Self-Awareness

The ancient dictum of Socrates to “know thyself” is critical to becoming an effective counselor. Self-knowledge allows counselors to identify personal limits and become more objective. It empowers counselors to know “what they are doing, why they are doing it, which problems are theirs, and which belong to the client” (Cavanaugh, 2001, p. 73). When counselors know themselves and are comfortable with themselves, they are more at ease in working with others (Baldwin & Satir, 1987; Brennan & Piechowski, 1991). Self-awareness keeps counselors from allowing themselves to interfere with the therapeutic process. For this reason, many graduate training programs in counseling rightly encourage their students to undergo personal therapy themselves. Counselors in training can also become more self-aware by keeping a journal, in which they can record thoughts, feelings, experiences, stories, poems, dreams, and drawings. Our written expressions are often different from what we might disclose verbally, and they can teach us much about who we are (Watson & Tharp, 1993). Cormier and Cormier (1985) say “it is just as important to keep track of our own personal growth as it is to keep track of what technique or change program we are using with a client” (p. 13).

Regardless of the means for achievement, there is no debating that counseling is more effective when counselors are aware of their personal issues. Belkin (1988) points to three critical areas deserving of self-study for the counselor: security, trust, and courage. A responsible self-examination can lead to heightened self-awareness by asking questions that target these important areas of the inner self. To begin, ask, “Do I feel secure?” Counselors who are secure have little need to pass judgment on others, and they are confident enough to allow clients to develop at their own rates and in their own directions. It has also been found that insecure therapists are less accurate in their ability to recall words and feelings expressed in counseling interviews (Miliken & Kirchner, 1971). Next, ask yourself, “Do I trust other people?” The counselor who is suspicious and cynical is not likely to relate to clients in ways that are conducive to healthy change and growth. Mistrustful counselors project feelings and ideas onto clients that do not exist. For example, a therapist who is feeling angry projects this feeling onto the client and asks, “Why are you so negative today?” The third question in this self-study trilogy is, “Do I have the courage to confront challenges?” Counselors must have the courage to confront themselves—to examine their true motives, feelings, and limitations. Counselors must also have the courage to confront their clients and be willing, at times, to subjugate their own feelings and desires to be liked, respected, and admired in favor of the therapeutic process of the clients.

Tolerance of Ambiguity

Much of the counselor’s world is abstract and ambiguous. Clients are often not fully aware of their real problems, and they sometimes complain of vague, indefinable symptoms. Their feelings may vacillate daily without reason. On top of these ambiguities, other uncertainties are endemic to the practice of counseling.
The light of the body is the eye.
—Matthew 6:22

For instance, there is no single way of approaching a given therapeutic issue. The counselor cannot prescribe a proven antidote the way a physician can scribble out a prescription on a pad. The path to healing is often unique to a particular client, and there are no precise road maps for the counselor to follow. The uncertainty of the journey requires stamina, poise, and a high tolerance for ambiguity.

According to a German proverb, “Patience is a bitter plant, but it bears sweet fruit.” Counselors who have a high tolerance for ambiguity understand this principle of patience, and their therapeutic labors show it. Effective counselors—those who are tolerant of ambiguity—consistently practice patience with their clients, gently working to move the process along. At times, they abandon their search for cause and effect and come to terms with the ambiguity of diagnostic changes and the uncertainty of tentative treatment plans (Tramel, 1981). In short, less successful counselors are less tolerant of ambiguous material in the counseling interview than are more effective counselors.

**Awareness of Values**

More than 50 years ago, in a classic study in nursery-school, children were shown a poker chip and then asked to compare the size of the chip to the size of an adjustable circle of light, until the chip and the circle of light were perceived as being the same size. The children were then told they could exchange their poker chips for candy. After the children understood this proposition, they were again asked to compare the size of the chips to a circle of light. This time, the chips seemed much larger to the children (Lambert, Solomon, & Watson, 1949). Quite clearly, our personal values color our perceptions.

