The Impact of Counsellor and Client Values in The Counselling Process

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Abstract: The aim of the study is to investigate the impact of counselors’ and clients’ values in the counselling process. The methodology of study will be qualitative using interviews focusing on the experience of counsellor and clients. Thematic analysis on the interview identified some themes: irrational beliefs and thought as the cause of depression, disputing of irrational beliefs and thought, cognitive restructuring using religion, perception of having counsellor with different values. Analyzing the content of interviews to identify that process whereby cultural value has influenced the experience and thus outcomes. The study used semi-structured interviews on three participants with different experience of counselling. The result found that all the participants believed that the personal values of both client and counsellor had an impact on the counselling process. It’s also found that counsellors need to be aware of cultural diversity of their client base, and the different values, which different cultures may hold, in order to make the correct distinction between rational and irrational beliefs and thoughts for the cognitive behavior therapy process. A recommendation is that counsellors must ensure that values used in the counselling process, particularly in cognitive behavior therapy, are based on the clients’ cultural values.

Key words: Counselling, Cultural Values, and Depression

INTRODUCTION
In accordance to the severe earthquakes, on 26 December 2004 at the center point of Sumatra Island, Indonesia, many people were assassinated and some are still undiscoverable by the disaster, which is known Tsunami. The massively destructive tsunami that struck caused extensive loss of life and injury as well as devastation to property and community resources. This was the greatest loss within the century for many people. However, the incident caused Tsunami affected individuals more than depression that we can imagine. The experience and feeling of loss is still traumatic and not easily forgettable for them. After Tsunami left our land silently, the number of supportive divisions tended to decrease as everybody lost their confidence about their future. It is pertained to the view that Tsunami victims, especially children appeared to have depression, anxiety, and some desired to commit suicide. World Health Organization (WHO) stated that this issue is very important as it is likely to affect children’s future. Thus, it is necessary to rehabilitate mental state of Tsunami victims promptly.

As the whole world appreciates, the tsunami engendered desperate efforts to survive and
protect family and friends. Survival was not always accompanied by relief from suffering, however, as so many in the affected areas witnessed the deaths of others. Trauma refers to the experience of life-threat to oneself and/or others and the accompanying feelings of terror, horror, and helplessness. Separate from trauma is the personal experience of loss. The tsunami caused enormous numbers of people to experience both trauma and loss. When this happens, recovery is much more difficult. The long-term recovery of children, families and communities will entail, among other things, culturally sensitive attention to the psychological responses of survivors. Some people will be more affected by a traumatic event for a longer period of time than others, depending on the nature of the event and the nature of the individual who experienced the event.

The combination of life-threatening personal experiences, loss of loved ones and property, pervasive post-disaster adversities, and enormous economic impact on families and entire nations pose an extreme psychological challenge to the recovery of children and families in the affected areas.

It is important to help survivors recognize the normalcy of most stress reactions to disaster. Mild to moderate stress reactions in the emergency and early post-impact phases of disaster are highly prevalent because survivors (and their families, community members and rescue workers) accurately recognize the grave danger in disaster. Although stress reactions may seem 'extreme', and cause distress, they generally do not become chronic problems. Most people recover fully from even moderate stress reactions within 6 to 16 months.\(^1\)

The natural disasters in developing countries often produce severe effects on the public's mental health. In fact, the modal sample-level outcome after natural disasters in developing countries was severe, whereas the modal outcome after natural disasters in developed countries was moderate. This general finding from the research base may reflect the fact that disasters tend to be more destructive when they occur in the developing world. Many of the samples from developing countries survived disasters where death tolls were measured in thousands or even tens of thousands. The difference may also attest to the ability of government services and other resources to make a difference in the lives of disaster victims. Moreover, the victims of the 2004 tsunami are likely to have experienced multiple intense stressors that have been found to predict adverse outcomes, such as bereavement, threat to life, extensive property damage, financial loss, and displacement.

