AND HOW DO YOU FEEL ABOUT THAT?:

COUNSELING AND EMOTION WORK

IN A UNIVERSITY SETTING

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CHAPTER I

INTRODUCTION AND OVERVIEW

<u>Description of the Study</u>

This study examines the emotion work of university counselors within the context of everyday counseling situations. Using a Symbolic Interactionist approach this research examines how counselors negotiate any conflicts between personal feelings, professional emotion norms, and organizational display rules. Fourteen face-to-face, telephone and online interviews served as the primary data to (1) determine how counseling staff maneuver everyday counseling encounters (2) explore the counseling process in terms of emotion work and emotional/emotive dissonance, and; (3) illustrate the impact of organizational and professional phenomena on counseling processes in a post secondary setting. In analyzing the self- reported stories of practice this researcher identified recurring themes of experience among the counselors. Additional data derived from professional codes of ethics, and counseling center mission statements and web sites address the larger issue of how professional organizations formalize emotion management rules for counselors even as they are under the employ of a post secondary institution.

This chapter introduces the theoretical concepts relevant to the study at hand, and poses the questions guiding the research. It also presents the need, purpose, and importance of the study. A case is made that we live in a therapeutic society in which the emotion work performed by counselors is an inherently sociological rather than

psychological phenomenon and that sociological investigation of counseling is an important part of understanding our own emotion work.

The research questions addressed are:

1. How do the organizational qualities of a counseling unit in higher education affect the therapeutic encounter in general, and the counselor's emotion work strategies, in particular?

2. How do college and university counselors manage their emotions and those of others during everyday counseling encounters and other practice related activities?

3. How do counselors negotiate any conflicts between personal feelings, professional emotion norms, and organizational display rules?

The definition of emotion is contended within the sociology of emotion literature. Different theoretical perspectives define emotion according to their assumptions regarding reality and human nature. For the purpose of this research I will use Denzin's definition of emotions which is:

> Temporarily embodied self feelings which arise from the emotional social acts persons *direct to self or have directed toward them by others*. (italics in original) . . . embodied feelings. Mental states, interactional experiences and judgments of others (real and imagined) that persons feel and direct (or have directed) toward self. (1983:404)

I utilize this concept of emotion primarily because it recognizes the interactional and emergent aspects of the phenomenon.

The terms "emotion work" and "emotion management" are used to characterize the effort exerted to control the display of private feelings as well as the techniques used

in attempt to change an emotion felt or displayed in self or others. Counselor is defined as individual who has completed formal education in human development, human behavior, and the counseling process. I define counseling as a co-constructed reality consisting of a therapeutic relationship between the practitioner and the client undertaken for the purpose of understanding, developing, modifying, or replacing client behaviors, emotions, or cognitions which the client can then utilize in the sphere of "reality" Schutz (1944) described as "the world of daily life." Accordingly, routine (or everyday) counseling is conceptualized here as regularly scheduled counseling encounters taking place after an initial formal request for services and preliminary intake interview.

College and university counselors "wear many hats." Within the context of their institution they provide professional counseling services to individual students and student groups as well as crisis intervention and emergency services. College and university counselors practice under the umbrella of the Student Affairs division and further the division mission through outreach programming, program evaluation, and training consultation intervention, research, program evaluation, and training. All of these practice activities regularly require dealing with emotional topics and situations in a professionally proscribed manner while embedded within the context of higher education.

Research Questions and Assumptions

The study is exploratory in nature, designed to increase the understanding of an area of social life that has not been fully explored. Rather than hypothesis testing, I seek to answer research questions that will illuminate the concept of emotion management among helping professionals, particularly in times of social disruption. This study will be guided by the following questions and their accompanying assumptions:

1. How do counselors manage their emotions and those of others during everyday counseling encounters?

Here I assume first, that counseling work is emotion work: During the course of therapeutic interaction the meanings of human emotion is co-constructed, understood, expressed, and managed by the counselor and the client to the benefit of the client.[1]

2. How do the organizational and professional qualities of the counseling division affect the therapeutic encounter in general, and the counselor's emotion work strategies, in particular?

My assumption here is that Organizational structure affects the way university counselors do their work. The organizational and professional qualities of the counseling division include issues such as caseload, the impact of budget cuts, the utilization of the brief therapy model, the increase in request for services, and, finally, the increased degree of severity of clients' presenting problems.

3. How do counselors negotiate any conflicts between personal feelings, professional emotion norms, and organizational display rules during crisis events? What are the consequences of this process?

I assume that Professional feeling rules interact with personal feelings and organizational display rules to create a three-way emotional dissonance. I also assume Emotion work in counseling has positive as well as negative aspects.

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[1] It cannot be presumed that since one enters counseling that they are ready to be forthcoming with their feelings. In fact, Rennie (1994) has suggested that perhaps clients hide their feelings out of deference to the therapist's authority. Therefore, emotion work is necessary on the part of the counselor in order to get the client to "open up," as well in order to maintain the counselor's own composure when faced with the clients' emotional issues.

Discussion

The study examines counselor emotion work within the structure of counselor workload in their respective university institutions. Workload is further broken down into individual and organizational aspects. Individual aspects are defined as client load, therapeutic relationship demands, outreach, consulting, and clinical supervision activities. Organizational aspects include the impact of budget cuts, the utilization of the brief therapy model, limitations instituted by third-party payers, the increase in request for services, and, finally, the increased degree of severity of clients' presenting problems on counseling practice. Organizational aspects emerge as an increasingly bureaucratic organizational structure replaces the traditional collegial[2] model of higher education. While both the profession of counseling and higher education are ostensibly collegial in organization, the post secondary setting has become increasingly bureaucratic in design and management due to increased outside regulation, decreased public confidence, and subsequent increased demands for accountability.

Using a Symbolic Interactionist approach, this research examines how counselors negotiate any conflicts between personal feelings, professional emotion norms, and

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[2] The concept of collegiality originates in the work of Max Weber (1978:263, 271-282, 994-998, 1089-1090) where he predicted a retreat from collegiality in the face of bureaucratization. According to Weber, collegiality limits the power of individuals and thereby obstructs prompt decision making.

Waters (1989) claims that this negative view was not universal within sociology and that collegial structures were "viewed as forums within which communication could take place between those in highly specialized roles, thus ensuring the preservation of shared ethical standards that would mitigate against naked self-interest on one hand and arbitrary exercises of power on the other" (946). Waters then corresponds the idea of collegiality with Durkheim's "occupational corporations" and Simmel's "Republic of Scholars" as each stresses the issues of equality and solidarity in the face of advancing specialization and inequality.

Waters (1989)provides a formal definition of collegiality fashioned on Weber's notion of Ideal-Type: "Collegial structures are those in which there is a dominant orientation to a consensus achieved between the members of a body of experts who are theoretically equal in their levels of expertise but who are specialized by area of expertise" (956). He lists theoretical knowledge, professional career, formal egalitarianism, formal autonomy, scrutiny of product, and collective decision-making as the main organizational attributes of collegial bodies.

organizational display rules. Conflicts mentioned by counselors in their interviews will be evaluated as possible evidence of emotive dissonance. Emotive dissonance, also known as emotional dissonance or emotional deviance (Hochschild 1983; Morris and Feldman 1996, 1997; Thoits 1990), is the incongruence and discomfort *felt* when organizational emotion demands conflict with personal feelings. The terms will be used interchangeably in this study. University counselors provide a unique opportunity to explore the possibility of a three-way emotional dissonance created by disjuncture between professional emotion norms, organizational emotional demands, and the counselor's personal feelings.

First, I contend that emotion work is not simply an important part of counseling work or a skill to be utilized as Mann (2004) suggests, but that counseling work *is* emotion work; the counselor's management of both self and other emotions is at the crux of the therapeutic encounter. People seek professional help because they experience suffering or distress. Whether this suffering can be credited to "problems in living" (Szasz 1974:25), chemical imbalance, the need for a safe place to discuss their life situation, or errant thought processes, the fact remains that people seeking professional services find that the emotions that they are experiencing are problematic.

People in contemporary Western society don't generally undergo counseling for help with positive emotions they may be feeling; they pursue assistance in dealing with their problems and the accompanying negative feelings. Relief arises out of the process of the therapeutic relationship with the counseling professional who helps the client explore the issue, find new ways of coping, and understand (and manage) their feelings.

During this interaction the counselor experiences emotion as well; in fact, counseling practice is based upon the emotional concepts (and professional emotion norms) of empathy, unconditional positive regard or warmth, and remaining nonjudgmental.

The labeling of the feeling of empathy originates from Freud's *Einfühlung*: "in-feeling," or "feeling into." It is "the capacity to take in and appreciate the affective life of another while maintaining a sufficient sense of self to permit the cognitive structuring of that experience (Kaplan 1991:268-282)[3]. Therefore, counseling work is the process of appreciating the affective life of the client and managing, at the very least, self feelings arising out of putting one's self into the feeling of the client while helping the client manage the emotional impact of the issues they bring to the encounter.

Second, I assert that emotion work in counseling-related professions is significantly different than that of other service work. In other work where emotion management occurs, inappropriate emotional display may result in the loss of a customer to a competitor. In counseling, failure to display the appropriate emotion (e.g. empathy, warmth) or a leakage of an inappropriate one (e.g. anger, boredom) presents critical implications for the therapeutic relationship and, ultimately, the well-being of the client (Mann 2004).

Third, I argue that understanding counseling as emotion work is integral to an "emotion society" such as the one in which we live.

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[3] Essential to this study is this emotion of empathy. I assert that empathy is congruous with the process of Mead's "taking the role of the other" (1934:161). In empathy, as in taking the role of the other, the individual (the counselor, in this instance) reads a situation (either as part of a shared present reality or as part of the client's interpretation of his or her past) as both him/herself, and as the other (the client). Stepping into the other's (the client's) skin, the counselor reaches understanding (Weber's *Verstehen*) and experiences the situation as the client does. From this perspective, the counselor responds, in action, words, gestures, and behavior to the benefit of the client.

The remainder of this chapter discusses the need for the study, lays out the purpose of the study, formalizes the research questions, and presents the importance of the study to the discipline of sociology.

Emotion and Society"

In this section I will argue that America's "therapeutic society[4]"arises from the underlying condition of an "emotion society." Upon review of the literature regarding the therapeutic nature of contemporary American society it became apparent that the role of emotion is diminished necessitating the development of a new concept: "emotion society." "Therapeutic society" arises from the therapeutic control of emotion in order to align what is felt to what is the social norm. To make the case for" emotion society" I will present data on the "commercialization of feelings" in multiple areas of American society. Therefore, the need for the study, I contend, comes from the preponderance of attention given to the expression, control, and commercialization of emotion in contemporary society. I argue that one way to better understand the processes by which we come to manage our emotions in an "emotion society" is to understand those to whom we turn for assistance in our personal emotion work.

Americans seem to have a paradoxical relationship with emotion. We are drawn to entertainment that dramatizes the wide range of human emotion. Contemporary advertising appears privilege emotion in its campaigns and we make our purchases not so much based on product use value or even sign value, but I argue, on their emotional value. The self-help and therapeutic industries appear to be solidly entrenched in American culture, employers encourage their workers to find ways to deal with emotional

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[4] A social condition where clinical judgment subsumes and finally dissolves moral judgment. See Rieff 1987.

stress caused by poor working conditions, and even the criminal justice system sees therapeutic interventions as viable, low-cost alternatives to incarceration. These are the issues discussed more in-depth below to support the existence of "emotion society."

I contend that sociology has largely ignored emotion work undertaken by professionals, especially those of mental health practitioners. This study is limited to addressing emotion work in the "therapeutic context." I conceptualize the therapeutic context to be the temporal, spatial, organizational, and emotional circumstances under which a counselor applies interventions solely to enhance the well-being of the client. I argue that for a complete understanding of social behavior in contemporary emotion society, sociologists must study the role of emotions in everyday life, the connection between "emotion society" and "therapeutic society" (Rieff 1987), and in particular the emotion work undertaken by professionals to whom we turn for "help."

For years, sociologists have noted a move toward a therapeutic society (Rieff 1987). Schwalbe (1996) contends that Contemporary Western society is grounded firmly in a new "therapeutic individualism." Schwalbe's research on the mythopoetic men's movement revealed a conviction that each person has a unique, true inner self, *based in feelings*, which deserves to be expressed. I contend the paradox is, however, that the only way to reveal our unique, authentic inner self is to *work on* our emotions, *to learn* how to be our true selves. I would therefore assert that therapeutic society is emotional society. McCarthy (1989:66) suggests,

> Emotions are constructs of an age of psychological therapeutic knowledge and practice; . . . they are inconceivable apart from these institutions, social relations, and forms of thought. . . . [E]motions are representations collectives of our contemporary world.

We are saturated with emotion work in our society and we are constantly exposed to private and public therapeutic encounters. The claim of a "therapeutic society" is supported by the incidence of psychiatric diagnoses of people of all ages, races, and classes, the prevalence of people, both diagnosed and undiagnosed, seeking help with their "problems in living," the use of therapy as an alternative to punishment within the criminal justice system, the merging of private and public emotional domains and the phenomenon of "emotional voyeurism" apparent in contemporary media. Discussion of each is presented below.

Psychiatric Epidemiology

Governmental health and national professional organizations report mental health trends annually. These data give us some indication of the prevalence of people seeking therapeutic services. Due to the stigma still attached to seeking therapy, we can assume that these figures are an under-representation as people may feel they need but not seek help. Still, according to research by Murray and Lopez (1996), mental disorders—major depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder—are four out of the 10 leading causes of disability in the U.S. and other developed countries. As indicated by data from the last 3 years, approximately 5.2 million American adults ages 18 to 54, or about 3.6 percent of people in this age group in a given year, have PTSD— Post Traumatic Stress Disorder (Narrow, Rae, and Reiger nd). When reviewing the rising statistics on psychiatric disorders the question is "Just what is mental illness? And why do so many Americans 'suffer' from it?"