Values are the convictions or beliefs that determine our goals and how we attempt to meet them. They guide our actions and prescribe our outlook on life. If you value success and accomplishment, for example, you will probably be a hard worker, striving for advancement. If you place a high value on social activities, you are more likely to seek a work setting requiring a minimal commitment. Becoming aware of one’s values is critically important to being an effective counselor. A particular combination of values constitutes a world view, which will influence counseling activities in numerous ways.

To begin with, effective counselors have thought through their values and live by them. Carl Rogers (1969, 1977) found that most people who seek out therapy follow external value judgments that are not necessarily their own. They deny their own personal convictions in favor of convictions others have taught them to hold. This is not true, however, of the effective counselor, who is particularly aware of personal convictions and has the courage to uphold them. A review of research related to a variety of helping professionals, in-
cluding teachers, clergy, school counselors, and counselors in training, concluded that the helper’s awareness of values is a significant factor in predicting the effectiveness of the help (Combs, 1986; Kelly, 1990). Of course, the effective counselor also strives to understand and appreciate the values of others. After all, it was Eric Fromm who said that the test of love is loving the stranger at our gates—the individual with values different from our own.

2.4 | What Do You Value?

A few years ago three sociologists designed a television program called The Great American Values Test to conduct an experiment on the possible influence of television on values. To take their test, study the list and place a number to the left of each value that describes its importance to you (1 = most important; 18 = least important). In completing this test, think carefully and work slowly. If you change your mind, don’t hesitate to change your answer.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Beautiful world</td>
</tr>
<tr>
<td></td>
<td>Comfortable life</td>
</tr>
<tr>
<td></td>
<td>Equality</td>
</tr>
<tr>
<td></td>
<td>Exciting life</td>
</tr>
<tr>
<td></td>
<td>Family security</td>
</tr>
<tr>
<td></td>
<td>Freedom</td>
</tr>
<tr>
<td></td>
<td>Happiness</td>
</tr>
<tr>
<td></td>
<td>Inner harmony</td>
</tr>
<tr>
<td></td>
<td>Mature love</td>
</tr>
<tr>
<td></td>
<td>National security</td>
</tr>
<tr>
<td></td>
<td>Pleasure</td>
</tr>
<tr>
<td></td>
<td>Recognition from others</td>
</tr>
<tr>
<td></td>
<td>Salvation</td>
</tr>
<tr>
<td></td>
<td>Self-respect</td>
</tr>
<tr>
<td></td>
<td>Sense of accomplishment</td>
</tr>
<tr>
<td></td>
<td>True friendship</td>
</tr>
<tr>
<td></td>
<td>Wisdom</td>
</tr>
<tr>
<td></td>
<td>World peace</td>
</tr>
</tbody>
</table>

You may find it interesting to compare your rankings with a sample of adults in the state of Washington who responded to this test. From top to bottom, they responded: 15, 8, 12, 17, 1, 3, 5, 11, 14, 13, 16, 18, 10, 4, 7, 9, 6, 2.

Of course, not all values have an impact on the helping process. Cormier and Cormier (1985), for example, suggest that “the counselor who values sailing can probably work with a client who values being a landlubber without any problem” (p. 17). It is those values that reflect morality, ethics, and lifestyle that have a greater probability of entering into the helping process.

Can counselors avoid conveying these values to their clients? Should they? Some professionals believe that counselors should communicate no value orientation to clients, that they should strive to be morally neutral in their counseling and focus only on the clients’ values. They believe that the influence of the counselor’s values would prevent clients from constructing their own internalized values (George & Cristiani, 1990; Ibrahim, 1991).