Studies show that while there is no singular pattern of psychological consequences to disasters, typically the very early responses following disaster impact will be similar for both natural and human-made disasters. However, the persistence of responses may differentiate the two. The effects of natural disasters seem no longer detectable in comparison to control populations after about two years, whereas several studies have shown that the effects of human-made events may be much more prolonged.\(^1\) The degree of death, destruction, horror, inescapability, shock, loss and dislocation will still be influencing factors in determining pathological outcomes for both types of disasters, but these may be more marked in many human-made disasters. Furthermore, the element of human contribution to the disaster, particularly human malevolence, is likely to add to the complexities and difficulties of psychological adjustment, thus leading to more adverse mental health effects.\(^1\)

Trauma effect from earthquake following waving tsunami in Aceh, it is so awful. But it does not mean there is no opportunity to reach result, which we expect in psychological rehabilitation. This matter in fact related to availability of social support and also professional management likes medication, psychological counseling and psychotherapy to all tsunami victims.

One reason why counselling and psychotherapy have become so well established is because people are often this confused and wants to know the “right” way to live.\(^2\) This opinion has been supported by Strupp, who argues that many people go to their counsellor for the purpose of finding meaning in their lives, for actualizing themselves, or for maximizing their potential.\(^3\) However, there the situation becomes complicated because different religious place very different base values on the meaning of on earth, which can have a major impact on the concept of self-actualization.

Cultural value issues in cognitive behaviour therapy are so important. The basic principle of cognitive behaviour therapy is teaching clients to believe that their irrational beliefs are the cause of their emotional disturbance and behaviour, and ultimately how to dispute these beliefs and thoughts.\(^4\) In this case, Brammer,
Abrego, and Shostrom argue that beliefs and thoughts are closely related to values.

Depression, meanwhile, has been found by many researchers to be caused mainly by irrational beliefs and thoughts. This is apparently supported by Zain and Varma, who state that, religious psychotherapy and cognitive behaviour therapy seems to have better results in the depressed patients and anxious patient’s respectively.

Depression itself is closely related to values. According to Zain and Varma people who do not behave according to their values and religious beliefs may become weak, and are likely to suffer from mental illnesses such as depression, anxiety, and low self-esteem. This has been supported by Propst, who claimed that people who suffer from depression are usually those who do not have strong faith in God.

Since values have such an important role in cognitive behaviour therapy, particularly with regard to depression, it is necessary to investigate the impact of values on cognitive behaviour therapy.

It is important to make an open agreement between client and therapist regarding the relevance of values and religious issues in the counselling process since there is a high possibility that the counsellor’s values influence those of the client. This apparently agrees with McLeod’s claim that it is possible that the client becomes converted in to the counsellor’s set of values. For this reason a problem may arise when the counsellor has different values and cultural beliefs from those of the clients, since the forces of persuasion are most obvious in cognitive-behaviour therapy.

In this regard, Bergin argues that counsellors cannot deny fact their own experiences and value systems have an effect on their therapeutic relationships, and that they have an influence on client’s decision making and behaviour. Despite the inevitable influence of counsellors’ values on their therapeutic relationships, it is important to remember that as professional counsellors, they should not impose their values on the client.

This opinion has been supported by Propst who obviously demanded that counsellors should determine which of the client’s thought and beliefs are rational or irrational, judged according to the values adhered to by the clients, because he found it to be more effective. In this case, clients should be challenged to honestly evaluate their values before deciding for themselves in what they will modify these values and their behaviour.

Furthermore, in order to be able to relate clients who different values and cultures from their own, professional counsellors need to develop sensitivity to value differences, a very important issue in the counselling process. This opinion has been supported by Bell, who argues that it is significant for a counsellor to be aware of client’s values and to look at how psychological problems are treated within other cultures. In this regard, Propost argues that 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.

Regarding this mutual influence, McLeod states that the meeting between counsellors and their clients does not merely involve two individuals, but also two social worlds engaging with each other. It therefore requires those two sets of expectations, assumptions, values, norms, manners and ways to do. As stated by Sue and Sue, in practice, counsellors often fail to understand their clients’ values of cultures, possibly having a negative impact on counselling outcomes. In describing the potential conflicts over values between counsellors and their clients, Bergin has stated that it is possible that a counsellor’s own values and certain values of the clients

Conflict of values frequently arises because of the inevitable difference in value standards between two people from different backgrounds, religious or cultures. A certain value that is considered normal and highly valuable in one culture may be considered as very irrational in the other. In Islam, for example, it is an ultimate goal for every Muslim to become a noble person in the eyes of God. Therefore, the followers of this belief should not attach too much value to the material world. This is in marked contrast to atheism, whose followers may attach a higher value to material things due to their disbelief in God.