The response to those questions is a work unto itself and has been addressed by scholars (e.g. Szasz 1974). Szasz refers to mental illness as "problems in living" caused by social, familial, political, and economic factors and claims these problems have been medicalized as a form of social control by the "pharmacracy" (Szasz 2001). I would argue that it is not the social, familial, political, or economic factors themselves that is the target of medicalization, but the responses we have to them that are considered inappropriate based on culturally sanctioned "emotion norms." This researcher posits that it is not the Alcohol-Induced Sexual Dysfunction (DSM IV[5] diagnosis 291.89) that causes someone to seek psychiatric help—alcohol, as a depressant has physical effects on the body including diminished sexual performance. I would argue that it is the emotional response to the condition (frustration, embarrassment, sadness. . .) that sends one to seek help. It is not the poor academic performance (DSM diagnosis V62.3) that causes a student to go to the university counseling center, but dissonance over the difference between their perceived identity as a good student and the reality that they are unprepared for college level work. That identity has been "disrupted" (Burke1991) leading to feelings of shame, frustration, and fear and to symptoms of stress. Without a personal empathetic, nonjudgmental, and convenient support system, they turn to professionals to oversee their emotion work. I would argue that we witness the same situation in society at large; without more traditional support systems in place (family, intimate friends, accessible clergy . . .) we must seek help with our "emotion work" from those trained and credentialed to provide it.

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[5] The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the standard classification of mental disorders used by mental health professionals in the United States. The DSM consists of three major components: the diagnostic classification, the diagnostic criteria sets, and the descriptive text. DSM-IV ("Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition"), published in 1994 by the American Psychiatric Association, Washington D.C., was the last major revision of the DSM.

Self Help

Even when individuals don't seek a professional to "work through" emotional confusion, they need only visit their local book store's enormous self-help section. .During a recent Subject search, filtered to show only English language trade books, the Books in Print database returned 22,137 hits for the term "Self Help." (See table1 for a sample of titles.) The results did not include topical psychology trade books but indicates the interest in working on our emotional issues or reading about those of others. Troubled individuals can also visit national organizations for mental and emotional health sites or any of the numerous DSM-diagnosis-of-the-week sites on the Internet for a little self guidance. There we can inventory our own symptoms of mental and emotional distress, obtain diagnoses, and learn about treatment options. From the Internet Mental Health site alone (http://www.mentalhealth.com/), an individual can access online diagnoses of the 37 most common mental disorders, assess her/his quality of life, read some of the latest research, and join Web self-help communities to discuss emotional and mental health problems. I argue that this indicates that we are aware of cultural emotion norms and understand that we are expected to conform to them. In an emotion society, if our emotions do not conform to cultural expectations, we self-sanction and seek ways to align our feelings to the norm. However, I contend that the cultural emotion norms are often confusing and contradictory. There are not only expected feelings, but how much we feel them and for how long we feel them, as well as where we display them becomes problematic especially in a society where we are bombarded with emotion messages and the separation between private and public spheres of interaction is eroding.

Table 1 English language self-help trade books (sample)

Subject	n	Sample of Titles From This Subject Heading
Self- Help	190	Get over It and on with It!: How to Get up When Life Knocks You Down.
		The Healing Path: How the Hurts in Your Past Can Lead You to a More Abundant Life.
Self- Help - Abuse	137	Beginning to Heal: A First Book for Men and Women Who Were Sexually Abused As Children.
		Our Little Secret.
Self- Help - Adult Children of Substance Abusers	161	Changing Course: Healing from Loss, Abandonment, and Fear.
		Emotional Healing: A Program for Emotional Sobriety.
Self- Help - Affirmations	352	Staying up, up, up in a down, down World.
		Bear Hugs for Friends.
Self- Help - Codependency	163	Love Is a Choice: The Definitive Book on Letting Go of Unhealthy Relationships.
		Codependency Sucks.
Self- Help - Death, Grief, Bereavement	508	A Hand to Hold: Helping Someone through Grief.
		How to Say It When You Don't Know What to Say.
Self- Help - Depression	68	Surviving Depression.
		Wu Wei, Negativity and Depression: The Principle of Non-Trying in the Practice of Pastoral Care.
Self- Help - General	24,274	Begin Within: How to Live Your Best Life by Discovering Your Best Self.
		Urgent Whispers II: The Way Back: Personal Grief Coping Rituals for Returning to Life after Trauma.
Self- Help – Substance Abuse	2016	One Breath at a Time: Buddhism and the Twelve Steps.
		A Comprehensive Self Help Guide to Stop Smoking!: A Drug Free Remedy Using Vitamins, Minerals and Herbs.
Self- Help - Motivational	1,244	Naomi's Breakthrough Guide: 20 Choices to Transform Your Life. (Naomi Judd)
Self- Help – Personal Growth - General	2365	Everything Happens for a Reason:
		Finding the True Meaning of the Events of Our Lives. The Power of Trust: Transforming Fear into Love.
Self- Help - Personal Growth - Happiness	579	How We Choose to Be Happy.
		Living Light As a Feather: How to Find Joy in Every Day and a Purpose in Every Problem.
Self- Help – Stress Management	1447	Stressrelief^{TM} for Disasters Great and Small: What to Expect and What to Do from Day One to Year One and Beyond.
		Tension. Fondle the Fear... the Funniest Way to Turn Your Fear into Power.

Media, Emotion, and the Erosion of Private/Public Spheres

I assert that media plays a significant role in the formation of cultural emotion norms and display rules and that the messages the media sends are often mixed. As if our own emotional conundrum wasn't enough, other people's problems have become a major source of entertainment: afternoon "soaps" continue to give American women and men their daily emotion fix and most daytime talk shows have own therapist-in-residence. (See table 2.) We don't particularly care if TV therapists are legitimate, educated, helping professional as is evidenced by "Dr. Phil" and his own confrontational brand of entertainment-cum-therapy; we are enthralled with the confessional quality of the programming and the accompanying "flooding out" (Goffman 1959).

Media representations of emotion are important to this discussion because media is not simply an information conduit but arguably, a cultural architect. Carey (1973:78) argues that media are metaphors that not only inform us about the world, but that tell us what kind of world exists. I contend that in so doing they also tell us what kind of world we *should* live in and what *our place is* within that world. From the presentation of emotional material in the media I would surmise that, for one, the world we are part of is an "emotion society" where openly dramatic expression of emotion is the norm. Findings by researchers such as Gamson (1999) and Wouters (1989a, 1989b) support this. Gamson (1999) analyzed audience-participation talk shows broadcast on TV to determine the place of emotion in public discourse. He found that their emphasis on emotional over the

Table 2 Emotional exhibitionism in TV talk shows

Program	Title and Synopsis
The Oprah Winfrey Show	**"In Prison for Having Teenage Sex"** He is black, and she is white. He says it was consensual, and she says it was rape. Oprah talks to a former honor student in state prison for having teenage sex and his accuser. http://www.oprah.com/tows/pastshows/200402/tows_past_20040226.jhtml **"A Week in the Life of a Troubled Family"** Ray and Pia had been married for 12 years and had three young children—but their family was falling apart. They allowed our cameras to follow them for one week, capturing every fight, every tear, and a lot of pain. http://www.oprah.com/tows/vintage/past/vintage_past_20010817.jhtml
Dr Phil	**"A Family In Crisis (multiple episodes)"** Struggling to survive Stacy's infidelities, the threat of bankruptcy, and the blending of their families, Chris and Stacy have worked through many hurdles. But, despite all their efforts, are they any closer to really knowing and understanding each other? And, are Chris and Brianne closer to bridging the gap in their relationship? Dr. Phil invites Stacy's two sons home for an emotional family reunion. **"Is This Normal?"** What is normal? Dr. Phil's guests make you wonder. One 27-year-old woman uses baby talk to get whatever she wants from her husband—including his marriage proposal! Then, meet one couple whose public display of affection might go a bit too far. Their daughter wants Dr. Phil to tell them to "cut it out." Plus, meet a grown woman who still sucks her thumb! Find out what Dr. Phil has to say about these guests' and their behaviors. http://www.ctv.ca/servlet/ArticleNews/show/CTVShows/1063829642268_59231127/
Jerry Springer	**"Hot-Headed Homewreckers!"** Keekee has been hearing rumors that her friend of 7 years, Letitia, has been sleeping with her man. When the rumors are confirmed, these two angry women go head to head. But despite their willingness to fight for him, he doesn't want either of them and they're all going home alone! Next… Rob says he has a horrible secret to confess to his fiancée before they marry. He's been sleeping with men for money to make ends meet! When his fiancée asks him to stop and he refuses, she dumps him cold! **"I'm Pimping My Mom!"** Bobby is devastated! He recently found out that his son has been pimping his wife, his son's step mother, Vicki! And even after Vicky tells her stepson she's through, and begs forgiveness of Bobby, he is not sure he can stay with her! Next… Dawn had a threesome with her friend, Meghan, at her boyfriend's request. Now she suspects they are sleeping together behind her back. She will confront them today! Later… Friends, Liz and Desiree have been sleeping with the same man, but Desiree has been entirely in the dark! Today the light will dawn and Desiree's man will leave with his other woman! http://www.jerryspringer.com/showdates.asp

rational undermines the taking such emotional public spaces more seriously. Wouters

(1989a, 1989b) theorizes that the erosion of the divide is a consequence of an overall

"informalization of feeling" where the nature of emotional exchange has become less reserved:

> There is enough empirical data to show that during approximately the last hundred years the models of emotion exchange have become more varied, more escapable and more open for idiosyncratic nuances, thus less rigid and coercive. (1989a:105)

Emotion value replaces sign value: the ideology behind advertising

I argue here also, that emotions are the true consumer motivator in contemporary "emotional society" as opposed to any status or power they might signify. As evidenced below, emotion replaces reason in the marketing arena of an "emotion society." Scholars of advertising state that within the last decade, television advertising has used increasingly emotional appeals (Rossiter, Percy, and Donovan 1994; Stout and Rust 1993; Zeitlin and Westwood 1986). Humorous appeals are present in 24% of all television advertising (Weinberger and Gulas 1992), and advertisers commonly use dramatic emotional ads (Moore and Harris 1996). One example of emotion in advertising is Nike's push to "Just Do It!" I argue that this is a plea to self-idealization and the "reflexive role-taking emotion" (Shott 1987) of pride. Table 3 compares the traditional informational motives behind advertising campaigns to the emotional sequences that buying that product promises; emotion sequences are transformational and appeal to social rather than practical needs (Rossiter, Percy, and Donovan 1994).

Table 3 Decision motives in the Rossiter-Percy model and underlying emotional sequences

Informational Motives	Emotional Sequence
Negative (drive reduction goal)	
Problem removal	Annoyed → relieved

Problem avoidance	Fearful → relaxed
Incomplete satisfaction	Disappointed → optimistic
Mixed approach-avoidance	Conflicted → reassured
Normal depletion	Mildly annoyed → content

Positive (drive induction goal)	
Sensory gratification	Dull (or neutral) → excited
Intellectual stimulation/mastery	Naïve (or neutral) → sense of achievement
Social approval	Apprehensive (or neutral) → flattered
Social conformity	Left out (or neutral) → belonging
Self approval	Conscience-struck (or neutral) → self-consistent

Source: Rossiter, Percy, and Donovan 1984.

On the other hand, the elimination (or control) of undesirable emotion is also evident in today's campaigns. Direct-to-consumer marketing of psychotropic and other prescription drugs provide more evidence for the commercialization of emotions through the market. An print advertisement for Bristol-Myers Squibb's cholesterol lowering drug Pravachol™ asks the reader, "Will a heart attack make your life run out before your grandson tastes his first ice cream?" The ad isn't explicit about how the drug will help prevent a heart attack or even that it will, just that it may. This researcher believes that the real message is an appeal to emotion in the form of loving family relationships and a poignant nostalgia for an unrealized future. It is an appeal to fear—not of death itself— but fear of missing out on positive emotion-producing events. It is also my conviction that advertisement of psychotropic drugs (Wellbutrin XL™, Paxil™, Zoloft™. . .) implies that the innate and expected (accepted) state of humankind is happiness, further indicating the existence of emotion society.

In addition, the use of advertising to promote nearly every product imaginable indicates that all industry is, in essence, something I would conceptualize as "emotion industry"—the organized manufacture, and the further commercialization, of human feelings.

Therapy, Crime, and Work

In the criminal justice system treatment programs for managing emotions have become an alternative to incarceration for substance abuse, domestic violence, sexual abuse, and other crimes. It is also undertaken within the prison system and often is a prerequisite for parole. Therapy for emotion problems also is also advised in work-related infractions.

Treatment programs (Therapeutic Communities) are seen as cost-effective prevention options and alternatives to prison for nonviolent offenders. The purpose of the Therapeutic Community (Manning 1989; Pendergast, Farabee, and Cartier 2001) is to "reduce crowding in prisons by diverting probation condition violators to intensive, long-term residential treatment settings."[6] According to Lipton (1998:107), therapeutic communities in America:

> tend to be for drug-dependent and drug-abusing persons and derive from Synanon, which was both a social movement and a program founded in 1958 by Charles Dederich, a recovered alcoholic who, unfulfilled by Alcoholics Anonymous, founded his own racially integrated community of former addicts and ex-offenders. Synanon consisted, in part, of a kind of group therapy with intense emotional catharsis-type participation sessions; fairly "brutal" confrontation sessions; educational seminars; and discussions, not of drugs, but of self-image, work habits and self-reliance.

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[6] Johnson County Adult Department of Corrections http://courts.jocoks.com/cc_atc.htm.

Their aim is to "help" inmates overcome addiction to alcohol and drugs. In addition, participants learn to solve their problems in more socially acceptable ways through intense counseling with an emphasis on anger management.[7]

Currently, approximately 8% of all drug and alcohol offenders are in treatment programs (See table 4). This figure includes outpatient and residential substance abuse treatment programs. Both treatment settings provide vocational and social services, such as therapeutic interventions designed to heal and restore individuals, families, and communities.

Treatment for anger management and other emotional issues is also often a condition of probation:

> In 1995, almost all probationers had one or more special conditions to their probation (such as fees, fines, drug testing, drug or alcohol treatment or community service). Of those adults sentenced with special conditions, 41% were required to undergo drug or alcohol treatment. (NDCP 2001 Fact Sheet)

Within the prison systems inmates are often required to undergo some treatment or counseling while incarcerated. The White House Office of National Drug Control Policy reports that:

> State corrections officials estimate that between 70% and 85% of inmates need some level of substance abuse treatment. In approximately 7,600 correctional facilities surveyed, 172,851 inmates were in drug treatment programs in 1997, less than 11% of the inmate population.

