learning method, perceptions of role and working style, conceptual ideas used and measures of success and satisfaction. One hundred therapists and counsellors were divided by education and experience into five groups. Skovholt and Ronnestad (1992) used a 23-item questionnaire based on their written work and previous research on the topic, their own experience as supervisors and teachers in graduate programs and the literature on professional development. The following six phases were described: the lay helper, the beginning student, the advanced student, the novice professional, the experienced professional and the senior professional.

In addition to the phase model, Ronnestad and Skovholt's analysis found 14 themes of counsellor development. They noted that counsellor development is a complex process requiring continuous reflection. They also stated that much like the client–counsellor relationship's strong influence on treatment outcomes, research findings support 'a close and reciprocal relationship between how counsellors/therapists handle challenges and difficulties in the client relationship and experiences of professional growth or stagnation' (2003, p. 40). They also noted that interpersonal experiences in the personal life and the professional are significant sources of influence for professional development.

Another large-scale international study of psychotherapists (Orlinsky and Ronnestad 2005) provides information about a variety of professional experiences. Nearly, 5,000 psychotherapists from four countries and three continents participated. Findings suggested three broad dimensions of therapist difficulties: self-doubt, the frustrating case and negative reactions to clients.

Research regarding counsellor experiences also shows polarity, and on the positive end is research about the personal satisfaction and transformative growth that counsellors gain from their work (for example Sussman 1992; Burton and Associates 1972). Other literature focuses on the potential for experiences of extreme stress and the possibility of therapist burnout (for example Figley 2002; Sussman 1995). Smith et al. (2007) explored therapists' reactions in difficult sessions. It was seen that therapist reactions to difficult sessions had certain features in common such as feelings of shock, anxiety, a sense of being overwhelmed, somatic feelings and the need to talk about their experience. The findings highlighted the importance of sharing difficult experiences with colleagues as a supportive factor.

2.3 Counselling in India

In an effort to better understand the experiences of counsellors in India, we must examine the cultural context where they practice. A growing need for counselling services is being recognized in India, especially in the urban context. While the

need for counselling in rural parts of the country is not deniable, it must be recognized that counselling in India is a phenomenon more easily available in urban, metropolitan areas, still to spread into the hinterlands. The past decade has seen the birth of counselling programs for various developmental stages across the life span as well as counselling for specific issues and contexts. Many universities in India currently offer training in psychology, with a focus on psychotherapy and counselling. However, not much pertinent research on counselling and psychotherapy has been done in India. Research suggests that the number of professionally qualified counsellors is far less than would adequately meet the needs of the population (Manickam 2010; Laungani 1994). The paucity of research that adapts Western counselling practices to the Indian context results in educational institutes teaching counselling from material that is located in another culture that is either the mainstream American or British tradition.

The fact that there is no common curriculum for counselling or psychotherapy training in India compounds the problem of lack of regulation of the profession. There is no central accrediting body or policy of licensure available to regulate counselling as a profession. Ethical standards and practices are not regulated by any governing body. There is no check upon private practitioners or their qualifications. Professionalization of counselling has yet to be established in India although organizations such as the Rehabilitation Council of India (RCI) and the Counsellor Association of India (CAI) indicate a step in that direction. The RCI is the only statutory council in India that documents details of all qualified professionals who operate and deliver training and educational programs for the disabled, disadvantaged and special education requirement communities. Although not regulatory in nature, CAI is another association of counsellors in India. It provides a forum for counsellors working in different settings to share their knowledge and expertise with each other.

In India, counsellors are employed in settings such as hospitals, schools, colleges, workplaces, private counselling centres and in private practice. Dissimilarity is encountered in the work profile of counsellors depending upon the setting in which the practitioner is placed. Additionally, counsellors belong to varied educational traditions such as social work, psychology, clinical psychology and psychiatry. The shared practice and knowledge domains of counsellors and other helping professions, coupled with the diversity within the counselling profession has, on the one hand, produced a rich, comprehensive and inclusive field; yet, on the other hand, it has contributed to a disjointed identity that lacks clear roles and functions (Bhola et al. 2012). Regardless of training, affiliations and credentials, social workers, psychologists and counsellors often share the same clientele, apply a common theoretical framework and compete for the same jobs, in which they are hired to perform the same tasks and hold the same responsibilities. To remain competitive, counsellors need to be perceived as different from other helping professionals and equally, if not more, effective in carrying out counselling services.

The lack of concise and comprehensive information available on the experience of counsellors in India, and the process of counselling, creates an acute need for research on this subject.