Another solution for conflicts between counsellor and clients is to ensure that both the counsellor and to clients should come from the same background and culture and adhere to the same values.

In such case, Zain and Varma’s study on cognitive therapy with the influence of Islamic teachings. As indicated by their experience, remarkable results have been obtained from psychotherapy that takes account of socio-cultural, especially religious, issues. They reported that more religious patients responded faster to religious – oriented psychotherapy. In
practicing remedies in psychotherapy with their patients, they operated a cognitive approach of religious healing rather than a dynamic approach. As they further reported, the results of their study indicate that in Kelantan, a state known as having the highest population of religious people in Malaysia, the patients tend to improve faster than in other parts of the country from the religious cognitive behavioral techniques.

The counselor can explain the irrational belief based on Islam, for example by saying “God loves anybody regardless who he or she is”. On the other hand, if the therapist does not belong to the same religious group as the clients, it will be harder for the therapist to challenge and influence the clients because they do not share the same values.

In Islam, cognitive restructuring can be seen as a manifestation of the essential belief in divine preordainment (Qadar), which means that when people experience any kind of misfortune, they should believe that it occurs by the order and decree of God and they should therefore remain patient, seeking reward and guidance from God, and believe that God will compensate them for their material loss.

A true Muslim is therefore no upset by any hardship, fatigue, illness, or grief because of the hope of compensation from God. Some relevant cognitive restructuring techniques that are helpful within a religious context in the Islamic example include reciting the Holy Qur’an and performing both compulsory and optional prayers.

METHODOLOGY

In order to investigate the impact of counsellors’ and clients’ values in the counselling process, qualitative research may be considered a more appropriate method. A further advantage of qualitative is that a researcher can explore the meanings that a participant attaches to an area the study. This particular study incorporates a qualitative methodology to examine the impact of counsellors’ and clients’ values in the counselling process, in order to produce data, which is more in-depth and richer in quality.

DISCUSSION

Most of the data obtained from the interviews is in agreement with the findings of previous research, which was mostly based on traditional experimental methods, survey designs and structured questions. A consistent feature of the responses from the participants was the fact that they included patterns of thought which had no rational basis and were ultimately self-defeating, for example misery, self-pity and loss of all hope.

Although the participants are, after therapy, able to recognize and acknowledge the irrationality of the patterns of thought which brought about their depression, at the time they did not consider their thinking to be irrational or self-defeating. Participants one and two claimed not only that they did not consider their thinking irrational, they in fact considered it to be entirely rational, and it was only via the intervention of the counselor that any sort of discrimination between rational and irrational thoughts was made. At this point, the risk of conscious or unconscious imposition of the counselor’s beliefs becomes apparent, especially in cognitive behavior therapy when the explicit objective of the therapy is to alter the client’s beliefs and value systems. What is rational or irrational can depend on a number of additional factors, particularly religious and cultural values, a fact which has been stressed by all participants in the current study.

While disputing irrational beliefs is a vital part of the cognitive therapy process, it is essential that the counselor and the client have a similar basis for defining what is rational and irrational, a factor which causes concern for all the participants in the current study. In order to have this similar basis, the counselor needs to take into account the cultural values and norms of the client in relation to the problem being dealt with, and not impose their own values as being definitively rational. Counsellors should consider the fact that they consider an irrationality could be an extremely significant value to the client religiously or culturally, and possibly use this value creatively as an aid to the cognitive therapy process.

The use of religious values by a counselor to help dispute irrational patterns of thought was reported by participants one and two. They claim that this factor made the counselling more effective and helped to convince them about what the counselor was trying to do. This is supported by Propst, who states those religious ideas and themes can actually become cognitive restructuring techniques. This is supported by Wulff who states that psychologist must consider religion if they are to be of any help to mankind, but despite this, Beutler et. al, describe the fact that religious values have only recently been an issue in counselling.

Regarding using religion in therapy, Propst’s successful study of cognitive behavior therapy with religious imagery shows the possibility of adapting traditional psychotherapy to religious needs. Religious cognitive behaviour therapy and a discussion of religious issues used as a control had
a more positive effect on dependent measures than non-religious cognitive behaviour therapy. This is confirmed by the finding of Propst, Ostrem, Watkins, Dean and Mashburn who found that religious clients receiving religious cognitive therapy reported a greater reduction in depression.