At the same time, some professionals have long called for an abandonment of this position (e.g., Patterson, 1958; Rosenthal, 1955; Samler, 1960; Williamson, 1958). They believe counselors cannot escape their values, that they cannot pretend to abandon or lack a value system in a counseling setting (George and Cristiani, 1990)—in short, that it is impossible to be “value-free” with clients (Cormier & Cormier, 1985). The counselor’s values will be a part of the therapeutic work, either consciously or unconsciously (Coonerty, 1991; Rokeach & Regan, 1980). Okun (1982) asserts that “in an interpersonal relationship, whether or not it is a helping relationship, values are transmitted either covertly or overtly between the participants” (p. 229). In other words, values may sometimes be communicated in subtle ways, but they are communicated. Nonverbal cues of approval and disapproval, for example, convey value messages whether or not the therapist intends to or not (Corey, Corey, & Callanan, 1984). Given this inevitable communication of values, many professionals favor an open and explicit value orientation in counseling. They treat changing values of clients as part of the counseling process and argue that, no matter how passive and valueless the counselor may appear, the value systems of clients are influenced and gradually become congruent with the counselor’s system of values.

In fact, while many counselors believe their values should be kept out of therapy as much as possible, research indicates that clients who improve most perceptibly tend to conform their values with those of the counselor. According to one study, when clients were grouped by how similar their values were to the values of the counselor, it was found that clients in a medium similarity group improved more than those in either high similarity or low similarity groups (Cook, 1966). These and other findings suggest that seeing themselves as too similar or too different from the other has an adverse effect on their interactions.

Since values are an integral part of personality, they are blended into the counselor’s formula for effectiveness. Counselors who hold world views radically different from those of their clients and who are unaware of these differences “are most likely to impute negative traits to their clients” (Sue, 1978, p. 458). The effective counselor who is aware of personal values and respects clients’ welfare when those values clash may be expected to refer clients to a more compatible therapist.

These qualities of an effective counselor—psychological health, genuine interest in others, empathic ability, personal warmth, self-awareness, tolerance of
ambiguity, and an awareness of values—take time to acquire. Perhaps the word *becoming* in the title of this chapter should be underlined. Becoming effective as a counselor is not a product, but a process. No one is error free. Nevertheless, the remainder of this chapter is devoted to the identification of the most probable hurdles in a counselor’s path and how they may be avoided.

**COMMON PITFALLS FACED BY BEGINNING COUNSELORS**

When a promising young executive at IBM lost more than $10 million in a venture under his authority, both he and his immediate bosses were understandably devastated. When IBM’s founder and president, Tom Watson, called the shattered executive into his office for a review of what happened, the man blurted out, “I guess you want my resignation?” “You can’t be serious,” Watson replied. “We’ve just spent $10 million educating you!”

Thankfully, most mistakes are not as costly as the one this IBM executive made. And most schools and counseling centers can’t absorb $10 million mistakes. Still, there is no such thing as learning without making mistakes. As a counselor in training, you will be expected to make mistakes, and you will be expected to learn from your failures (Gambrill, 1990). Learning to counsel is like learning to ski: if you’re not falling down, you’re not learning.

The following is not an exhaustive list of blunders made by beginning counselors, nor is it a catalog of the worst possible therapeutic errors. Rather, this list is representative of some of the most common mistakes made by beginning therapists. The list is designed to stimulate your thinking and heighten your awareness of difficulties that may lie around the corner.

**Premature Problem Solving**

Like a complex puzzle with interlocking pieces, a client’s struggle cannot normally be diagnosed and cured in a brief time. A problem that has been escalating for years cannot be understood and healed in minutes. Trying to solve the problem before it is fully understood, however, is one of the most common therapeutic mistakes.

Consider Traci, a college student with a 3.8 GPA who says, “I’m really depressed and I think it’s because I bombed my English mid-term.” As her counselor reviewed her symptoms, the self-assessment seemed accurate. Traci expected to receive high marks, and falling short had indeed been traumatic for her. The counselor mused silently over the signs of an overachiever whose academic performance was unrealistic. The therapist searched gently, asking questions and listening for answers that might or might not enforce the hypothesis. The student admitted she was impatient with herself. She wanted to be valedictorian. The counselor seemed to have nailed the problem squarely, and it was time in the counseling process to dispute her
unrealistic goal of valedictorian. She had obviously inflicted herself with disquieting pressure that caused mild depression, and the counselor spent the next five sessions trying to whittle away at her unrealistic standards. It seemed progress was underway. Later in the week, however, the counselor received a message on the office answering machine that changed everything. It was from Traci’s roommate, who said, “I know I probably shouldn’t be calling you, but I was afraid that Traci hadn’t told you she’s bulimic.” All of a sudden, the counselor’s theory about Traci’s overachieving disintegrated.