> Approximately 73% of local jails provide drug treatment or programs, with 32.1% providing detoxification, 29.6% providing drug education, and 63.7% providing self-help programs. About 61% of convicted jail inmates who

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[7] Jacksonville Sheriff's Office
http://www.coj.net/Departments/Sheriffs+Office/Department+of+Corrections/Community+Corrections+Division.htm

committed their offenses under the influence of drugs or alcohol had received treatment in the past. (NDPC 2001 Fact Sheet)

Table 4 Drug and alcoholism treatment facilities and clients in treatment 2002

		Clients in treatment		**8.1%**
		All clients		
Treatment facilities	**Total**	**Type of care received**		
		Out-patient	**Residential**	**Hospital inpatient**
13,720	1,136,287	1,020,214	102,394	13,679
		Clients under age 18		
		Type of care received		
	Total	**Out- patient**	**Residential**	**Hospital inpatient**
	91,851	80,383	10,324	1,1226

Source: Sourcebook of criminal justice statistics online
http://www.albany.edu/sourcebook/1995/pdf/t659.pdf

In addition to corrections' emphasis on emotion and therapy, work-related stress issues that once were the domain of collective bargaining (including employee/employer relations, sexual harassment, stress inducing physical environments) have become issues of personal psychopathology that are now the domain of counselors, doctors, and the courts (Wainright and Calnan 2002). Rather than organizing labor movements to rectify physical, psychological, and social hazards in the workplace, workers now are steered to Employee Assistance Programs, or left on their own to seek relief from the emotional stress such conditions promote.

Therapy and "Loss of Innocence"

Media coverage of natural and technological disasters, school violence, violent behavior in the workplace, and terrorist acts have increased Americans' exposure to mass

violence during the past decade. Political violence that formerly was known only to "them" living in distant, "barbaric" lands has come to our front door. Americans can no longer pretend that terror only exists on TV as we've seen our daily routines transformed in the aftermath of September 11, 2001. Even though we may not experience personal loss during such times, we still feel the effects of the "loss of innocence" along with others' pain and confusion.

At the same time U.S. citizens have expressed renewed feelings of patriotism and national pride, national mental health and counseling associations report an increase in individuals seeking some form of emotional help. Americans suffering from anxiety, fear, hopelessness, post-traumatic stress, depression, and sleeplessness sought counseling after 9/11. A 2002 article in the New England Journal of Medicine related that among 1008 adults interviewed, 7.5 percent reported symptoms consistent with a diagnosis of current PTSD related to the attacks, and 9.7 percent reported symptoms consistent with current depression. In New York City, many managed care providers received about 150 critical-incident requests per hour (Narrow, Rae, and Reiger nd).

Coincident to the rise in therapy-seeking among the general populace, and especially important to this study, is a similar demand for services on college and university campuses across the US.

- More than 30 percent of college students felt "overwhelmed" last year and 22 percent were sometimes so depressed they couldn't function (HERI-University of California, Los Angeles, Higher Education Research Institute 2002).

- The number of freshman reporting less than average emotional health has been on the rise since 1985 (HERI-University of California, Los Angeles, Higher Education Research Institute 2002).

- Ten percent of college students have been diagnosed with depression (National Mental Health Association 2001).

- Seven percent of college students have been diagnosed with an anxiety disorder (National Institute of Mental Health 2000).

Summary

The trends discussed above serve as support for my position that contemporary Western society is "therapeutic society" is emotion society. The need for this study is based on the idea that we do indeed live in an emotion society where we are bombarded with conflicting and confusing cultural emotion norms and display rules on which we must work in order to conform. In lieu of more traditional support systems within which to "do" our emotion work, we increasingly turn to professionals to help us recognize, express, and manage our feelings. Along with the general public, the college populace experiences emotional and mental distress and turn to campus mental health facilities and professionals for help.

Patronage of university counseling centers is not new, however the nature presenting problems is. Prior the current trend of students entering college with psychiatric diagnoses already in place, university counselors already assisted students with emotion work stemming from new relationships, developmental and career concerns, crisis intervention, as well as homesickness.[8]

University counselors play an important role in the development and adjustment of students through the emotion work they help them with. However, as Fremont and Anderson (1988:67) ask: "How can counselors assist clients in recognizing and

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[8] Being far from home and friends is not only an anxiety-causing stressor, but an exacerbating condition for students as they are distant from the support systems they had in place before their departure for college.

expressing . . . feelings appropriately if counselors are unable or unwilling to do so themselves?" In reply, I submit that by asking those to whom we turn for help in our personal emotion work (i.e., counselors) to explore their emotion work we can come to better understand the processes by which *we* all come to manage *our own* emotions in an emotion/therapeutic society.

Having explicated the need for the study in light of an emotion society, I devote the remainder of this chapter to addressing the purpose and importance of the study. The purpose of the study is to increase the understanding of the emotional environment, emotional expectations, and day-to-day emotion work of one group of emotion work professionals that a growing number of American citizens turn to for help—college and university counselors. The importance of the study is first, that it grounds counseling as a sociological phenomenon: a symbolically rich interaction where reality is created, sustained, and altered by counselor and client. Second, by focusing on university counselors—who are professionals with all the attending rights and obligations as well as organizational citizens within a bureaucratic institution— it allows us to explore the inter-relation of structure and agency. By investigating how organizational display rules, professional emotion norms, and personal feelings both impact and are impacted by their day-to-day emotion work we shall see how counselors preserve their personal and social identities while maintaining (and perhaps, changing) the sometimes conflicting mission and goals of an increasingly profit-driven institution.

Purpose of the Study

The purpose of this research is to increase the understanding of the emotional environment, emotional expectations, and day-to-day emotion work of university

counselors. In so doing, it will extend current theoretical assumptions about emotion work and its consequences, emotional dissonance, and organizational and professional identities.

This study will also extend established understandings of routine therapeutic encounters and provide a base for future work on emotion management during crisis events. This research is intended to add to the corpus of literature in the Sociology of Organizations, the Sociology of Emotions, as well as the body of counseling literature pertaining to counselor emotion.

Importance of Study

The following discussion of the importance of the study will center on grounding counseling as a sociological phenomenon and as such, allowing us to explore structure and agency by investigating how organizational display rules, professional emotion norms, and personal feelings both impact and are impacted by the emotion work of college and university counselors.

This study firmly grounds counseling as a sociological phenomenon. I assert that counseling is inherently sociological rather than psychological. The therapeutic relationship is a role relationship where, although the roles of client and clinician are defined in their basic content, they are still negotiable and negotiated. Each piece of conduct occurring within that relationship is part of the obligations of that role (Goffman 1961:152) and so, what is appropriate and inappropriate within the therapeutic setting (norms, rules, behaviors . .) must be negotiated and then learned by the client and the counselor, especially since some behaviors considered most inappropriate outside the therapeutic world are most appropriate within it. Finally, I conclude that counseling also

involves resocialization where behaviors, cognitions, feelings, and emotional displays that are more aligned with cultural norms come to be identified, understood, acquired, and internalized.

Counseling entails identifying, experiencing, and expressing emotions (both the counselor's and the client's) in adaptive ways. In a "therapeutic society" (Rieff 1987) individuals invest a great deal of their resources "working on" their emotions with the assistance of counselors, therapists, and other helping professionals. In this way, emotion work "becomes normative process; it does not necessarily occur as a response to norm violation but may constitute an individual's attempt to conform (cope?) with the everyday demands of a therapeutic emotional culture" (Erickson 1997:7).

In a therapeutic encounter, the counselor's *self* is the "tool" used to help bring about the client's desired change. I argue that through the use of self, counselors facilitate the client's process through both self-directed and other-directed emotion management. By exploring the therapeutic encounter we witness the interplay between "reflexive role-taking emotions" and "empathetic role-taking emotions" (Shott 1979) in interpersonal emotion management, further establishing emotions as social constructions. [9]

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[9] Shott (1979) conceptualized reflexive and empathetic role-taking emotions thusly:
Reflexive role taking emotions are emotions that are directed toward oneself and are crucial in motivating emotional self management (Goffman 1956). These consist of:
- Guilt—Using Ausubel's (1955) definition, Shott states that guilt is "...the feeling that accompanies the negative self-evaluation which occurs when an individual acknowledges that his behavior is at variance with a given moral value to which he feels obligated to conform."
- Shame—occurs when after taking the role of the other, one discovers that the other's perception of the behavior is not congruent to her/his idealized image of self.
- Embarrassment— a feeling that exists "when an individual's presentation of a situational identity is seen by the person and others as inept" (Turner 1998).
- Pride—A person experiences pride when through taking the role of others they obtain self-approval. Prideful persons attempt to present themselves to others in such a manner to maintain this self-approval.
- Vanity—"unlike pride, is an unstable and transient emotion; it is the form social approval may take when one is not sure of one's self image or the approval of others. Vain persons are therefore more immediately dependent on others for their self-conceptions" (19791326).

This study also allows us to explore the relationship between structure and agency by investigating how organizational display rules, professional emotion norms, and personal feelings impact and are impacted by the emotion work of college and university counselors. University and college counselors provide a unique opportunity to examine professional emotion work within a larger bureaucratic environment. As pointed out earlier, emotion literature has neglected exploring occupations where emotion work *is* the occupational pursuit rather than merely an ancillary aspect of it.

Although recent research has confirmed the importance of emotion in organizational function, there are several reasons only a few studies focus on professional groups. Organizations have long been considered within the realm of rationality and reason (cf. Weber 1952; Taylor1967; Perrow 1986) and so emotion was considered an inappropriate lens through which to understand them. Because of this, the study of emotion in organizations is still an emerging area of inquiry. Also, inquiry into work related emotions has followed Hochschild's original conceptualization of emotion work and emotion management—that it occurred only in hierarchically arranged work settings and was directed in a top-down fashion. Therefore, research has focused mainly on front-line service employees whose managers could require the display of emotions that furthered the benefits of the company.

University counselors provide an excellent opportunity to add to the knowledge of professional emotion management in general and also allow us to explore the complexity of emotion management among individuals who maintain both a professional and organizational identity. While University counselors are members of an established

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- Empathetic role-taking emotions—"The arousal in oneself of the emotion one would feel in another's situation" (See Clark 1987).

profession, with its own feeling and display rules built in to its code of ethics, they are also university citizens with obligations to organizational display rules and impression management. The current study will allow us to see how university counselors negotiate dual occupational roles with conflicting norms and rules in their emotion management practices.

This dual role will also provide an opportunity to further investigate the concept of emotive dissonance. Emotive dissonance, also known as emotional dissonance or emotional deviance (Hochschild 1983; Morris and Feldman 1996, 1997; Thoits 1990), is the incongruence and discomfort *felt* when organizational emotion demands conflict with personal feelings. University counselors provide a unique opportunity to explore the possibility of a three-way emotional dissonance created by disjuncture between professional emotion norms, organizational emotional expectations, and the counselor's personal feelings. This will be a distinctive contribution to the emotion literature.

This study is also important to the sociology of emotion literature in that will investigate positive as well as negative outcomes of emotion management. Current literature attends to negative outcomes of emotion labor including burnout and turnover. Along with these, the data will reveal the positive outcomes that accompany emotion management in the helping professions.

Organization of the Study

Chapter II reviews relevant literature in the sociological treatment of emotion. It begins with a discussion of the implicit use of emotions in classical theory, proceeds to the symbolic interactionist approach to emotions, and concentrates on the emotion management work of Arlie Hochschild. It then traces the legacy of Hochschild's

concepts, setting the groundwork for the ensuing discussion of the approach to the study in Chapter III.

Chapter III frames the emotion literature in the context of counseling. It includes relevant literature on counseling, emotion in counseling, counseling in terms of symbolic interaction, and provides the basis for analysis of the interview data to follow.

Chapter IV outlines the methodology for the study including justification and selection of counselor emotion management as worthy of study, selection and participants, ethical issues, researcher bias, and data analysis.

Chapter V provides a discussion of the data including counselor profiles, and important findings.

Chapter VI offers conclusions, limitations, and outlines future study including that on the crisis-directed emotion work of university counselors.

CHAPTER II

LITERATURE REVIEW

In this chapter I trace the sociological concept of emotion from classical theory to contemporary works in the sociology of emotions, focusing particularly on symbolic interactionist works and the legacy of Arlie Russell Hochschild. The impression management of Erving Goffman is also introduced. I relate relevant literature on emotion management in frontline workers, management, and professionals as well as paraprofessionals to the study at hand. I also propose the existence of an "emotion work system" comprised of other, self, joint, and reciprocal emotion work as counselors face unit and organizational stressors.

Sociology and Emotions

I assert that sociology, arising as it did from the Enlightenment Project, and entrenched deeply in Western thought, has advanced the primacy of reason over emotion. In the history of Western thought, the conventional approach to emotion was to relegate it to the margins of thought and practice and to hold reason as supreme. Williams (2000:559) claims:

> Traceable from Plato, Descartes and Kant, through Weber's 'incapacitating' fear of the irrational, to modern-day rational choice theory itself, emotion from this viewpoint 'perverts' the course of reason and the search for truth itself (i.e. 'outlaw' emotions as the 'saboteur' of instrumental rationality). To be rational, Plato declares, is truly to be 'master of oneself': a mastery based on unity, calm

and collected self-possession. The realm of desire, in contrast, is deemed 'chaos', our souls 'torn apart' through a 'perpetual state of conflict' (Taylor 1989: 116). The Cartesian cogito, in a similar vein, turns reason into a somewhat disembodied process: a form of 'mental disengagement' (Cogito ergo sum) far removed from the corporeally-based 'passions of the soul'. Emotions, for Descartes, cannot be entirely 'controlled' by thinking. They can, however, be 'regulated' by thoughts, especially those that are 'true'. Reason in short, as Kant proclaimed, is 'sovereign': an independent faculty set in opposition to emotions qua nature.

In fact, only recently has emotion in social life been considered suitable for sociological examination.

In order to grasp the newness of the sociology of emotions, consider that the first American Sociological Association (ASA) session on emotions was organized as recently as 1975 by Thomas Scheff and that the ASA Sociology of Emotions section emerged only in 1977 (Erickson 1997:11). However, while work focusing specifically on emotions is still relatively recent, emotion was a component in sociological theory, if only implicitly, throughout the history of the discipline.