2.4 Studying Counsellor Characteristics and Experiences

The paper draws from a research study that attempted to form a comprehensive picture of personal and professional characteristics of counsellors and how they shaped their experiences through their narratives.

Presently, metropolitan cities are more amenable to counselling services (Laungani 2004); hence, it was decided to interview counsellors in two major metropolitan cities—Delhi and Mumbai. The sample consisted of individuals who had a postgraduate degree in fields such as psychology, clinical psychology, social work, psychiatry and so forth. Two participants were pursuing their Ph.D. during the course of this study. Counsellors with a minimum of 5 years of work experience were interviewed, as it was felt that they would have adequate experience in the field and would be likely to persist in the field in future.

Participants were chosen from diverse settings, ranging from schools, NGOs, government organizations, hospitals and private centres, with the purpose of acquiring a global picture of counselling, as it is understood in India. The profession of counselling is largely women-dominated in India, with few men entering the field (Laungani 2004). An effort was made to include both genders in the sample, in order to explore the experience of men in counselling. The sample consisted of eight participants (two male and six female), ranging in age from 27 to 66 years.

Respondents were contacted telephonically and provided information about the study and their informed consent was sought. They were assured of ethical considerations such as anonymity, confidentiality and so forth. The names of all participants have been changed to protect their identity. Sample details are given in Table 2.1.

Table 2.1 Details of the sample

S. no.	Gender	Work exp. (years)	Educational qualification	Nature of setting	Location
1	F	5	M.A. in clinical psychology	Child guidance centre, public school	New Delhi
2	F	12	Ph.D.	Public school, Private practice	New Delhi
3	M	30	M.D. psychiatry	Private practice, corporate health centre	Mumbai
4	M	13	M.A. in clinical psychology	Counselling centre	Mumbai
5	F	32	Ph.D.	Private practice, NGO	New Delhi
6	F	10	M.A. in social work	Corporate health centre	Mumbai
7	F	12	M.A. in social work	Private practice, family court	Mumbai
8	F	14	M. Phil	Super specialty hospital	Mumbai

Gender F Female; M Male. *Work Exp.* Work experience of participants

The participants were co-constructors of the understanding of the counselling process. An interview guide was developed, with open-ended and nondirective questions and probes to encourage participants to elaborate on their responses. Items were listed based on experience with the theory and practice of counselling such as details about training, work setting, nature of work, type of clients, work satisfaction, etc. The interview guide ensured that the same basic lines of inquiry were pursued with each person interviewed while allowing conversation to flow freely within the time available. A face-to-face interview was conducted with each participant ranging in duration from 1.5 to 3.5 h in their work setting, home or both. The conversations were audio recorded, with consensus of the participants, to retain an accurate summary of the conversation, including elements of tonality and emphasis with minimal intrusion in the interview situation. The interviews were transcribed, and the transcripts were analysed, using the grounded theory method to reduce, analyse and interpret the data generated. The text was coded into manageable categories on a variety of levels. Categories started out from descriptive level and moved onto the analytical level as analysis progressed. An effort was made while labelling categories to utilize words or phrases used by the participants in the study. Throughout the process, memos were written that contributed to elaborating the codes by identifying their properties, the conditions under which the code arose, and comparisons with specific data and other codes. Themes within and across participants were identified (Willig 2008).

2.5 The Self of the Counsellor

Wosket (2002) observed that some aspects of the counsellor's self unavoidably becomes accessible to the client to a greater or lesser degree. Further Wosket (2002) states that counsellors'

Use of self is evident in the way that they extend aspects of their personality with the intention of influencing the client. Use of self involves the operationalisation [sic] of personal characteristics so that they impact on the client in such a way as to become potentially significant determinants of the therapeutic process. (p. 11, italics in original)

It was important to explore the particular aspects of self, both personal and professional, that counsellors brought to bear in their work and to study the subsequent impact on their experiences.

2.6 Counsellor Characteristics

In order to develop a profile of individuals who were drawn to counselling, the professional and personal characteristics of the counsellors were examined. The participants had varying levels of experience, based on number of years of practise in the field. According to the model suggested by Ronnestad and Skovholt (1992),

the participant who had 5 years of experience could be conceived of as falling within the 'Competent stage'. Five participants had 10–15 years of experience and can be categorized as 'Proficient'. Two participants fell in the 'Expert Stage', with over 30 years of counselling experience.

2.6.1 Professional Characteristics

Professional characteristics refer to details that helped locate the counsellor in the context of educational background, training, work experience, designation, nature of setting and remuneration. Professional characteristics help in establishing a picture of the professional identity of counsellors and of the value associated with the counselling profession in the market.