A seasoned counselor knows it is normally not easy, in one or two sessions, to identify clearly and to diagnose the underlying problems in a dysfunctional person. It may take that long for clients to trust the counselor enough to share the most revealing factors in their situation. The effective counselor is therefore continually asking, “Is there something else I may be missing?”

**Setting Limits**

In an effort to be understanding and tolerant, most beginning counselors have difficulty setting their own personal limits and dealing appropriately with such issues as repeated calls on the phone by clients, missed appointments, and clients not paying fees on time. Another potential problem area is the amount of time the counselor spends with clients in each session. Some clients may attempt to test the limits by continuing to talk past the appointed end of the session. But giving clients 60 or 70 minutes when 50 were promised may raise questions in their minds. Clients will wonder if you are strong enough to be their therapist if you can’t handle their end-of-session ramblings. Do not be afraid to set limits and courteously hold to them (Cloud & Townsend, 1992).

**Fear of Silence**

The inexperienced counselor is often afraid of silence. The compulsion to say something during an awkward silence is natural and part of the human need to fill the gaps of everyday conversation. In counseling, however, silence is not a sign that the counselor needs to say something. Silence does not mean that something has gone wrong. When the counselor senses that the “wheels of thought and feeling” are turning, he or she should give clients time to reflect and contemplate. The effective counselor allows this process to happen without interruption. A nervous counselor who gets anxious during silence, on the other hand, will derail a train of thought by interrupting the productive silence.

Many clients have difficulty expressing themselves on sensitive subjects, and interrupting them before they have finished what they are trying to say is degrading. The effective counselor rehearses what he or she is going to say.

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We can only know ourselves through knowing others and we can only know others through knowing ourselves.  
—Sydney Harris
next, but holds it in check until clients have fully completed the momentary struggle of thinking and talking about something that probably makes them feel very vulnerable.

There are times, of course, when silence is not productive. Some clients, for example, may be socially anxious and, for this reason, they may be unable to express themselves easily. Naive about how therapy works, other clients may expect the therapist to do all the talking. But more often, silence works to a positive purpose. Some of counseling’s most therapeutic moments occur during periods of quiet contemplation. The inexperienced counselor needs to remember that it takes clients much longer to incorporate what you have said than the time it took you to say it. When clients are quiet they are often in the therapeutic process. Become comfortable with silence and learn to maintain eye contact with your clients, nodding your head as a nonverbal expression of listening and understanding (Brammer & MacDonald, 1996).

**Interrogating**

By relying too heavily on asking questions, the inexperienced counselor may cause clients to feel interrogated rather than understood. But interrogation and counseling are not synonymous: little therapeutic help takes place during an inquisition. Counselors in training, therefore, need to learn to refrain from subjecting clients to a barrage of questions. Excessive probing can make them feel beleaguered, and eventually they may clam up.

It is important to understand that good information can be obtained without interrogation. In response to a client who says, “My father was angry at me for most of the afternoon,” numerous questions could follow: How often does your father become angry? What does he do when he is angry? How does that make you feel? A therapist can obtain much of this information and more by saying something like, “I get the impression you have experienced your father’s anger more than once.” **An open-ended statement** like this lets clients know they are understood, and it invites further disclosure without the risk of putting them on the spot.

The point is that it is possible for the skilled counselor to elicit information without a series of threatening questions. When he or she actively tries to understand clients’ experiences, this helps them genuinely open up. Relevant information then becomes more readily accessible, and a stronger therapeutic alliance is built.