Classical Sociological Theory and Emotion

Early sociologists, coming from an enlightenment mentality and following Weber's lead, had little room for emotion in their work. Barbalet (1998:13) claims that sociologists took to heart that "increasing rationalization of the world means a decreasing emphasis on emotion in human affairs and conduct." Emotion was held to be deleterious to reason while reason produced and supported social organization. Also, I argue that, in a climate of opinion that insisted upon the separation of mind and body, emotions and

feelings were considered natural or biological in nature, beyond human control, and therefore unfit for sociological consideration.

Early models of emotion were biological in nature. Hoschchild (1983:203) notes that early acknowledgement of emotion was heavily influenced by evolutionary concepts. To Freud, emotion (affect) is libidinal discharge, where for Darwin it is instinct. "These organismic models define emotion as mainly a biological process, so in these approaches, emotions are fixed in nature, common across many people, and "have a prior existence apart from introspection" (205). As a biological process, emotions were not a proper subject for sociological study, except perhaps in the negative to consider how others interpret emotions that are expressed or how emotion was detrimental to rational functioning.

In classical sociology, emphasis was on "rational man" and his decision-making processes, however, emotion as a factor in human social processes was implicit in many classical works. For example, Durkheim's collective consciousness of traditional societies allowed for emotion at the societal level but said little about the interactive aspects of emotion. For Durkheim (1952, 1961), macro social structure is produced by human activity—strong emotional arousal (moral sentiment) leads to strong social bonds. It is said that this primarily illustrates that emotional distancing is necessary in the context of societal density and leads to social segmentation and inequality (Collins 1990). Marx (1978) relates that the capitalist means of production leads to feelings of alienation in individuals.

Also, Parsons' (1951) pattern variables and system needs acknowledged affectivity and selfishness (role relationships could be emotionally charged or

emotionally neutral, or self or collectively oriented), yet emotion, to him, was not an essential aspect of social action. More recently, in Collins' (1975) work, emotion was seen as a capacity *within* a person (but largely again, with an organismic starting point). Those in control of the ritual apparatus that does the triggering set off the emotions (Hochschild 554). Although emotion is acknowledged in classical theory (on mainly a hidden and abstract level) the interactive aspects of emotion were yet to be explored. One idea present in sociological concepts of emotion is that of universality. The notion of universality in the experience of emotions allows us to feel both sympathy and empathy [10] for others. The only basis for the belief in universality of emotional experience on any level is that emotions rest on shared social definitions which are recognizable and can be evoked in the socially appropriate context. While sympathy is considered inappropriate in the therapeutic context, empathy is a core concept and is considered essential to the therapeutic alliance. The norm of empathy is enacted in the counseling relationship as the counselor attempts to put herself in the "shoes" of the client. Sympathy (considered a reflex lacking any conscious reasoning and does not require getting in the other person's skin), on the other hand is avoided. These emotion norms become part of the definition of the situation and are part of the symbolic interactionist view of emotion.

Emotion and Symbolic Interaction

While behavioral exchange theories of emotion focus on biological roots of emotion as they are socially embedded (Lawler 1999; Scheff 1990), and conflict perspectives stress collective emotion and the role of power in rewarding and punishing

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[10] Empathy- from the Greek- "Em" meaning inside and "pathos" meaning, feelings. Empathy is the ability to put oneself emotionally in another person's situation and to feel what that person must be feeling. You imagine and feel the pain, frustration, pleasure, etc. of another human being.

emotional behavior, symbolic interactionism focuses on the role of the actor in defining the emotional situation and determining the appropriate emotional responses.

The most fruitful theoretical framework within which to explore emotion is Symbolic Interaction which considers it from opposing poles- the positivist/structural (causal models) and the constructionist (emergent models). Research in the positivist/structural mode would include Kemper (1990) and Scheff (1988) who, for example, assert that affective roles are deterministic in their effect on people and an individual would then only feel those emotions that are appropriate to the role. Affect control theory (Heise 1979; Heise and Smith-Lovin 1988) also falls within this paradigm as it asserts that emotions are the results of sequences of events.

On the other end of the continuum, while strict constructionists may accept the influence of affective roles, they would insist that these roles are negotiated situationally by the individual through interaction with others. (See for example the discussion of Cooley 1922; Goffman; Hochschild 1983 and others below.) The individual may or may not feel the appropriate emotions in a given situation but may give a convincing portrayal of what is expected, ensuring the interaction proceeds as expected. The current study follows the more constructivist line of thought in uncovering how counselors work with their emotions and emotion displays in maintaining the therapeutic encounter.

Although SI was instrumental in acknowledging the centrality of emotion, their conceptualization of it remained at a more-or-less implicit level. Hochschild (555) observes that the cognitive explanation of social action (Mead 1934; Blumer 1969) dominated the literature, and not the more subtle implicit conceptualization suggested by Simmel.

Briefly stated and left undefined, Simmel, in his study of fashion (1904:553), offers shame as a powerful source of emotion work. People desire change but fear the shame that accompanies straying too far from the norm. Through fashion one can experience the desired change along with others and avoid isolation and accompanying shame.

Another SI perspective is offered by Cooley (1922) who addressed feeling in regards to the relational process of the "looking-glass self." Cooley saw this self-monitoring in terms of three steps: "A self-idea of this sort seems to have three principal elements: the imagination of our appearance to the other person; the imagination of his judgment of that appearance, and *some sort of self-feeling, such as pride or mortification*" (184 emphasis added). He continues:

> The comparison with a looking-glass hardly suggests the second element, the imagined judgment, which is quite essential. The thing that moves us to *pride or shame* is not the mere mechanical reflection of ourselves, but an imputed sentiment, the imagined effect of this reflection upon another's mind. (184, emphasis added)

In fact, it is the display of emotion that lets us know we live in the minds of others:

> Many people of balanced mind and congenial activity scarcely know that they care what others think of them, and will deny, perhaps with indignation, that such care is an important factor in what they are and do. But this is illusion. If failure or disgrace arrives, if one suddenly finds that the faces of men [sic] show coldness or contempt instead of the kindliness and deference that he is used to, he will perceive from the shock, the fear, the sense of being outcast and helpless, that he was living in the minds of others without knowing it, just as we daily walk the solid ground without thinking how it bears us up. (Cooley 1922:208)

Goffman furthered this concept in his early work on self, particularly work on impression management:

> Goffman's *Everyperson* is concerned about her image in the eyes of the other, trying to present herself with her best foot forward to avoid shame. This work elaborates and vivifies Cooley's abstract idea of the way in which the looking glass generates shame, giving the idea roots in the reader's imagination. (Scheff and Retzinger 2000)

In order to provide a cross-cultural framework for the sociological analysis of "face-to-face" interaction, Goffman addressed emotion mainly through the examination of "embarrassment"—when people fail to present and acceptable self (1956). According to Goffman, we gear our interaction to reduce the possibilities of failed performances and expect others to recognize that we are entitled to certain considerations due our purported expertise. Our selves are developed and maintained with the cooperation of others during interaction.[11] For Goffman, performing face-work (which he explores in Interaction Ritual 1967) meant avoiding embarrassment and shame.

Goffman influenced Hochschild's work on the aspects of emotion by first introducing the embodiment of emotion:

> An individual may recognize extreme embarrassment in others and even in himself by the objective signs of emotional disturbance: blushing, fumbling, stuttering, an unusually low- or high-pitched voice, quavering speech or breaking of the voice, sweating, blanching, blinking, tremor of the hand, hesitating or vacillating movement, absentmindedness, and malapropisms. As Mark Baldwin remarked about shyness, there may be "a lowering of the eyes, bowing of the head, putting of hands behind the back, nervous fingering of the clothing or twisting of the fingers together, and stammering, with some incoherence of idea

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[11] We should remember that Goffman (1967) emphasized cooperation of actors and commitment to various "moral orders." As such, impression and emotion management are not a cynical undertakings or simulations, but necessary activities done to sustain day-to-day social life even when it becomes routinized.

as expressed in speech." There are also symptoms of a subjective kind: constriction of the diaphragm, a feeling of wobbliness, consciousness of strained and unnatural gestures, a dazed sensation, dryness of the mouth, and tenseness of the muscles. In cases of mild discomfiture, *these visible and invisible flusterings occur but in less perceptible form* (Goffman 1967, emphasis added).

Here, Goffman suggests we recognize the embodied signs of emotional disturbance in ourselves and others. As empathetic practitioners, counselors use themselves as instruments of change. As stated earlier, empathy entails getting inside the feelings of another while being aware enough of your own feelings to use cognitive processes to analyze them and use them for the benefit of the client. These bodily cues are essential in this process as the counselor observes the outward display of the client to help determine his/her emotional state while monitoring their own in order to direct the emotion work of the client.

In sum, rather than conceptualizing emotion as either a biological or cognitive phenomenon, the symbolic interactionist view of emotions claims that emotions are the product of symbolically significant interaction[6]. "Social factors enter not simply before and after but interactively *during* the experience of emotion" (Hochschild 1983:211). Hochschild illustrated this by applying interactionist concepts of emotion to the work setting.

Hochschild and the "Managed Heart"
Arlie Russell Hochschild opened up emotion as a legitimate arena for sociological examination in 1975 with the publication of "The sociology of feelings and emotions" in a collection of feminist readings, *Another Voice.* Here she touched on the concepts later fleshed out in her 1983 work, "The Managed Heart." In this book she illustrated the

commercialization of human emotion in the work by studying airline attendants and bill collectors. In contrast to the previous structure-based and cognitive consideration of emotions in sociological thought, "social factors enter not simply before and after but interactively during the experience of emotion" (Hochschild 1983:211).

Diverging from the earlier symbolic interactionist consideration of emotion, Hochschild broadened the study of emotions to include a wider range of emotion than just "shame "or "embarrassment." In addition, she further examined the outward signs of emotional response (embodiment) as well as the inner emotional existence of the self. This is discussed further, below.

According to Hochschild (1983) emotion work is "requires one to induce of suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others" (7). This is accomplished through both "deep" and "surface" acting. Deep and surface acting are the means by which we bring emotions into line with "emotion norms" (beliefs and rules about proper emotions) and display rules (prescriptions for the proper display of emotions).

In face-to face interaction there develops a series of system requirements which signal senders that reception is taking place, announces that a channel is sought for, or indicates that a channel is open. Drawing on that framework first suggested by Goffman (1981), Hochschild (1983) developed the concept of "surface acting" Surface acting is the label we give our attempts to change how we outwardly appear (for example maintaining a pleasant countenance while interacting with someone you dislike). In other words, surface acting is the "impression management" aspect of displaying an appropriate emotional face and deportment appropriate to the feeling rules of the

interactive context. The concept of surface acting is comparable with counseling's principle of "attending behaviors"—the use of vocal, and physical behaviors to present an attentive, available, and non-judgmental self to the client regardless of the counselor's personal feelings. The counseling emotion norms of presenting an empathetic, warm, and nonjudgmental self during the therapeutic encounter sometimes require surface acting. If a counselor is, by chance, tired, distracted, or bored, professional emotion norms still require the counselor to appear in the moment, interested, and warm. A counselor can display this by leaning toward the client with an open posture and making appropriate eye contact, using minimal encouragements—short utterances such as "uh-huh," "hmmm," "go on;" paraphrasing, etc.

However, Hochschild is interested in more than presentation of self; she is also concerned with how people manage those emotions—the effort they exert to try to feel a particular emotion in a given social context, or "deep acting." In contrast to "surface acting," deep acting alludes to a display that "is a natural result of working on feelings" (35) Deep acting entails transforming one's emotions by suppressing inappropriate ones and mustering appropriate ones (for example, deep breathing and realigning your cognitions before a crucial presentation). In a therapeutic encounter this might manifest as an occasion when the counselor felt dislike or disgust for the client. If disclosing the negative emotion would not be of benefit to the client the counselor is expected to maintain empathy and warmth and remain nonjudgmental. Cognitive processes could be used to realign what is felt with the emotion norms of counseling. The counselor could reframe their feeling by considering what lead them to feel negatively, if the negative feeling stemmed from unfinished emotional business of their own, or by appealing to

their professional identity and consciously deciding that the client is deserving of their attention, warmth, and regard despite the fact that they dislike them simply because that is what counselors do.

Emotion Work, Feeling Rules, and Emotion Management

Along with the terms "emotion work" and "emotion management" there are three other terms used to describe the work involved in managing feelings—"caring work" (England and Folbre 1999), "caring labor" (Himmelweit 1999), and "emotional labor" (Hochschild 1983; James 1989; DeVault 1991, 1999; Ashforth and Humphrey 1993, 1995). While these terms are closely related and overlapping, there is much debate in the literature on the distinction and definition for these terms. The debate originates in Hochchild's original definitions of the terms "emotion labor," "emotion management," and "emotion work." The definitions and brief discussion of the debate follow.

Hochschild's (1983) original conceptualization of emotion labor consisted of the cooption of a worker's emotion for the benefit of the organization. She saw this as inherently harmful as it lead to the alienation of workers from their work and from their own emotions. Hochschild conceptualized "emotion management" as the act of adjusting or controlling an emotion felt or displayed to bring it in line with social expectations, while "emotion work" acknowledges the techniques used in attempt to change an emotion felt or displayed.

In the write up of this study the terms "emotion work" and "emotion management" will be used interchangeably. During the interview process, "emotion work" was used exclusively during interviews as some respondents posed objections to the coercive and cynical connotation of the word "management." For them, emotion work

acknowledges the techniques used in attempt to change an emotion (self or other) felt or displayed without the coercive connotation that the term "emotion management" had to the respondents.[12]

Hochschild first addressed the emotion concepts dealt with in this study in her 1979 article "Emotion work, feeling rules, and emotion management." Here, Hochschild (1979) stresses that the "natural" emotions the agent might feel in a situation are subject to alteration depending upon the cultural "feeling rules" of the situation. She further writes that "We know feeling rules from how others react to what they infer from our emotive display--a person may chide, tease, cajole, scold, shun—in a word sanction us for misfeeling" (563-564). In this piece she proposes that emotions are "subject to acts of management so as to render them appropriate to the situation" (551). Hochschild (1990) further suggests that actors are able to deliberately alter the various components that make up emotion (situational, physiological, expressive, or its label) in order to change the emotion experienced.