Educational Background and Training

The eight participants belonged to diverse educational backgrounds such as social work, clinical psychology and psychiatry. Despite this, all participants had shared that the classroom training they received was inadequate to meet the needs of the profession. They gave credit to on the job learning contributing to their growth as skilled professionals. Experiential learning is a common influential theme found in counsellor identity research (Auxier et al. 2003; Furr and Carroll 2003; Nelson and Jackson 2003). Participants demonstrated an enthusiasm for learning and a motivation to acquire new skills. Raina¹ had expressed that an M.A. in Social Work was insufficient to prepare for the counselling profession. She suggested that one also needed additional training in various popular therapeutic approaches.

In its Code of Ethics, the American Counselling Association (ACA 2005) cited the need for continuing education for counsellors. Staying true to this credo, some participants had acquired certificates in cognitive behaviour therapy (CBT), rational emotive behaviour therapy (REBT), transactional analysis, emotion freedom technique, Reiki and Yoga. Two of the participants had Ph.D. degrees, and two participants were in the process of acquiring their Ph.D., while one had an M.D. in Psychiatry, two others had an M.A. in Clinical Psychology and two others had an M.A. in Social Work.

Designation

Participants reported mixed feelings about their designation. Raina had noted that for clients the title '*doctor*' was important. Kunal, Manjeet and Rashmi had stated that the scope of their work was broader than indicated by their designation,

¹All names of participants used here are fictitious.

which was counsellor. Megha had advocated for a more specific designation and preferred to *'introduce (herself) as a medical counsellor for paediatric oncology'*. She had determined it to be a matter of professional ethics and professional pride: *'we have specialized ourselves for something and we should be proud of this'* indicating that she strongly associated her designation as being an expression of her professional identity.

Remuneration

Participants reported that while counselling as a service was increasingly gaining recognition in the market and despite the apparent paucity of qualified practitioners in India (Manickam 2010; Laungani 2004), practitioners were not being compensated in a like manner. Most were not fully satisfied with the remuneration they received. It was also observed that a corporate setting provided better remuneration as compared to other settings. It was seen that counsellors with more work experience were better able to set the terms for their services in terms of fee, clientele and work hours.

Approach to Counselling

The participants practiced an eclectic model of counselling that had been empirically driven with its components based on the nature of the client's problem. Their approach tended toward flexibility and client responsiveness and pragmatism, rather than being theory bound. The participants had refined their approach in the light of experience, perceived client need and their own personal characteristics and preferences. It was observed that an orientation to wellness did not dominate their discourse. Participants defined their practice in terms of problem solving, thus representing the 'freedom from' approach (Laungani 2004) where the focus was on 'treating' the person and helping him to be free from, rid oneself of, escape from, overcome, treat, cure, get better and so forth.

The participants revealed they had a personal preference for therapeutic approaches such as cognitive behaviour therapy (CBT) and rational emotive behaviour therapy (REBT) due to their time-efficient nature. In keeping with this preference, participants had a collaborative approach to their practice and acknowledged it as a factor in determining the outcome of the counselling process. All participants had received training in these approaches through various modalities such as postgraduate training, or a workshop, or on the job. Other approaches used by the participants were transactional analysis, narrative therapy, play, art and psychodynamic techniques; family therapy, behaviour therapy and person-centred approach. Only Rajesh had explicitly professed to follow a purely person-centred approach for a brief time; however, it was seen that most participants' approach had been coloured by Rogerian values of empathy, being non-judgmental, client autonomy and so forth. All participants identified Yoga and meditation as

indigenous approaches to counselling and had incorporated techniques of Yoga in their practice as relaxation training for clients.

Therapists selected techniques and theories because of who they were as persons: therapy strategies are manifestations of the therapist's personality. McConaughy asserts that 'The therapist as a person is the instrument of primary influence in the therapy enterprise' (McConaughy 1987, p. 304). This brings our attention to a detailed examination of personal characteristics of counsellors.

2.6.2 Personal Characteristics

Personal characteristics refer to qualities that the participants attribute to themselves that help in exploring the inner world of the individual. Personality characteristics of the counsellor have an important bearing on therapeutic outcomes (Garfield and Bergin 1986; Barnlund and Araki 1985). Wosket (2002) has suggested a natural correlation between the personal characteristics of the counsellor and the way their style and approach develops. The participants had ascribed several attributes to themselves during the course of the interview and believed that most of their personal attributes contributed to their effectiveness as a counsellor. The participants had delineated certain personal attributes such as being a good listener, being patient and accepting; as contributing to their effectiveness as a counsellor.

