

Preface

Traditionally a field of widely contrasting and still-emerging approaches, counselling seems to be moving in step with a medicalizing mental health direction to address scientific legitimacy, financial administration, professional regulation, training, and other needs. Medicalization refers to a three-part logic: that human concerns are best understood as correctly diagnosable medical disorders, that these disorders require treatments proved efficient and effective in the same way expected of prescription medications, and that where diagnosed disorders are not treatable, they are manageable. Add to this logic that such disorders occur *in* people, relational or social justice issues are of little relevance, and people's strengths and resourcefulness are insignificant, and many counsellors can wonder what is becoming of their work should medicalization persist. Counselling has increasingly become synonymous, in the public's eyes, with mental health services, and for this service to be paid, this has meant counsellors being paid, managed, regulated, and approached by clients and colleagues as a health professional.

For many counsellors, this medicalizing direction will not be a problem, and helps to align their practice within mainstream mental health services. Needed for these counsellors is a common language

to understand and address clients' concerns. Using DSM-5 diagnoses and evidence-based treatment honors scientific developments within psychiatry and psychology, while this language or discourse of mental health has clearly found its way into everyday understandings and conversations. However, medicalizing discourse is but one of the discourses that counsellors bring to conversations about clients' concerns and how to address them. Counsellors of all kinds have traditionally addressed client concerns in critically reflective, existential, relational, competency-eliciting, skill-developing or problem-solving, or social justice-focused ways. Counselling, in other words, has embraced a methodological pluralism comprising many approaches or discourses of practice—not all of which are compatible with a medicalizing discourse, or that will get them paid as professionals.

Critics of medicalization have for some time suggested that many formerly accepted aspects of the human condition have too quickly and too unproblematically been accepted as diagnosable medical conditions (e.g., bereavement, ADHD). Relatedly, critics of psychologization have suggested that human concerns are being reduced to individual, brain-based deficiencies, and are to be treated as such. Further, critics decry a pharmaceutical and technological direction that suggests our future quality of life will be best managed pharmaceutically or through new affective technologies. We are increasingly *governing* ourselves medically, say these critics. Counselling, in the face of these medicalizing developments, appears to be a modest helping practice. This book examines such critiques while advocating for a pluralistic conversational practice of counselling.

Approaching counselling as a conversational or discursive practice, I examine what I term medicalizing tensions. Medicalizing tensions refer to ways in which understandings and responses to human concerns are, in effect, competed for in the judgments of counsellors and the public making use of their services. Specifically, the conversations or precise communication protocols of medicalizing discourse can be at odds (or in tension) with the conversations by which non-medically oriented counsellors engage clients. There are aspects of counsellors' diverse approaches to conversational work that don't fit well with expected clinical algorithms based on medical diagnosis, treatment, and

management. Frequently, counsellors take up different conversational foci depending on their discourse of practice, some seeming odd, medically speaking. Why focus on relational patterns, stories clients live by, unjust social circumstances, existential dilemmas, or client resourcefulness when there are mental disorders to be diagnosed and treated? Why see the relationship or the conversation as anything more than an information exchange? Counsellors have answers to such questions, answers that are often inconsistent with those taking a medicalized approach to their work.

Counselling has a relatively recent history of helping people overcome problems and difficulties that could, if unaddressed, become more serious mental health concerns. It also can be seen as part of a disappearing social safety net in an era of managed care and social service cuts. This book proposes we rethink what recent medicalizing developments have brought to counselling, and what could be lost if counselling develops further without its diverse approaches to helping others.

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<http://www.springer.com/978-3-319-56698-6>

Medicalizing Counselling

Issues and Tensions

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2017, XV, 261 p. 5 illus., Hardcover

ISBN: 978-3-319-56698-6