Emotion work is "the act of trying to change in degree or quality an emotion or feeling" (Hochschild 1979:560). During emotion work, the expression of emotion reflects the interplay between the situation, the social standard (or feeling rules), and our own feelings. Emotion work becomes visible to us as we realize our feelings do not fit the circumstances (563), when we experience and inconsistency, or dissonance.

Hochschild contended that emotion work occurs in jobs involving voice or facial contact with the public and production of an emotional state in the client or customer. In addition, for "emotion management" there must be an opportunity for the employer to

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[12] "Work" is also a common metaphor within the emotion professions; when clients feel distress over an issue, they must "work on," "work with," or "work through" the emotions felt. In behavior/cognitive therapies clients are often give "homework" to do before the next session.

control (to some degree, at least) the emotional activities of workers. Through impression management and emotion manipulation the goal of emotion work is to display a specific emotion regardless of whether that emotion is actually felt and to produce a specific emotional state in the customer or client.

According to Hochschild, emotion work can be separated into two types: Two types: (1) *Evocation*- cognitive focus is on a desired feeling which is initially absent, and (2) *Suppression*- cognitive focus is on undesired feeling that is initially present. Both evocation and suppression can be illustrated with examples from Tracy's (2001) study of emotion management among prison guards. Guards agreed that to show fear was to open up weakness to the inmates. By suppressing fear, guards appear to be in charge and can effectively avert potentially dangerous uprisings of inmates. By strategically evoking a feeling performance of anger a guard can coerce inmates into desired behavior. This is particularly effective in joint performance of "good cop, bad cop" among law enforcement personnel. Evocation and suppression are achieved through the symbolic acts of language and paralanguage.

Performing emotion work entails three distinctive techniques: cognitive, bodily, and expressive. Cognitive emotion work, as described by Hochschild, is "an attempt to change images, ideas, or thoughts in service of changing the feelings associated wit them" (562). In essence, we disguise what we feel and are able to pretend to feel what we are not feeling (1983:33); we redefine the situation and act upon the new definition. Bodily emotion work entails changing somatic symptoms in hope that feelings will follow: taking deep breaths, "walking it off" in order to manage feelings of fear or anger (562). Expressive emotion work (562) occurs when we change our expressive gestures in

order to change our inner feelings such as pasting on a smile at a colleague's good

fortune when all you feel is envy.

Emotion beyond Hochschild

Although the corpus of sociology of emotion studies stems from Hochschild's

twenty-year-old study of airline and collections employees (1983), it is still seen as an

emerging area of inquiry. Following is a discussion of the emotion literature post-

Hochschild and will address gendered emotion work, emotion work within the service

sector and among professional, as well as the consequences of emotion work Currently,

scholars in organizational communication, management, and sociology have begun to

examine issues of emotion socialization (Groves 1995), emotion expression (Bolton

2001), emotional control (Rafaeli and Worline 2001) and their impacts (Brotherage and

Grandey 2002) on individuals in the workplace (Waldron 1994; Fineman 2000).

Emotion labor and the service sector

A preponderance of the "emotion labor" studies since Hochschild has focused

upon employee groups who, as part of their job, succumb to top-down, direct

management control of their external emotional expressions. We have glimpsed the

emotional labor of bill collectors (Hochshild 1983; Sutton 1991), convenience store

clerks (1988), beauty salon workers (Black and Sharma 2001), fast food workers, and

insurance salespeople (Leidner 1993) in addition to Hochschild's original exposition of

flight attendants and collection agents.

Black and Sharma (2001) discuss the work of beauty therapists as both physical

and emotion labor. She claims that in the salon, the beauty worker acts as "unofficial

counsellor rather than participant in a general conversation." It seems that the emotional

part of beauty treatment is a "motivating reasons for women to return for treatment, in

terms of their own mental and emotional health." One beauty therapist explains:

> I would say 80% of my clients, maybe higher, have problems that they tell me
> about every time they come in.... They come back because they feel cared for.
> They come back because you will listen to them whereas at home you know the
> husband will say `God if you talk about that once more I will scream', but they
> pay you to listen as well you see, as well as having the treatment. I have clients
> here, they'll pay forty pounds for a facial and they're lying there the whole time
> with their eyes open instead of relaxing and going right in to it, they're lying
> there the whole time and telling me about their latest trauma, and I'm thinking
> `what are you getting from this facial'? But what they're getting from the facial is
> unburdening of their problems. (110)

The studies of beauty therapists also illuminate the positive and negative

consequences of emotion work. Even as the beauty therapists found that "this role was a

difficult and sometimes exhausting experience. . . they also derived immense personal

satisfaction from having helped and listened to clients" (113).

Another study on the economic impact of emotion labor (Cohen 2004) also uses

workers in the beauty industry as subjects of research. Mail surveys were returned by 134

hairstylists and trainees and follow-up interviews were completed by 62 hair stylists and

trainees in 41 salons or barbershops   Nine percent of the hairstylists in her study

respondents made explicit reference some form of emotional labor as one of the worst

things about their work (i.e. "listening to people," "smiling," "listening to illnesses,"

"having to be nice even when you're upset"). Interviews revealed that in working-class

salons where stylists did not rely on tips, stylists shared the emotion labor—it became

generalized and stylists supported each other by joining in each other's conversations

with clients—while in exclusive shops, where stylists relied on customer relations for their pay, emotion labor was carried out by individual stylists only with their own clients (15). Cohen also addresses deep acting in relation to transference and empathy. By putting themselves in the place of their clients, stylists determined whether or not to push extra products and services, often to the detriment of the salon's sales.

Research continues to show that some frontline workers are subject to emotional exploitation. Food servers who depend on tips rely on emotion work to ingratiate their customers with contrived niceties (Hochschild 1983; Leidner 1993). Since the 1990s, seafarers on cruise ships have experienced an immense increase in demand for their emotion labor as cruise lines have globalized, and produced larger ships which served to increase the crew-passenger ratio (Zhao 2002). Notoriously low wages ($50 a month), coupled with hard physical labor makes the emotional labor performed by this group trying as their smiles are held hostage:

> When you work in the cabin, you are almost alone. You can't see people. You can speak with no body. You just do your job. Apparently, that's it. Actually, it isn't only this. It's a lot more. For example, you must remember the guests' names, remember what kind of fruits or drinks they like to be put in their cabins, small things like this. You must remember to smile when you meet them, no matter how tired or how low you are. After all, you depend on them for gratuities. (21-22)

The focus evident in the above studies is upon front-line workers employed in bureaucratic/hierarchical organizational studies. The predominance of this focus in the literature is likely because Hochschild (1983) originally maintained that jobs involving emotion labor required the "employer, through training and supervision, to exercise a degree of control over the emotional activities of employees" (147). However,

Hochschild extended the concept in 1993 by acknowledging that emotion labor is also relevant to managers. Further, Flam (1990) argues that rather than being immune to emotion, corporate actors construct and become "a set of obligatory-coercive organizational rules that impose emotions on the individuals working for them to sustain organizational self-definitions and/or achieve goals" (225). Emotion labor studies were expanded to include upper levels of the hierarchical structures of employment.

This line of inquiry has shown that managerial emotion work is required to generate happy feelings in both workers and customers in order to support the profit driven goals of business. Mangers perform emotion work to ensure employee buy-in and increase market advantage (Barley and Kundra 1992). For instance, in the fast-food sector, managers apply "deep acting" to evoke positive emotions which helps perpetuate the "myth" of the internal labor market (Leidner 1993); this encourages their workers to feel good about their jobs and in turn, the work to create a home-like atmosphere that pleases the customer and keeps them coming back.

While studies such as Leidner's expand emotion management beyond the realm of frontline employees, it does not address the special circumstances surrounding emotion work by professionals. As members of collegial bodies, professional emotion norms and feeling rules are mapped out through codes of ethics and their specialized training rather than dictated by management. Very recently however, sociological research into emotions has begun to assess the emotion management of professionals and paraprofessionals.

Emotion work among professionals and paraprofessional

Although Hochschild (1983) suggested that professionals such as doctors and lawyers perform emotion work, systematic research into the emotion work of professionals has been sparse and has provided varying results. Following is a discussion of this literature and its relevance to the current study.

As illustrated in the previous sections, existing emotion management literature tends to focus on workers in various occupational categories, concentrating on work that is performed within a hierarchical organizational structure. Investigation of emotion work performed by those employed in more collegial organizational structures, as are professionals, is recent on the sociological landscape. I contend that professionals comprise a special subset of the working population whose emotion work is qualitatively different from traditional service sector employees (such as those in the studies reviewed above), and are thereby worthy of special consideration. This is particularly salient as more groups attempt to claim professional status.

Professionals represent a unique case because, as opposed to the hierarchical organizational context of other service work, they practice within a horizontal, or collegial, organizational structure. Professionals perform specialized work based on specialized knowledge with accompanying credentials controlled by the professional organization, are self-policing, and are committed to quality work rather than profit margin maintain (Freidson 2001). The profession maintains "a network of screening, training, examinations, credentialing, character qualifications, codes of ethics, and peer review to satisfy the state and the public that they can effectively deliver and control the vital professional service" (Reiter 2002:7). Those processes include socialization to

professional emotion norms; therefore, when considering professions and emotion work we must keep these factors in mind.

For professionals, emotion norms arise from the screening, training, and credentialing for professional status. The codes of ethics direct appropriate action (and, I argue, appropriate emotional display) and are enforced by the peer review process. The training, via programs of higher education, and the codes of ethics are determined by the professionals themselves, and breaches in professional behavior (including emotional behavior) are thus monitored and sanctioned by the collegial professional body.

The emerging corpus of literature on professional emotion work is best exemplified by three occupational venues: the legal arena, nursing, and teaching. The first is exemplified by Lloyd's (2002) examination of barristers, Lively's (2002) study (briefly discussed earlier), and Pierce's (2000) research on paralegals. Bolton's (2001) analysis of the emotion work of nurses adds to this area with a discussion of emotion work in "multi-situated systems of activity" and "multiple identities" (Goffman 1961). Golby's (1996) inquiry into teachers' professionalism and Winogard's (2003) self-study on elementary teachers' emotions also apply. Each of these studies is addressed more fully below.

While not completely analogous to the situation of counseling professionals, Bolton's study of nurses (2001) is especially relevant to this study of counselors in a post secondary setting as it offers a synthesis of Goffman's face work and Hochschild's emotion labor. Bolton illustrates how nurses are "able to move into different frames of action, performing according to different sets of feeling rules, and displays how there are "multi-situated systems of activity" (Goffman 1961) embedded in organizational

contexts. During the shifts through various systems of activity, the nurses re-define

situations through their emotion management skills and proceed accordingly. Similarly, a

university or college counselor must also be able to adjust to multiple norms of behavior

and emotional display as he or she transitions through various roles as clinician, clinical

supervisor, university committee member, administrator, public information liaison,

educator. . . .

> While actively participating in an activity system, he is, nevertheless, also
> obliged to engage in other matters, relationships, in multi-situated systems of
> activity in sustaining norms of conduct that crosscut many particular activity
> systems. (139)

Goffman's concepts of "role embracement" and "role distance" along with

Hochschild's "surface" and "deep acting" will be used to explicate what happens during

these transitions in a counselor's day.

Bolton's research also illustrates how it is possible for organizational actors to

have 'multiple identities' (Goffman 1961; Gerth and Mills 1958; Mills and Murgatroyd

1991). This is a valuable concept when determining what counselors' dual occupational

identities (professional counselor and university citizen) mean to the participants in this

study.

A final relevant arena of investigation to consider here concentrates on the

emotion work of educators. Instead of having an "emotion supervisor" immediately at

hand, teachers, as paraprofessionals, "supervise their own emotional labor by considering

informal professional norms and client expectations" (Hochschild 1983:153). Golby

(1996), who focused specifically on teachers' negative emotions of annoyance, irritation,

and anger found that the teachers viewed professionalism as controlling one's emotions

to effectively work within the institution, and further, that this control leads to restricted emotional responses in the classroom. This is especially relevant when we consider counselors' work, which requires an ability, on a daily basis, to negotiate multiple, complex social interactions with others such as students, colleagues, administrators, parents, and community members according to professional emotion norms and organizational expectations.

Winograd (2003) points out a vital aspect of the work of professionals and paraprofessionals. He ascertains that the autonomous nature of this type work often leads to a "self-accusatory stance" which then diverts the individual's "attention from structural problems in their working conditions and, instead, focuses attention on the inadequacies" they perceive in themselves:

> In my recent teaching experience, I found myself suppressing much emotion, reflecting the feeling rules of the elementary school by engaging in emotion labor. . . . For much of the time I worked at suppressing or changing my emotional response to teaching problems. I also experienced other emotions such as embarrassment, shame and guilt. . . . (1642)

I contend that this is transferable to the study of counselors in a university setting as well. I expect to find evidence that counselors related mishaps in emotion management more to their personal shortcoming as helping professionals rather than to the underlying structural problems that give rise to the circumstances in the first place.

Joint and reciprocal emotion management

Essential to the current study is the following premise: Emotion work is not only done by the self upon itself; it is my conviction that emotion work can also be done "by

the self upon others, and by others upon the self." I contend that in those instances an emotion work system emerges and is maintained.

Instrumental to an emotion work system are the concepts of other, joint, and reciprocal emotion management. Other emotion management about influencing the emotion of other individuals (Thoits 1996) and is considered a manifestation of power (Thoits 1996; Francis 1994; Erickson 1997). Sennett's (1980) study illustrates how power operates through emotion as his autonomous managers induce feelings of shame in subordinates. Since "*other* emotion management" entails "empathic role-taking emotions" (Shott 1979), it is a central concept in understanding counselor emotion work. From this perspective, displays of empathy are used to direct and mobilize another's emotions. There is a difference however, in "other emotion management" as used in this research. As used in a therapeutic environment, other emotion management is performed to the benefit of the client[13] and not a manager or an organization.