Motivation

Sussman (1992) suggested that there are certain common motivations behind the pursuit of the profession. These include desires to be idealized, to provide nurturance, to be in a dominant position and to achieve intimacy. In order to construct a more adept picture about the nature of counsellors, an examination of the motivation that drove counsellors to join and sustain in the profession was vital. Most of the participants had expressed a desire to help people and to work closely with them. Many were drawn towards psychotherapy as a career because of their own personal difficulties, in keeping with past research (Dryden and Spurling 1989). Prachi and Megha had accounted for their motivation to observing significant others deal with disability and terminal illness. Wosket (2002) suggests that counsellors are willing to deal with clients' loss, grief and anguish as a way of rehearsing their own losses; thus, the 'wounded healer' (Jung 1951) may be attempting to prevent further injury.

Additionally, role models served as inspiration to the participants. Rajesh and Raina gave credit to a college teacher for having kindled their interest in counselling. Henry et al. (1973) found that over 60 % of psychologists were primarily influenced in the counselling profession by teachers. Megha believed that supervisor feedback helped her grow and sustain in the field despite the sensitive and

emotionally exhausting nature of her work in paediatric palliative counselling. She also credited a family member (grandfather) as a role model who inspired her to join the field of counselling. Over two-thirds of those surveyed by Henry, Sims and Spray indicated that their initial interest in the field was due to the influence of family members who served as role models, who overtly encouraged the career choice, or enthusiastically supported the future therapist's personal choice.

It was particularly interesting to discover that Rajesh, a psychiatrist, turned to the counselling profession after he had found himself dissatisfied with the profession of psychiatry. He felt that psychiatry did not consider the social interactions between doctor and patient as a valid concern, having an impact upon the healing process. He then turned to counselling and therapy as a means to bridge this gap. It is significant to note that despite primarily being identified as a psychiatrist, Rajesh goes beyond the biomedical model of mental health to include psychosocial elements as well.

There is also an element of circumstantiality and chance in participants' entry to the profession. Rashmi professed that counselling alone was not sufficiently satisfying for her and that she entered the field '*as a last resort*'. Though Manjeet had entered the profession '*by chance*', she enjoyed working with children and accounted for it to keep her motivated and engaged in the field.

The participants had expressed several needs and their manifestations in the course of their narrative—to help, for achievement, learning, respect, approval and belongingness. Burton and Associates (1972, p. 2) expressed the view that 'psychotherapy succeeds best when the therapist himself participates deeply in the process as a human being. When some of his growth needs are met, the therapy prospers; when they are not met, the therapy languishes'. All participants had expressed the need to help people and Prachi regards altruism as an essential value that counsellors should possess. The need for achievement and for learning has been inferred from the career trajectory of the counsellors. The participants had acquired certification in several therapeutic modalities and two were pursuing their Ph.D. studies.

The participants were very driven individuals and took initiative in their career. Megha systematically specialized in the field of palliative and paediatric counselling across her academic and professional career. She also '*pioneered in setting up the first paediatric palliative centre in India*'. Manjeet had been negotiating with the school administration to provide students with more time available to access one-on-one counselling sessions. Raina had been undergoing supervised practice and therapy in an effort to better herself as a professional. There is some evidence that personal therapy enhances the subsequent professional effectiveness of counsellors by giving a reliable basis for the confident and appropriate 'use of self' (Baldwin 2009) in relationships with clients. Personal therapy has also been positively associated with the ability to display empathy, warmth and genuineness, and his or her increased emphasis on the personal relationship in therapy (Wogan and Norcross 1985).

Values

Packard believes that all individuals behave in accordance with a set of values, whether these have been thought out and made explicit or not. Therefore, it is impossible for a counsellor to maintain a position of neutrality (Packard 2009). Values have been defined as broad preferences concerning appropriate courses of action that counsellors should take. Participants had been asked about values that a counsellor brings to the process and about the values that they believe guide the profession such as rights of a client. The resulting responses have, thus, been categorized into two types—personal/cultural and professional values.

Personal/Cultural Values

In order to be able to relate to clients who hold different values and cultures from their own, counsellors need to develop sensitivity to value differences, a very important issue in the counselling process (Kelly and Strupp 1992). Participants had considered altruism and respect for individuality as overarching values that defined their practice.