**Impatience**

Every therapist watches with hope for signs of progress. Every counselor wants clients to improve as soon as possible. Impatience among inexperienced counselors shows up in an eagerness to push unprepared clients into a treatment strategy before their time has come. Although there are certain “aha” moments in counseling, most therapeutic improvement is gradual, often slow.
change is not an indicator of poor therapy (Cunningham, Davis, Bremner, Dunn, & Raza, 1993). Transformation in the mind takes time. A person who is grieving the loss of a loved one, for example, cannot be forced to “snap out of it.” Nor can a person struggling with an eating disorder be expected to reverse habits quickly that have been building for a long time. The problem may be radical, but it is inevitable that the cure will be gradual.

In fact, clients who are rushed into making rapid changes will be set up for further failure. Being pushed to show signs of improvement too soon may result in extreme defensiveness, regression, or a premature termination of therapy all together. Thus, the beginning counselor must be sensitive to issues of personal impatience, for most clients cannot and will not make dramatic changes quickly. Nor should they.

**Moralizing**

Therapists are not required to compromise their convictions or relinquish their beliefs, values, and morals. Nevertheless, regardless of clients’ behaviors, a professional counselor must refrain from passing judgment on the personhood of the clients. A primary goal of therapy is not to condemn, but to understand. Understanding, of course, does not in and of itself condone behavior; it does not mean the therapist becomes amoral. Understanding means simply accepting people by keeping an open, nonjudgmental mind. Research has shown that the counselor who is not open-minded continues to believe incorrect things about clients, even in light of new and different information (Anderson, Lepper, & Ross, 1980).

Clients are rarely helped by a moralizing counselor. In fact, in the majority of cases passing moral judgment decreases the probability of healthy change. “When you criticize me,” Carl Rogers once said, “I intuitively dig in to defend myself. However, when you accept me like I am, I suddenly find I am willing to change” (1961, p. 90). While holding firm to personal convictions, the effective counselor does not mistake preaching for counseling. When a counselor cannot seem to refrain from personal judgment of a client, referral may be an appropriate option.

**Reluctance to Refer**

No counselor is expected to work with all the potential clients who come for help. The beginning counselor must learn, early on, that referral to another competent counselor is a part of doing good therapeutic work. If for any reason—shortage of time, skill, or capacity to be emotionally present—a counselor is unable to meet clients’ needs, referral is not only a necessity but an ethical obligation.

Careful referral involves more than giving clients the name of another counselor, however. Clients should be given a choice among therapists who are qualified to deal
with their problems. And to protect against abandonment, the counselor should follow up on the referral to determine whether or not the appropriate connection was made.

**SUMMARY**

Fear of failure is one of the greatest obstacles that confronts the inexperienced counselor. Every therapist, regardless of experience and training, will make mistakes. Even Freud, Rogers, Ellis, and all the great theorists with whom we will become acquainted in this text were not immune to error. The counselor in training needs space to make mistakes that can turn into lessons. No supervisor expects to see a perfect set of attitudes and techniques from an intern, even one with a diploma in hand. Thus, the inexperienced counselor needs to learn to be patient, as he or she initially struggles to gain professional momentum.

Consider the genius and inventor Thomas Edison, who was one day faced with two dejected assistants telling him, “We’ve just completed our seven hundredth experiment and we still don’t have a light bulb. We have failed.” But Edison did not agree. “We haven’t failed,” he said. “We now know seven hundred things not to do. We are becoming experts.”

Edison’s wisdom applies to beginning counselors. Each “mistake” you make brings you one step closer to reaching your goal. Hopefully you will avoid the mistakes outlined in the latter half of this chapter and journey closer to qualities of effectiveness noted in the first half, but you are certain to stumble from time to time. After all, counseling is a serious business. What you do as a future counselor can make a significant difference in the lives of your clients. For this reason you can accept your anxieties as normal. As you log more and more counseling experience and as you progress in counselor education, your errors will decrease and your confidence will increase.

**References**


Ibrahim, F. (1991). *Contributions of cultural worldview to generic counseling and de-
Chapter 2 Becoming an Effective Counselor


empirical review. The Counseling Psychologist, 22, 6–78.