Lively (2000) introduced the concepts of joint and reciprocal emotion work in her study of paralegals, emotion management, and inequalities in law firms. Reciprocal emotion management is the reciprocal effort of similar others to manage one another's emotions done with the experience of, or *expectation of*, reciprocity. Joint emotion management refers to a special instance of reciprocal emotion management in which two or more persons work together (to their mutual benefit) in order to manage their shared emotional response toward the same stressful situation. Lively found that reciprocal emotion work is one mechanism through which paralegals are able to manage their

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13 This does not preclude an element of coerciveness, however. Pederson (2001) points out that when managers "get others to 'work on' their emotions in a specific way, they are also using emotion as power to reproduce a certain ideology" I assert that therapists and the general emotion industry work to maintain the particular emotion ideology of the dominant culture.

emotional reactions to the status inequity in their daily interactions with attorneys. I expect that an "emotion work system" of self, other, joint, and reciprocal emotion management will be evident in the data collected from counselor interviews especially as they relate to the challenges of everyday counseling experiences confounded by the organizational setting of higher education, brief therapy models, staffing and fiscal issues.

Consequences of emotion work

From its conception, emotion work has been related in the literature to its consequences. Hochschild (1983) linked emotion work in airline hostesses to job stress, burnout, absenteeism, headaches, and lower job satisfaction. Here I explore a sampling of the literature that connects emotion work to employee impacts and outcomes, both negative and positive. It is my hope that the current study will reveal the positive aspects of counselor emotion work along with the negative.

Hochschild's original research on emotion work by airline hostesses and collection agents (1983) explored the consequences of using emotions at work. She contended that emotion labor was coercive, that organizations co-opted the emotions of its employees for profit and that this, in turn, led to alienation of the worker from her job and from her own emotions. She also indicated there were somatic, psychological, and behavioral consequences as well including, job stress, burnout, absenteeism, headaches, and lower job satisfaction

Since Hochschild, the majority of literature on the consequences of emotion work focuses on the related rational aspects of job satisfaction (Morris and Feldman 1996), employee morale, and affect control (Heise and Smith-Lovin 1988).

The effects of emotion in the workplace are reciprocal: emotion has been related to job satisfaction and employee morale has been, in turn, associated with emotions in the workplace (Morris and Feldman 1996; Lewig and Dollard 2003). Researchers have found that emotional labor could lead to burnout, exhaustion, and other physical symptoms of stress (Grandey 2000, Brotherage and Grandey 2002). In particular, surface acting was found to be positively related to burnout and inversely related to lower ratings of customer satisfaction. Lewig and Dollard (2003) found that emotional dissonance exacerbated the level of emotional exhaustion in Australian call center workers, indicating jobs combining high levels emotional and psychosocial demands are much more risky.

Research analyzing the impact of emotion work on job satisfaction is mixed (see Morris and Feldman 1996); however, a study by Lewig and Dollard (2003) examined the emotional labor of Australian call center workers and confirmed the central role of emotional labor variables in the experience of both emotional exhaustion and satisfaction at work.

Other emotion management literature highlights gendered aspects of emotion work and its detrimental consequences to women (Fischer 2000; Hochschild 2000; Pierce 1995; Perrons 2000). This literature characterizes paid and unpaid emotion work as a "form of exploitation which involves the subordination of women's emotional needs to those of others" (Firth and Kitzinger 1998:304).

Tracy (2001) asserts that the trends in the literature just covered have led scholars to consider emotion to be a "state" that is best understood by research questions that ask "how much" (for example, "How much is job satisfaction related to emotion work?")

rather than "what kind" (for example. "What kinds of rewards do people perceive when performing "surface acting" as opposed to when they perform "deep acting?"). The current study explores emotion as an emergent phenomenon (rather than a "state") that both develops in and works to sustain or alter the interactional context of counseling.

Noticeably lacking is literature examining the positive consequences of emotion work. Conrad and Witte (1994) contend that emotion management may actually benefit employees by helping them cope with stress and that Hochschild's conceptualization of emotion labor masks the positive aspects of emotion management at work. Similarly, Shuler and Sypher (2000) found that emotion labor might serve an altruistic function for members of human service professions, by enabling workers to reap the rewards of emotional engagement. They argue that positive aspects of emotion work should be considered. This would include any possible health benefits for employees who display positive emotions whether they feel them or not. The current study aims to explore rewards counselors perceive in working with college students' emotional material.

<u>Summary</u>

In this chapter I have traced the sociological concept of emotion from classical theory to contemporary works in the sociology of emotions, focusing particularly on symbolic interactionist works and the legacy of Arlie Russell Hochschild. I related relevant literature on emotion management in frontline workers, management and professionals and paraprofessionals to the study at hand. I also proposed the existence of an emotion work system comprised of self, other, joint, and reciprocal emotion work as counselors face personal, client, unit, and organizational stressors. Also illustrated was the tendency for studies of the consequences of emotion work to focus mainly on the

negative aspects. This may be because Hochschild's original conceptualization of emotion work only acknowledged the negative. The current study proposes to add to the literature on the positive effects of doing emotion work by exploring "what kind" of rewards counselors perceive they reap from working with college aged students. In the following chapter I will use the foundation of Goffman and Hochschild to discuss counseling from a symbolic interactionist standpoint.

CHAPTER III

COUNSELING

Chapter III grounds the current study in terms of the counseling and sociological literature. This chapter begins with a definition of counseling and rationale for sociological study of the counseling relationship. It continues with discussion of the development of counseling as a discipline, and positions counseling in the context of a profession. Finally, I present a review of literature of the counseling relationship as symbolic interaction, and finally, the literature on counselor emotion is discussed.

Defining Counseling and Its Sociological Significance

Just what is counseling and why should it be the focus of sociological study? I define counseling as a co-constructed reality consisting of a therapeutic *relationship* between the practitioner and the client undertaken for the purpose of understanding, developing, modifying, or replacing client behaviors, emotions, or cognitions which the client can then utilize in the sphere of "reality" Schutz described as "the world of daily life" (1944).

I assert that the therapeutic relationship is inherently sociological rather than psychological. It is a role relationship where, although the roles of client and clinician are defined in their basic content, they are still negotiable and negotiated. Also, what is appropriate and inappropriate within the therapeutic setting (norms, rules, . . .) must be negotiated and then learned by the client, especially since some behaviors most

inappropriate outside the therapeutic world are most appropriate within it. Finally, on some level, counseling also involves a form of resocialization where behaviors, cognitions, and emotional displays that are more inline with cultural norms come to be identified, understood, and at least some degree, acquired and internalized.

I argue that the "reality" of counseling and the therapeutic relationship is important sociological fodder because, in a "therapeutic society" (Rieff 1987), individuals invest a great deal of their resources "working on" their emotions with the assistance of counselors, therapists, and other helping professionals. Miller (1997) contends that counseling has become first choice approach to solving personal problems, as well as handling hostage crises, disaster aftermath, and child welfare disputes. In a contemporary society, emotion work/emotion management then "becomes normative process; it does not necessarily occur as a response to norm violation but may constitute an individual's attempt to conform (cope?) with the everyday demands of a therapeutic emotional culture" (Erickson 1997:7). Since this form of relationship is so prevalent in Western society, the sociological explication of the process and social implications of the therapeutic relationship is fundamental to understanding our own emotion work.

I posit that this research can best be explored from a Symbolic Interactionist theoretical perspective of the Sociology of Emotions. Rather than a biological or cognitive phenomenon, the symbolic interactionist view of emotions claims that emotions are the product of symbolically significant interaction. The counseling relationship is a symbolically rich arena for interaction. The counselor is not a passive receptor of client input or an expert who interprets the "true" meaning of client behavior or doles out curative prescriptions. From the symbolic interactionist theoretical stance, counselors and

clients together co-construct the therapeutic relationship through meaningful interaction. During the course of therapeutic interaction human feeling is understood, expressed, and managed by the counselor and the client.

<u>Development of Counseling</u>

As a discipline separate from psychoanalysis, counseling espouses specific values which manifest in its practice. The fact that counseling and guidance are often used interchangeably points to the historical and philosophical background of the discipline. In the following section I will briefly trace the development of counseling in order to explicate the historical, social and cultural influence on the profession we recognize today. The profession of counseling as we know it today developed out of vocational counseling in the early 20th century. Its emergence was due to the sociohistorical and economic context of that era and has continued to be shaped by political and cultural forces such as

The genesis of the counseling stemmed from social reform movements of the late 19th century and the early 20th century (Heppner, Casas, Carter, and Stone 1998). America was moving from an agrarian to and industrial society, bureaucratization and specialization of the workforce were on the rise leaving large segments of the population unemployed and unemployable. Facing rapid social change, social movements (and indeed, sociology) of that period took as their calling the betterment of society through social justice and reform. O'Brien (1999:2) noted that "social justice or social change work can be defined as actions that contribute to the advancement of society and advocate for equal access to resources for marginalized or less fortunate individuals in our society"

Commonly referred to as the father of guidance and counseling, Frank Parsons established the Vocational Bureau of Boston in 1908 (Gibson and Mitchell 1995) in order to help individuals searching for work, advocating primarily for youth, women, the poor, and the disadvantaged. His aim was to assist people in adjusting to these lifestyle changes (O'Brien 1999). This period also saw the development of children's help organizations and the development of the Binet intelligence test. (Kimble and Wertheimer 1998)

Federal legislation has helped shape the profession of counseling since the Smith Hughes act in 1917. The National Mental Health Act of 1946 established the National Institute of Mental Health, which marked the beginning of publicly funded mental health services. TAs veterans returned home post World War II, the Veterans' Administration swathe need to help returning veterans readjust to civilian life, both vocationally and personally, and employed professionals, such as counselors, to assist them in this process (Heppner, Casas, Carter, and Stone 1998). The National Defense Act of the 1950s helped fund programs to train guidance counselors in graduate schools of education (Gibson and Mitchell 1995; Heppner, et. al 1998:5). This is particularly noteworthy as the more developmental approach to "helping" that arose from affiliation with colleges of education is still visible today. Also impacting the counseling profession by opening more job possibilities for counselors was the Community Mental Health Centers Act of 1963.

During the 70s consensus on professional identity was reached and training and practice were closely linked (Heppner, et. al 1985). Most training and skills acquisition centered in Counseling and university counseling centers and centered on developmental needs, adjustment, and vocational issues. Currently counseling programs still supply

faculty and staff to various positions in higher education, in particular, student affairs. (ACCA) Since the 1980s multicultural and diversity issues have emerged as important aspects of counselor training, as well.

<u>Counseling as a Profession</u>

Grounding counseling as a profession is essential to the proposal of professional feeling rules—which I conceptualize here as conventions that direct the emotion work that takes place within a therapeutic setting. To do this we must first delineate what makes an undertaking a profession, in sociological terms. Freidson (2001) notes five interdependent elements of the ideal type of professionalism:

1. specialized work in the officially recognized economy that is believed to be grounded in a body of theoretically based, discretionary knowledge and skill and that is according given special status in the labor force;

2. exclusive jurisdiction in a particular division of labor created and controlled by occupational negotiation;

3. a sheltered position in both external and internal labor markets that is based on qualifying credentials created by the occupation;

4. a formal training program lying outside the labor market that produces qualifying credentials, which is controlled by the occupation and associated with higher education; and

5. an ideology that asserts greater commitment to doing good work than to economic gain and to the quality rather than the economic efficiency of the work[14] (Freidson 2001:127).

One trait of professions is technical autonomy of its members. Bayles' (1981) general view of professional/technical autonomy seems to be that professionals are autonomous insofar as they can make independent judgments about their work. Professionals maintain some degree of discretion in performing work that must be conducted in accordance with a personal, schooled judgment (Freidson 1986:141). The institutions that professionals typically work within challenge professional autonomy, but most professionals retain some degree of autonomy in the workplace due to the fact that judgment calls are often required. Even though professional work is often conducted within bureaucratic setting and control, the management of the professional work and judgment of its quality is the purview of skilled professionals. While college and university counselors practice within the institutional setting of post secondary education the manner in which counselors perform individual therapies are determined by each counselor according to his or her training.

The division of Counseling Psychology of the APA has been the central professional body of counselors since 1946. With its establishment, we have observed the rise of recognition of counseling as a unique profession, complete with all the rights and responsibilities thereof. This was eventually supplemented by the ACA (American Counseling Association) started its existence in 1952 as the American Personnel and Guidance association, acknowledging its historical roots. It is now a consortium of

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[14] Professional power is autonomous from, and even in conflict with, capitalist, profit-driven dominion (Illich 1975; Freidson 2001).

independent counseling organizations which reflect a wide range of professional interests (school counseling, vocational/career counseling, substance abuse counseling . . .) (Heppner, et. al 1998:19).

Due to the rise of third-party payments, the ACA has placed increasing emphasis on the accreditation and licensure of counselors (as the APA has for Psychologists). A separate doctoral accrediting agency (Council for Accreditation of Counseling and Related Educational Programs (CACREP) was developed whose sole purpose is to promote quality and standardized production of counselors (23). The National Board for Certified Counselors NBCC was developed in 1985 to review counselor credentials and administer certifying exams. Formal training and certification, and supervised practica are only an entry into the profession. The education of a professional counselor never ends, as the public demands that the most recent treatment modalities are maintained. To maintain their professional credentials, counselors must complete requisite Continuing Education Units (CEUs) for periodic recertification (Corey, Corey, and Callanan 1993).

Professional identity

In this segment I will discuss what identities are, the multiple identities of post secondary counselor identity, and how identity disruption can lead to stress.

Identities are the meanings and expectations one attributes to oneself in a role (and that others attribute to one). Drawing on the symbolic capacity of persons, the approach of identity theory as outlined by Stryker (1980) suggests that 1) human behavior is dependent on a world in which physical and social aspects of the environment are named and classified and 2) the names carry meaning in the form of shared

behavioral expectations (Burke 1991). Burke models this interaction (see Figure 1) and explains:

> They [identities] originate and are maintained in social interaction through self-presentation. (Goffman 1959) . . . The meaning of an identity lies in the direction and intensity of one's mediational response to it . . . Similarly, the meaning of one's behavior lies in the response to it. Thus, meaning is the link between one's identity and one's behavior. . . [Identity is then an] interpretive process based on shared symbolic communication and it allows for both the social control of behavior as well as for the self-control of behavior. (837)

In addition to their personal identity, counselors also acquire social identities that emerge from their connection to their education and their credentialing body. Personal identities arise from perceptions of uniqueness and difference from members of available groups. In contrast, social identities consist of an individual's cognitive classification of themselves as members of generally accepted socially defined categories such as gender, ethnic, or occupational categories. Individuals classify themselves according to the degree to which they perceive themselves as sharing similar traits to other members of the group. Tajfel and Turner (1986:15) explain that the categorizations order the social environment for pragmatic purposes:

> From a social-psychological perspective, the essential criteria for group membership, as they apply to large-scale social categories, are that the individuals concerned themselves and are defined by others as members of a group. ...Social categorizations are conceived here as cognitive tools that segment, classify, and order the social environment, and thus enable the individual to undertake many forms of social action.