Participants had demonstrated sensitivity to value differences and attempted to resist imposing their own value system on the client. For example, Megha did not believe in gender discrimination but deliberately refrained from expressing this to a client who held a different view to avoid alienating the client and affecting the counselling process. Kunal experienced a conflict of values with certain clients who he defined as *'typical masculine husbands who think women are beggars or their servants who are here to serve them'*. He found it difficult to work objectively with such clients, and noted himself experiencing anger during the counselling process. According to Propst (1996), counsellors' sensitivity to clients' values can be decisive to the success of the therapy, since the counsellors' competence in communicating within the clients' value framework influences the outcome for the clients. This opinion has been supported by Bell (1996) and Wosket (2002).

Professional Values

The participants were asked about the values they believed were an essential part of the process of counselling. All agreed that confidentiality and being non-judgmental were the most important professional values. Nondirective behaviour, empathy and respecting the client were other popular responses. Client autonomy was regarded as the central goal of counselling by all participants. Equality between the client and counsellor had also been emphasized. Raina deliberately made use of the term 'client' to establish equality. Most participants viewed their role as service providers and believed values such as providing maximum benefit to clients and not over-charging clients should govern the counselling process. Kunal emphatically stated that as counsellors—*'you need to give the client value*

*for money... Not give the client s****. The participants advocated collaboration and taking client feedback regarding the process and outcome of counselling.

Updating one's skills had been explicitly advocated by Raina who had trained in a different therapeutic modality every year since she had begun practicing. The importance of competence is echoed by Sommers-Flanagan (2012) when they state that the practitioner must have the knowledge to perform whatever service the profession offers. Other participants also shared this value as demonstrated by their pursuit of further training and updating their skills. Closely related to competence is an important ethical concept—informed consent—that refers to clients' rights to know about and consent to the ways the counsellor intends to work with them. Raina explicitly discussed the value of informed consent and the client's right to refuse to participate in the process of counselling.

Biases

Counsellors are not without their 'shadow' side, which reflect their vulnerabilities and blind spots. The narratives revealed biases that participants held against certain types of clients and issues. Rashmi indicated a bias against clients of high SES, and claimed that they tended to be '*suspicious*' and preoccupied with confidentiality. She had opinions regarding sharing information pertaining to therapeutic modality: 'We usually don't discuss such details with the clients. They don't understand all these therapies and all.' This bias seems to be stemming from the traditional hierarchical doctor–patient relationship in which doctors are seen to wield expert power (French and Raven 1959); and by behaving like doctors, counsellors may be attempting to gain respect and public recognition for their work. Allying themselves with a more powerful group may also be an attempt at defining professional identity.

Rashmi shared an anecdote about a gay client who came for counselling with problems at work. The anecdote revealed how a counsellor's unacknowledged bias could impact the counselling process.

It was a very difficult case for me. It was transgender. Gay. It was a little away from my regular normal cases. That was challenging. I worked with him and I heard that he is doing well now. But his original problem has not been solved. He just wanted one session. He knows about it for a long time...about his problem but he also doesn't want to come out. He doesn't want to talk about it or about any other option. He wanted to live within his own limitations. Then better for him. See I am very realistic. If he wants to be like this, let him be like this. When there are no options for them, I tell them straight away. If at one needs to be radical then one has to be. (Rashmi)

The manner and tone of voice in which the client was referred to—'*a gay*'—was seen as pejorative. The participant's stance reflected that the client's homosexuality was inherently abnormal. Further, she conceptualized it as problematic and as a '*limitation*'. Besides, she did not refer the client to another counsellor who may have been better equipped to help him. Neither did the counsellor explore her role in influencing the outcome of this particular encounter.

Surprisingly, a bias against the ‘wounded healer’ was also seen in the narrative of a participant. According to Guggenbühl-Craig (1971), in the therapeutic encounter, there is the healer-physician and the wounded patient. In order to promote healing, the physician tries to activate the patient’s own healing powers. And yet, the healer-physician has wounds too and this experience of being wounded is what makes them equals. Kunal expressed a bias against counsellors who admitted to having personal problems and found solace in the process of counselling. Kunal felt that such individuals jeopardized the profession. Acknowledging a fellow counsellor’s vulnerability may be seen as threatening, as it may necessitate the confrontation of personal vulnerability, which goes against the image of the counsellor as healer, expert and problem-solver.

Stressors and Coping Style

Participants also shared experiences of stress with the researcher. ‘Stress’ was conceptualized as an *impact* of certain aspects of the job, as a *result* for example in burn out, and as an *experienced state* which could be understood by reflection. The participants reported encountering problems related to time, workplace politics, excessive workload, emotional depletion and excessive paperwork. Megha, Raina and Prachi had confessed to burn out due to personal losses and tiredness, depression and reluctance to go to work. They had taken time off from work and turned to their support system of family and friends to help them cope.