Bergin et al, compared the success rates of cognitive behaviour therapy with and without religious values. They found that the religious therapy resulted in better adjustment compared to the standard cognitive behaviour therapy control group, and that non-religious counsellors were having more success with the religious content. This is in contrast to the finding of the current study, in which all the participants, rather surprisingly, insisted upon having a counsellor who is not only religious, but of the same religious as the participant.

All research, including the current study, has found cognitive restructuring using religion to be extremely effective. It is clear that therapists should not only understand a client’s religious views, but also be prepared to use them as part of the cognitive restructuring process, and not make the mistake of trying to impose unwelcome ideas on the client, or mistakenly trying to assume neutrality.

All three participants firmly believe that the counselling process is greatly affected, by the cultural and religious values, social background and past experiences of both counsellor and client.

While it is clearly inevitable that counsellors will have a value influence on their clients, the extent to which this influence is relevant to the cognitive behaviour therapy process is critical. How far values can be relevantly changed has become particularly significant with cognitive therapies whose aim is to alter the beliefs and values of clients. However, Bergin also states the importance of the counsellors’ honesty with regards to their values, explicitly stating what they feel about fundamental issues in which difference of opinion would not be in the client’s best interests.

From the above discussion, it is clearly unlikely that a client has a counsellor whose views are identical to their own, therefore the counsellor should ensure that the cognitive behaviour therapy process is collaborative, and only allow as much value convergence as is essential to the well-being of the client. In order to adequately preserve a client’s valued religious or cultural views, and as value convergence cannot be avoided, it is arguably safer for a client to use a counsellor who has the same religion or cultural background.

All participants believe that a counsellor should adhere to the client’s own cultural values when attempting to dispute irrational beliefs and thoughts as this helps the client to be convinced by the counsellor, and helps the counsellor earn the client’s trust. The process of convincing the client relies mainly upon forces of persuasion, which can be seen in all mental health treatment, but most directly in psychotherapy, and specifically in cognitive therapy.

While acquiring a client’s trust can sometimes be a difficult process, it is important to appreciate that, being realistic, a client cannot always get the counsellor with the values they want. When a client-counsellor relationship is mismatched in this way, Beutler et al, describe the best method of value persuasion as one which takes place within a collaborative, caring, supportive and respectful relationship, based as far as possible on the client’s values.

If consideration is given to a client’s cultural values, it is important that the counsellor is able to communicate adequately within the client’s value system. In order to achieve this, the counsellor needs and Bergin et al to learn about the client’s cultures. According to Bergin et al, it is important that this is done with sensitivity and in a manner acceptable to the client involved. As stated by Hays, the extent to which counsellors can acknowledge alternative styles, views and behaviours depends on the flexibility of the counsellor’s viewpoint regarding lifestyles. Regarding this, participant two strongly expressed her belief that counsellor’s appreciation of religion is likely to be too impersonal-a knowledge of rituals and history, but not of experience of what it feels like to be, in the participant’s case, Muslim.

It is apparent from the previous research and the present study that counselling which takes client’s values into consideration is more successful in the process, outcome and assessment of therapy, and also leads to a better client-counsellor relationship.

Conclusion

1. Effect of cultural values on the counselling process is inevitable, particularly in cognitive behaviour therapy, and a very major factor with regard to the effectiveness of counselling. Counsellors with values differing greatly from the client are less effective, and are less likely to earn the client’s respect and trust.
2. When applying cognitive therapy to clients from diverse cultures, it has found that it is important for counsellors to not impose their values on the client, or attempt to indoctrinate the client with their own ideas. Instead, counsellors should base ideas of rational and irrational thoughts on the client’s own values. If there is a great deal of discrepancy between the values of counsellor and client, the counsellor should explicitly state this difference so the client can have an informed choice.

3. Counsellors should experience value sensitization as part of their training in order to help them recognize their own values and prejudices, and understand the values of clients. Not being aware of their own values and prejudices can have a negative therapy needs to increase as more clients from the minority cultures require counselling.

4. Regarding to handling the psychological problems for tsunami victims in Aceh, it is better to be conducted by using cultural and religious approach. It is reasonable because majority of Aceh residents is Moslem.

REFERENCE