I theorize that counselors also acquire a social identity based on their profession. In turn, these identities act as measuring tools by which they judge their actions.

Counselors classify themselves according to the degree to which they perceive themselves as sharing the norms and values of the counseling profession as internalized through their training and education. In addition, university counselors also acquire a social institutional identity based on what it means for them to be a good academic citizen. Further, Tajfel and Turner (1986) and Kramer (1991, 1992) maintain that when one of these identities becomes salient, the other becomes less prominent.

Burke theorizes that identity consists of four main parts as outlined in Figure 1. The first part is the identity standard which is a set of self-meanings defining what it means to be who one is (for example, what it means to be a good counselor). Second is an input function consisting of perceptions of a given situation. For example, if a counselor maintains a self-definition that good counselors are empathetic and are non-judgmental in interactions with their client, then the input function monitors the degree of empathy and non-judgmental stance that one appears to have when dealing with the client. Third is a comparator, which in this case compares the how empathetic and non-judgmental the counselor **perceives him/herself to be** with the identity **standard of a "good counselor"** and indicates the difference between them (error). It is my contention that this "error" translates into dissonance felt. Finally, there is an output function that translates the error (or dissonance the counselor feels) into meaningful actions and behaviors that work to change the situation or alter the self-meanings are perceived by the input function, thus completing the feedback loop. In essence, the counselor changes behaviors or cognitions, to bring their perceptions of themselves as a counselor into congruence with the standard of a "good counselor" that they carry with them or others impute to them. Individual behavior is thus a joint function of the perceptions (inputs) and the identity standard.

Burke (1991) asserts that disruption to salient identities is the source of stress. Therefore, according to Burke's model, when a counselor's perceptions of themselves as a counselor don't match with their standards of a "good counselor," the counselor experiences stress.
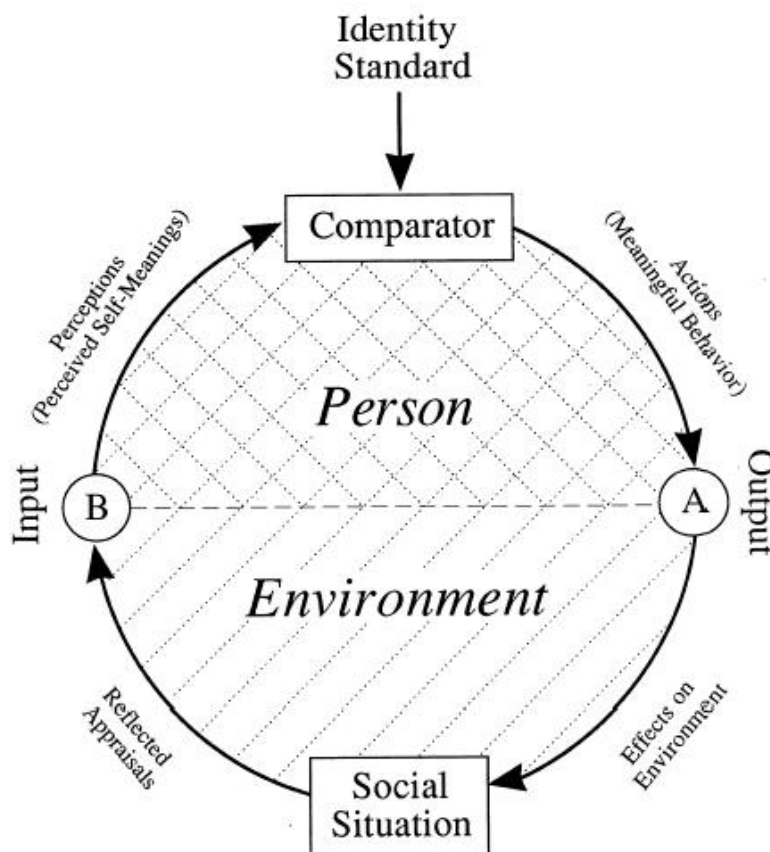
Figure 1 Burke's model of identity

Source: Burke 1991:838

Identity and stress

In synthesizing the relevant symbolic interactionist theory of identity I discern that when people take on an identity they are taking on the shared meanings that the identity comprises. By taking on an identity (even if we don't do it willingly) we also embrace the attendant rights and responsibilities that come with that identity. I would

agree with Burke in that it is the salience of that identity determines the amount of stress that comes with a disruption in that role. The more one embraces an identity and attaches to it their sense of self the more stress they would feel when events challenged that identity.

In conclusion, I assert that counselors accumulate a professional social identity in addition to their personal identities. Freidson (1994:175) notes that, "in exchange for not having to worry about control or availability of work, professionals are supposed to develop a commitment and identification to the discipline" and to the public interest it is organized to serve. These identities serve to direct a counselor's emotion work as he or she moves through daily life. When these identities come into conflict with each other there is disruption of salient identities which is a factor in stress and emotional dissonance.

The Practice of Professional Counseling:

According to the American Counseling Associate (1997), the basic definition of counseling is:

> the application of mental health, psychological, or human development principles, through cognitive, affective, behavioral, or systemic intervention strategies, that address wellness, personal growth, or career development, as well as pathology. . . . The counseling process focuses on client strengths as catalysts to address their areas of concern or the troubling aspects of their lives.

The counseling process is also perceived to be one of growth as opposed to cure. We see how that stems from the ideological grounding of its foundations in social reform movements and its continued association with colleges of education.

Professional counselors offer help in addressing many situations that cause

emotional stress (emphasis mine), including, but not limited to:

- anxiety, depression, and other mental and emotional problems and disorders
- family and relationship issues
- substance abuse and other addictions
- sexual abuse and domestic violence
- eating disorders
- career change and job stress
- social and emotional difficulties related to disability and illness
- adopting to life transitions
- the death of a loved one (ACA Counseling FAQ)

While the ACA definition of counseling is technically accurate, it fails to capture

the complexity of the act of counseling. I argue that the counseling act is inherently

sociological—a process of symbolic interaction. The following addresses counseling as

symbolic interaction in order to solidify the approach used in this study.

Counseling as Symbolic Interaction

The setting, therapeutic interaction, and counselor emotion work converge to

make the counseling relationship a symbolically rich arena for interaction. Counseling

involves the counselor use of self as instrument for client change. During the course of

therapeutic interaction human feeling is understood, expressed, and managed by the

counselor using a relational process. In this, as in all interaction, emotion has a "signal

function" (Hochschild 1983:29-34)—we use feelings to locate ourselves or determine

what our reactions are to any given event. During both mundane and ambiguous

situations "feeling acts as a clue, filtering out evidence about the self-relevance of what

we see, recall, or fantasize" (22-28). Counselors use these same emotional processes to

the benefit of the client. I stress here that rather than a psychological phenomenon, counseling epitomizes the sociological concept of "symbolic interaction." Blumer contends that:

> The term "symbolic interaction" refers, of course, to the peculiar and distinctive character of interaction as it takes place between human beings. The peculiarity consists in the fact that human beings interpret or "define" each other's actions instead of merely reacting to each other's actions. Their "response" is not made directly to the actions of one another but instead is based on the meaning which they attach to such actions. Thus, human interaction is mediated by the use of symbols, by interpretation, or by ascertaining the meaning of one another's actions. This mediation is equivalent to inserting a process of interpretation between stimulus and response in the case of human behavior (180).

Thus, in a counseling encounter the words, the significant symbols, and gestures, are continuously interpreted by each participant in order to define the situation and guide further interaction. The behavior of each to the other depends upon a congruous understanding of what they are doing in that situation. This inter-action can only occur with shared understanding.

As illustrated above, the counseling relationship is a symbolically rich arena for interaction. I assert that the counselor is not a passive receptor of client input or an expert who interprets the "true" meaning of client behavior, or doles out curative prescriptions. Counselors and clients together co-construct the therapeutic relationship and any client change through meaningful interaction. They do this through emotion work including the manipulation of the interactional setting, talk, and paralanguage.

Context of the counseling encounter

Based on my previous research with this population, I anticipate respondents to relate connections between the physical context of therapy and the emotion work that they undertake. Research supports the importance of context on formation and maintenance of the self, and on social interaction. Further developing Csikszentmihalyi and Rochberg-Halton's (1981) study of transactions between people and things, Gagliardi (1996) asserts that material reality performs a significant role in the construction and development of the self. He theorizes that the organization is experienced as the artifacts (documents, products, things, etc.), and places that make it up. Those things people create and use regularly are tangible extensions of the self in which individuals invest (Rafaeli and Worline 2001; Csikszentmihalyi and Rochberg-Halton 1981; see also the works of Goffman).

The following discussion presents a comparison of various counseling encounter contexts in order to illustrate the complexity of factors to be considered in forming and maintaining a the therapeutic relationship, and the directing of emotion work that takes place within it. It is my contention that when one enters counseling, they are entering a new "world" with norms and expectations that don't always mesh with their world outside of counseling. I hold that therapy is a constructed reality that is bracketed off from other realities, and bounded, physically by the setting of the encounter. During the encounter counselor and client make meaning from the situation with the help of contextual factors such as the physical environment of the counseling room, the

"emotional climate" [15] of the counseling agency, the relationship between the agency and the community it serves, and the cultural beliefs and values which inform both counselor and client.

How the client must learn what is appropriate and inappropriate within the therapeutic setting, especially since some behaviors most inappropriate outside the therapeutic world are most appropriate within it. In fact, the client is often encouraged in such behaviors to better effect diagnosis and treatment (Gubrium and Holstein 1992).

How does one come to learn these norms and expectations? Symbolic interactionists have shown that the social and physical context combine to create powerful forces generating or restricting behavior (For example, see the works of Goffman). First, status and role of the participants help determine how we will interact. We pick up cues on a person's status and role through the observation of interactants' age, sex, dress, demeanor, and use of language. Rochberg (38) claims that: "The self can only be known by the signs it gives off in communication." Through communicative acts, "signs given" and "signs given off" help to present "an impression that is idealized" (Goffman 1959:35) and we gain clues regarding how to proceed in interaction with the other person.

Second, the physical space in which a counseling encounter transpires has significant implications for the development of the therapeutic relationship. In fact, interaction does not begin with the individual, but with the situation (Collins 2004). If we follow Goffman's logic, for a performance to be convincing, an agent relies not only on the usual social expectations emerging from her/his personal front (facial expressions,

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[15] Emotional climate refers to the prevailing set of emotional attitudes and conditions that define a situation. An emotional climate of distrust or indifference would be detrimental to therapeutic endeavors.

appearance, manner, expressive modes) which identifies her/him as the role player, but also on the setting where the role is performed—furniture, décor, physical layout are all stage props for the performance (1959:22, 24). According to Burke (1952), quality of the action derives from the quality of the setting.

In essence, we come to learn about the counselor and the expected therapeutic interaction, in part, through observation of the physical setting. Mundane material things take on expressive rather than merely instrumental meaning and we come to understand the expectations for what is to go on within that space. I will illustrate this with a comparison of reception/waiting room and counseling room arrangements noted in a previous ethnographic study of this population (Myers 1999).

The physical arrangement of a counseling reception/waiting room gives off very definite signals regarding appropriate behavior for that setting. It acts as a holding area where emotional and behavioral displays are limited through the physical setting and emotional climate. First, the physical setting indicates that it is inappropriate to interact with other clients waiting for their scheduled appointments. In the reception and waiting area individual padded chairs with wooden arms line the two long walls, facing each other across the room. This arrangement isn't conducive to intrusion into others' privacy as would be conversational seating groupings. The chairs lining the room are slightly offset so you do not sit directly across from another client. Glancing up won't necessarily doom you to capture by another's eyes. No 'waiting room faux pas' is inevitable should your eyes stray, even momentarily, from the engrossing health of your cuticles. Your gaze is directed safely to the space *between* those waiting on the other side of the room.

All-in-all, the expected behavior in this place seems to be that of civil disattention.[16] In fact, it is preferable that you act as though they do not exist and you have to make special effort to do so.

Not only is it courtesy for you to act as though others do not exist, most others behave as if they themselves do not exist in that spatial-temporal matrix—they illustrate this by remaining in the same seat once positioned, generally sitting "small" (or somewhat pulled into themselves, seemingly to become invisible), not letting their eyes stray beyond a safe limit a few inches in front of them. If they do engage in activity at all they are focused on reading material they aren't actually reading; the literature simply acts as a prop to indicate that they are unavailable.

Not only is it obvious from the seating arrangement that interaction with other waiting clients is discouraged, the setting and emotional climate of the reception/waiting room also discourages interaction with others located there or passing through. Front office employees are efficient, business-like, and otherwise unavailable for interaction. There are often physical barriers between them and the rest of the office. These include desk hutches that block them from view unless you are standing directly at the desk, computers set up where their users cannot accidentally make eye contact, or personal decorations that are positioned between the worker and the waiting client forming a barrier to engagement.

Front office workers speak in low tones so that you must be within close proximity to engage in conversation. Counselors and administrators passing through the

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[16] Civil disattention is different from Goffman's "civil inattention" (1959). When performing "civil inattention" parties acknowledge the humanness of the other through brief eye contact (but no recognition is typically allowed) before awarding them their privacy and assuring them that they are not under special scrutiny. In performance of civil disattention you do not acknowledge others in any way.

area rarely acknowledge your presence without your initiation regardless of the personal relationship you may have with them. Clients and visitors remain virtually non-existent until the individual they have come to see comes out to retrieve them.

In addition, you are provided with appropriate distractions to aid in keeping your self to yourself. Whiling away a few minutes' time seems to be the proscribed activity here. Reading material whose prose is presented in quickly digested bites seems to indicate the wait shouldn't be that long—one needn't get too involved in reading longer articles. *People* magazine seems to be the favorite reading material provided. There are a number of 'feel good' books around the room as well: *Pooh and the Art of Management*, *Living Beautiful* . . . . Mainly picture books with only short phrases of text, these books are as well worn as the People magazines and upscale catalogs on the tables and on the racks. This type of reading material also serves well the short attention spans of those whose minds are preoccupied with life's troubles.