Participants were asked how they coped with stress and emotional distress that the counselling process can sometimes bring up. ‘Switch on/switch off’ mechanism was a particular favourite of all participants. They used this term to describe a mechanism that they have developed with experience, which allowed them to distinguish between their personal and professional lives. Participants shelved feelings and thoughts in the counselling room that ‘contained’ them until they were ready to revisit them. Containment refers to a space where the individual’s feelings can be borne and thought about; it can be used to understand the role that the physical setting of the counsellor’s room serves (Bion 1970). Within the counselling situation, participants used humour and detachment to maintain objectivity. Participants also deliberately cultivated an optimistic perspective regarding client drop-out by attributing them to clients’ feeling better and ceasing to require counselling. Rashmi credited her training with making it easier to deal with the emotional problems that clients shared by responding with empathy rather than sympathy.

Participants also turned to distractions such as television, watching movies and cooking as ways of relaxing. Exercise, meditation and prayer were used as means of coping. Physical exercise is a major self-care strategy for many counsellors, not only for its physical benefits and its contrast with the sedentary nature of their work but also for its psychological benefits (Hays 2002) as cited in (Pope and Vasquez 2007).

In terms of coping it has been noted that psychologists find a variety of coping methods useful namely, talking, socializing and connecting with family. It seems that social support is of great importance (Worden 2009; Doka 2002). The participants in the study also turned to their social network for support in helping them to cope with work stress. Discussions with one's colleagues, supervisor, mentor and spouse also helped them to cope. For example, Megha's work with terminally ill clients, especially children, generated stress, as it was a high-affect situation that made large demands upon her but denied her a chance to affect the outcome. She narrated an incident in which she had been called into work at the request of a dying child.

I just opened the door, he looked at me and he said, 'aunty' and he died...after that at least eight days I couldn't sleep. I used to remember his face and those eyes. After that I cried and cried in front of Madam. She never said that don't cry. And she said that 'you should look at this from another perspective; that while dying that child thought of you so you really became that important for him and so you could give him a peaceful death. And secondly you could give him smiles for three months, so it's ok.' So you know that was a good help for me to deal with my own emotional and psychological issues. That day I came home and I actually told my husband that that was my last visit to hospital and after that I cannot go. He was really very supportive. And after a while I started going back. (Megha)

The tremendous loss that one sometimes experiences as a counsellor and the strength it takes to sustain in the profession are aptly demonstrated in Megha's account.

2.6.3 The Narrative Experience of Being a Counsellor

'The inescapable fact of the matter is that the therapist is a person, however much he may strive to make himself an instrument of his patient's treatment' (Orlinsky and Howard 1977, p. 567). In an effort to explore the personhood of the counsellors, the researcher encouraged them to share their feelings, thoughts, learning, triumphs and hardships on the journey of being a counsellor, from when they entered the profession till the present. Each practitioner had a markedly different approach to counselling as evidenced by their narratives. Factors such as educational background, workplace and length of work experience all played a strong role in shaping each participant's growth in the profession.

Participants acknowledged relationships with other mental health professionals as agents that shaped their professional identities. Important interactions included receiving feedback from supervisors, and hearing the viewpoints and experiences of other practitioners. In addition, participants indicated that experiences with clients contoured their understanding of the role of a professional counsellor. Several had made changes in their process of counselling in order to better meet client needs, moving from an academically derived process to an empirically derived approach. For example, keeping in mind client comfort, Raina had modified the initial interview to focus on the problem that the client presents with, rather than

following the traditional approach of history taking. Shruti, newest to the field, had attributed learning on the job chiefly to client feedback and supervisor feedback. Counsellors had also evaluated their professional efficacy based on client feedback. Research conducted by Skovholt and Ronnestad (1992) has indicated that clients' feedback to therapists is a primary contributor to the evolving professional self.

Schein (1980) proposed that as a person's career and life unfold, there is a gradual clarification of self-image around needs and motives, and talents and values (Schein 1980, as cited in Palmer and Bor 2008). The participants also observed changes in themselves over the years and felt that they had grown in the profession, and experience had shaped them to greater patience, acceptance, objectivity, confidence and assertiveness. The participants claimed greater expertise in areas of 'detecting the client's problem' (Manjeet), 'greater sensitivity to the nuances in client's behaviour' (Raina) and a 'greater comfort level with issues related to sexuality' (Megha). Counsellors shared that their work enabled them to enjoy more meaningful personal relationships.

Participants revealed some perils of the profession. Kunal and Raina shared that people informally approached them for counselling, much to their discomfort and annoyance. Raina had evolved a strategy for dealing with the awkwardness—'to come to my office to discuss it in detail and that this is not the right place'. Working with children who had faced sexual abuse and incest, Manjeet confessed that it had made her a more '*hyper*' mother and more vigilant about the adults interacting with her children lest they be sexual predators. She considered this the 'fallout of the profession where one is exposed to the dirty side of the world'. Wosket (2002) writes that foremost among their own losses that an experienced counsellor will undergo is the forfeiture of innocence and naivety. This is particularly true for counsellors who work to any extent with clients who have been abused, where they will need to 'contain material that will be of a deeply disturbing nature' and 'make contact at a deep level whilst remaining intact themselves' (Walker 1992, p. 197, as cited in Wosket 2002).

2.6.4 *Satisfaction*

Participants shared that they found the process of counselling satisfying. For Manjeet the evidence of a client's will to change was a reward in itself. She found it touching that some clients showed gratitude by praying for her. Shruti was satisfied when she 'feels that I have made a difference with them. It gives me ... satisfaction that I have done some good during my day'. Working with paediatric palliative care, Megha often came across death and grief; however, she obtained satisfaction in being with 'children and seeing them grow and lead lives. Helping family members cope better'. Prachi had 32 years of experience working as a counsellor and she credited sustaining in the field to the rewarding power of being able to 'manage to make positive changes to a person's life. That's probably why I've stayed at this for so long'.

2.7 The Totality of Being a Counsellor in India

The aim of the research was to study the characteristics and experiences of counsellors working in metropolitan cities of Delhi and Mumbai in India. Data was collected from detailed in-depth interviews carried out with eight counsellors working in varied settings. Participants from varied educational backgrounds, with differences in their training and career trajectories, had been selected. The participants had belonged to fields such as psychiatry, clinical psychology and social work. Work experience for the participants had ranged from 2 to 32 years.

Laungani (2004) has written extensively on the subject of counselling as practiced in Asia. According to him, in the market and in the eyes of the public, ambiguity persists regarding the appropriate credentials and role of a counsellor. Bhola et al. (2012) refer to the fact that the category of 'counsellor' in India was a 'fuzzy one', lacking clarity due to the overlap of additional roles played by the individuals concerned. India is yet to jump on the bandwagon of counsellor professionalization. However, movements in this direction have begun as indicated by the emergence of groups such as the Counsellor Association of India and the Rehabilitation Council of India. The participants in this study had endeavoured to resolve this dilemma by defining their practice and their role within the workplace and the domain of their practice. They had identified themselves as service providers and used the term 'client' to represent help seekers as consumers. Participants were particular about the designation that identified them and cleverly juxtaposed it with that of doctors to gain awareness and respect from clients.

The participants' relationships with other mental health professionals impacted their professional identities. Important interactions included receiving feedback from supervisors, and discussing the viewpoints and experiences of other practitioners. In addition, experiences with clients had helped them to improve their efficacy as skilled professionals. Participants altered their approach to the counselling process, moving from an academically derived process to an empirically derived approach. Counsellors emphasized collaboration during the process of counselling beginning with goal setting to termination. The participants took feedback from the client regarding the process and outcome of counselling. They had credited client feedback on par with feedback from their supervisors as sources of learning to be skilled professionals.

The participants conceptualized a client's problems in terms of the bio-psycho-social model as contrasted with the biomedical model, as they believed it to be a broader, more pervasive approach. Participants shared their preference for some therapeutic approaches such as cognitive behaviour therapy and rational emotive behaviour therapy as they found them to be time efficient.

The participants commented on their personal development over the years and felt that they had grown in the profession and became more patient, accepting, objective, confident and assertive. Participants were drawn to counselling for a multitude of reasons, chief among them being the desire to work closely with people and to help others. Some had chosen this career because of their own personal

difficulties. Role models had tremendous impact on counsellors' decision to join and continue in this profession.

Burton (1972) expressed the view that 'psychotherapy succeeds best when the therapist himself participates deeply in the process as a human being. When some of his growth needs are met, the therapy prospers; when they are not met, the therapy languishes' (as cited in Wosket 2002, p. 50). The participants expressed 'growth needs' that had been fulfilled by their work—to help, for achievement, learning, respect, approval and belongingness. The needs for achievement and for learning had shaped the career trajectory of the counsellors. The participants demonstrated an enthusiasm for learning and motivation to acquire new skills. They had trained beyond the classroom and had credited on the job learning as contributing to their growth as skilled professionals. Experiential learning is a common influential theme found in counsellor identity research (Auxier et al. 2003; Furr and Carroll 2003; Nelson and Jackson 2003). The participants had refined and developed their approach in the light of experience, perceived client need and their own personal characteristics and preferences. In line with the Code of Ethics of the American Counselling Association, the participants showed a need for continuing education. There was a close engagement with academia and motivation to grow as professionals. In addition to enhancing themselves professionally, the practitioners effected change in their field such as by increasing accessibility to counselling services in a secondary setting.

The participants exhibited certain qualities that have been associated with successful outcomes like warmth, interest in people, curiosity and so forth. They demonstrated sensitivity to the client values and awareness of situations where a conflict of value systems arises and they had reported dealing with it by relying on their training such as responding with empathy. Participants identified and practiced values such as client's right to confidentiality and respect, being non-judgemental and nondirective and responding empathically to clients. The participants had based their approach on the values of altruism and respect for individuality. These values are primarily Judaeo-Christian and have shaped the development of counselling in the West. In India, the approach traditionally has been to respect family and community and for collective goals to take precedence over goals of the individual. A melding of values is reflected in the counselling approach. Client autonomy has been held by all participants as the overarching goal of counselling. The focus of the participants had been on problem solving and it represented the 'freedom from' approach (Laungani 2004) where the focus is on 'treating' the person and helping him to be free from, rid oneself of, escape from, overcome, treat, cure, get better and so forth.

'Counsellor' and 'client' were social roles, and the ways in which participants made sense of the aims and work of counselling were shaped by the culture within which they lived (Cheung 2008). The participants' approach had been shaped by the values of the profession and by the Indian socio-cultural context and reflected a culture-specific construction of counselling. Counsellors had made use of religion and spirituality to inform the rituals that were a part of their practice, as a therapeutic tool and as a means of coping. All participants had identified Yoga and

meditation as indigenous approaches to counselling. They utilized techniques of Yoga in their practice as part of relaxation training.

Cultural contexts shaped the participants' approach and they demonstrated sensitivity to the value differences between themselves and their clients. They were not immune to vulnerabilities and to making mistakes. However, they acknowledged their mistakes and treated them as a source of learning. The participants had encountered ethical dilemmas in practice in the areas of confidentiality, involuntary medication and clinical trials. The participants reported encountering problems related to time, organizational politics, excessive workload, emotional depletion and excessive paperwork. Some had also confessed to experiencing burn out due to personal losses. They deliberately cultivated self-care strategies (Pope and Vasquez 2007) to foster resilience and to cope with stressors. Setting aside adequate time and opportunity for exercise, recreation, meditation, prayer and other spiritual or religious practices had comprised an important aspect of self-care for most counsellors. Social support was valued by all participants, as were relationships with other professionals and with clients (and sometimes their families).

Wosket (2002) suggests that as counsellors we may develop an inflated sense of self-importance as a means of protecting ourselves. It hints at a broader discourse that may prevail in the field of counselling. By acknowledging a fellow counsellor's vulnerability, one may also have to face up to one's own vulnerability as a person which goes against the image of the counsellor as healer, expert and problem-solver.

We see that counsellors have evolved as individuals and professionals within the field of counselling and locate their practice in the socio-cultural realities of their context. They are motivated individuals who are on the constant look out to better themselves and their practice. To that end they had engaged in evolving a client-responsive approach and going for further training, asking clients and supervisors for feedback, networking with other professionals. Counsellors in urban India defined their own professional identity and worth as juxtaposed with others in the field who presumptuously aspire to the title *counsellor*.

There are a number of implications and suggestions for future research. The limited transferability of the current findings may be addressed in several ways. First, additional interviews would help to determine whether the experiences and concerns shared by counsellors working in metropolitan cities in India find expression in other cities. Interviews with counsellors reflecting a wider range of ages, educational backgrounds, gender, socioeconomic status and backgrounds would be useful. Second, efforts toward developing quantitative methods for assessing various aspects of the counsellor's experience would be useful. The development of instruments that measure counsellors' characteristics such as salient identities, conceptions of the role of counsellor and definitions of the counselling process would provide tools that may be useful in practice and training. Process research could be used to reduce the limitation of retrospective data. For example, counsellors' perceptions of their needs, as well as their satisfaction and beliefs about self-efficacy with the counselling relationship may be assessed through the course of counselling one client.

Finally, greater efforts should be taken in the direction of professionalization of counselling. Various stakeholders such as educational institutions, the CAI and the RCI, currently practising counsellors and others should work toward forming a regulatory body that lays down rules regarding eligibility, training, credentials, continuing education and supervision, and forms a culturally relevant code of ethics to ensure accountability in practice.

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