Should you momentarily forget the purpose of your visit, there is plenty to remind you. The requisite self-help pamphlets occupy a rack and small holders around the room. The "mental disorder of the month" features prominently among these. While you wait for your appointed time to visit with your counselor, you can determine which disorder best fits your "symptoms" and discover the latest in pharmaceutical treatment options. Notepads, pens, and other objects often are branded with the latest miracle drugs.

Posters of affirmation quotes and tranquil landscapes provide the decoration. A miniature Zen garden that inspires a peaceful wait rests on one side table. These are benign decorations, unlikely to offend anyone or stir up unpleasant memories that could result in "flooding out" (Goffman 1981, 1992). It is also obvious in a second way that this

room is not available for tear-producing emotion: since there are no tissues available the visitor must maintain some decorum in the waiting area. You realize you must "hold it together" while you are in this space, even though beyond the counseling office door you come to find a completely different reality.

Doorways to recovery

When your scheduled time arrives the client/visitor is escorted to the counselor's office and before you have entered his or her domain, you often already have clues as to the identity of the person who offices inside. Each counselor's office door reflects the "self" of its occupant. Personal items such as favorite cartoons, quotations, and pictures reveal a human side to the counselor role. The cues available on the "doorways to recovery" can be categorized as follows:

1. **Fair Game**: No one is spared scrutiny. The category "Fair Game" consists of comic strips or single cell cartoons, mainly about counseling/psychology or reflecting society's distortions of problems of daily living. Use of humor provides often-biting commentary on our therapeutic society, treatment modalities, and theoretical leanings. Calvin and Hobbies cartoons were by far the favorites, one counselor naming C and H America's most profound contemporary philosophers.

2. **Badges:** of ethnic and spiritual philosophy and identity include Native American symbols, Taoist quotes, Woman-affirming posters. While the official name tags give you the name, qualifications, and institutional affiliation of the staff, "badges" on the doors tell you who they are, provide an identity that reveals the counselor's ideology and values.

3. **Campaigns:** Items reflecting issues surrounding the counselor's personal therapeutic specialty or concerns. Posters for date rape seminars, eating disorder groups, rainbow triangles, and non-traditional student stress workshops were

included in this category. These give the client an idea of a counselor's areas of specialty or chosen causes. (Myers 1999:8)

From the "decorations" on the counselor's office door learn much about the counselor, their values, and ideals before we even enter their office. This provides opportunity to reflect upon what is expected once we enter the privacy of the counseling room.

Inner Sanctum

I posit that once inside the office, the client discerns even more about the counselor and the interaction expected within. He or she learns about the status and role of the counselor and comes to understand what behaviors and emotions are allowable in this space.

Work by McLeod and Machin (1998) reports that contextual issues have been largely ignored in counseling theory, research, and practice. Studies are limited to discussions of setting on client outcomes with findings such as the following:

> Intimacy of self-disclosure was significantly higher in a warm, intimate room (pictures on the wall, soft cushioned furniture, rug, soft lighting) than in a "cold," nonintimate room (bare cement, block walls, overhead fluorescent lighting) (335)

More of the counselor's professional and non-counselor selves are revealed inside the inner sanctum. The furnishings and accessories of an office reveal a lot about the identity and the role of the occupant. Diplomas on the wall and books relating to one's specialization convey authority and expertise. An office barren of personal touches seems to speak about the distance the occupant takes to his role or even may suggest that person

does not legitimately belong there; if that is the case, doubt is cast on their ability to adequately perform the role.

Besides learning about the counselor, once inside the office the client also learns about what is allowed and expected to take place there and certain aspects of the room are also planned to present a safe place conducive to intimate conversation. The décor, the books and their placement, the placement of furniture, the lighting, the music and other sound (or lack of it) create not only an ambiance but reveal something about the person who occupies the space and the expected role of the visitor as well (Jensen 1994).

In the counseling office the placement of the counselor's chair indicates to the visitor which chair they should take.[17] Having tissues available reveals that tear-producing emotions are allowed, even expected. (What does it say if they are available but not convenient?) Placement and usage of timing devices is also important. The counselor needs to keep track of appointment but doesn't want the client to feel the counselor is preoccupied about it. Keeping other outside distractions (visitors, phone calls, hallway or out-of doors noise) minimized encourages the client to feel that nothing else is as important as they are for that period of time. In essence it all sets the stage for what is expected to occur in that space.

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[17] Placement of seating has an instrumental as well as a symbolic purpose. Making sure to keep oneself between the client and the door allows for easy egress if the client becomes violent or otherwise threatening. One counselor related and incident in a mental health residency program where a client became threatening:

> **Never, never,** let the client get between you and the door! Provide them with seating that gives you ready exit. I learned the lesson the hard way. . . . I worked with a guy that seemed to be doing OK . . . . He may have been doing OK but I don't think he could handle the implications of going home. On our last visit he completely snapped! I had to scramble over the desk to get past him. Yes, I got hurt AND learned an important lesson.. I always share this with my practicum students—think about these things when you set up your "counseling corner"!

This discussion illustrated how counseling office becomes a "locally realized world of roles and events" which "cuts the participants off from many externally based matters that might have been given relevance, but allows few of these matters to enter the interaction world as an official part of it" (Goffman 1961:31). The importance of the physical context of the therapy environment is further illustrated by Melanie Klein:

> External pulls upon participants' interests are held in check so that they can become absorbed in the encounter as a world in itself. Only under such conditions can he overcome his resistances against experiencing thoughts, feelings, and desires, which are incompatible with convention, and . . .felt to be in contrast with much he has been taught. (Quoted in Goffman 1961:70)

Therefore, I include in this study counselors' perceptions on the impact of their offices on the emotion work that they perform.

Counselor's Use of Self

This section will deal with counselor's use of self in therapeutic interaction. "Common sense dictates that the therapist and the patient must inevitably affect each other ahs human beings. This involvement of the therapist's "self" or "personhood," occurs regardless of, and in addition to, the treatment philosophy or approach" (Satir 1999:19). Along with theory, treatment modalities and counseling techniques, counselor training programs also focus on developing the "person of the therapist" and "the use of self" as an instrument of change. "Use of self" is defined here as a process through which counselors learn how to use their personal emotional and cognitive experiences and awareness of self in order to: 1) better conceptualize their client's struggles and 2) create a therapeutic relationship that is collaborative with the intent of surmounting client difficulties and facilitating client personal growth. Counselors not only provide tools to

the client to affect change, they are the *tool* of their endeavors, the instrument of interaction, and therefore, change.

The Chicago School of Symbolic interaction emphasizes the emergence and maintenance of the self in face-to-face interaction. Since counseling is based upon the relationship between counselor and client and a counselor's main tool for affecting change is the self, Mead's (1934) influential thinking about roles and symbolic interaction is informative in understanding the counselor's use of self in a therapeutic encounter. He reveals that knowledge of self and others develops simultaneously with both being dependant on social interaction.

Mead's "fundamental insight into consciousness was that it arose out of role taking, of seeing things from the point of view of the other(s), as well as from one's own point of view" (Scheff and Retzinger 2000). From this perspective, self and society represent a common whole and neither can exist without the other. Therefore, no hard and fast line can be drawn between our own selves and the selves of others. Although we tend to think of ourselves as unique individuals, each person's characteristics develop in an ongoing process of interaction with others. In terms of the counseling relationship this relates to the counselor's awareness and use of self as a therapeutic agent as well as empathetic engagement.

"Thanks for sharing!" Self-disclosure as emotion work

A direct means of using self as a tool for change is that of "self-disclosure." For this discussion we accept "self-disclosure" to mean revelations which are either or both *self-revealing/intrapersonal* (relating personal information) and *self-involving/interpersonal* (revealing reactions and responses to the client during the

session) (Knox, Hess, Petersen and Hill 1997 in Hanson 2003). At an elemental level, I would describe it as the provision of purposive feedback which the counselor divulges to the client through the filter of "self," or even more simply put—"sharing." Below, self-disclosure is discussed as an example of use of self and placed within the context of emotion work.

Through self-disclosure, a counselor reveals his/her own cognitions, emotions, behaviors, or circumstances or relates his/her reactions to the client's material in order to further the client's progress. Self-disclosure is used to model problem solving, self-acceptance, assertiveness and copings skills; through a self-disclosing statement, the counselor acts, in essence, as a "role model," demonstrating adaptive ways to approach an issue. Self- disclosure may also facilitate the client's own self-disclosure by *modeling emotional openness and honesty* (Bridges 2001; Knox, Hess, Pederson and Hill 1997; Linehan 1993; Simon 1988) or "give clients a sense of shared experience or universality, normalizing their ordeals and reassuring them that they are not alone" (Knox et al., 1997).

> Disclosure for the purpose of furthering the therapeutic alliance may be intended to enhance the client's co-operation; contribute toward a more real relationship; increase intimacy and warmth; allow the therapist to risk being more visible; increase the client's trust and decrease anxiety and alienation; demonstrate the therapist's understanding of something the client is trying to convey; address the client's concern about some aspect of the therapist's appearance or behaviour; or demonstrate the therapist's willingness to take responsibility for a possible mistake (Hanson 2003).

In self-disclosure, the client uses his/her own emotion or thoughts to encourage or discourage a client's emotion work. Counselor emotion work through self-disclosure can

be either explicit or implied. For example, if a client expresses feeling angry and hurt about abandonment by her spouse, the counselor can be explicit in revealing a similar situation and accompanying emotion: "I felt angry and hurt when my husband left me too." In so doing, several things occur. For example, the counselor validates the client's emotion as one appropriate response to her situation and simultaneously increases the level of trust in the relationship by that validation (the client is more likely to be open if their disclosures aren't sanctioned). These both serve to further the client's emotion work.

Self-disclosure can also be implicit. Consider a drug and alcohol counselor who is, herself, in recovery. Without explicitly disclosing her recovery she can say to the client, "This is what people share in meetings. . . ." In so doing, she has not explicitly divulged that she is in recovery, but still shares what has worked for her as an aid to the client's recovery. She demonstrates appropriate emotion work for recovery meetings and shows an understanding of the client's situation.

Counselor Emotions

In all interaction emotion has a "signal function" (Hochschild 1983:29-34)—we use feelings to locate ourselves or determine what our reactions are to any given event. During both mundane and ambiguous situations "feeling acts as a clue, filtering out evidence about the self-relevance of what we see, recall, or fantasize" (22-28). Counselors use these same emotional processes to the benefit of the client. Following is a discussion of counselor emotions, beginning with the concepts of transference and countertransference.

Counselor emotion is often thought to pose interference with maintaining the professional and objective attitude thought to be required for effective use of therapeutic

technique with a client (Winnicott 1960; Corey 1996). Emotion awareness and management is required so that "the counselor is available for the client and does not use the therapeutic encounter for their own needs" (Corey 1996:20). Self-monitoring, clinical supervision,[18] and analysis are all considered to be means for counselors to increase their awareness to affective reactions to clients.

When counselor emotion is discussed it is mostly in terms of countertransference. Although countertransference has multiple and varying definitions in the psychology and counseling literature, it is conceptualized here as any emotional response on the part of the therapist or counselor consciously or unconsciously derived and arising from the interactional aspects of the therapeutic relationship. This definition is based on the liberal, totalistic definitions of Heimann (1950).

The conception of therapist feelings and the explanation of how emotions arise in the therapeutic relationship stems from Freud's psychoanalytic theory of countertransference. For Freud (1909), transference consisted of thoughts, feelings, and fantasies from another relationship, usually in the past, being re-experienced within a present relationship. "Transference comes up in all human relations ... spontaneously ... It was not created by psychoanalysis which only uncovers it to consciousness and uses it to direct psychic processes to the desired goal" (in Ehrmann 1999:50). In traditional

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[18] Loganbill, Hardy, and Delworth (1982:4) define clinical supervision as "an intense, interpersonally focused one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in another person."
Supervision is a professional service, rather than a managerial role, and for counsellors who work in institutions, supervision and management will normally be entirely separate. For counselors and others in therapeutic professions, working under supervision means that a counselor or therapist uses the services of another counselor or therapist to review their work with clients, their professional development, and often their personal development as well. Supervisory sessions provide counselors occasions to reflect on how they relate to their clients; as such, yhey can be used to look at their own feelings, thoughts, behavior and general approach with the client. Another purpose is to help counselors maintain personal well being, when in service to others. Supervision also affords counselors opportunities to garner insights from the perspective of another therapist.

psychoanalysis "working through" the transference was the foundation of the client's

personal growth. On the other hand, countertransference was the therapist's unconscious

feelings toward the patient's transference (Freud 1909).

Countertransference, from a Freudian standpoint, was considered pathology as it

is based on the therapist's unresolved issues with past relationships and is considered to

hamper the therapist's scientific detachment in the psychoanalytic act.[19] This definition

has been expanded by others including Kernberg (1965) to include all feelings of the

counselor toward the client. Rather than being eliminated from the counseling

relationship, the counselor is encouraged to draw upon an understanding of these feelings

for use as a therapeutic tool (Gorkin 1987, Kernber 1965). Heimann (1950:81) theorized

that the clinician's emotional responses are "the most important tools for work," and are

"an instrument of research into the patient's unconscious." He continues: "If we try to

work without consulting such feelings and experiences," the work "can only be poor."

Research into counselor emotion (or countertransference) has mainly been

conducted through analogue studies or studies employing forced choice surveys centering

primarily on counselor anxiety (see Gillem 1999; Cutler1958; Hayes and Gelso 1991).

For example, Bandura, et al. (1960) reported that anxiety affects the counselor's ability to

perform successful therapy. This research suggests that certain topics broached by clients

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[19] I would contend here that the traditional definition has little relevance to the sociological understanding of counselor emotion work. It is presented here to ground our understanding in how mental health professionals have traditionally seen emotions in therapy. I argue that distinguishing a "therapeutic relationship" from a "real" one is a false distinction. The therapeutic relationship is "real" in every sense of the word. Even if the counselor or client is said to be transferring the feeling from a previous relationship there must be some aspect of that relationship recognizable in the therapeutic one. Feelings experienced through "object relations" are just as any emotion experienced in any relationship. Also, the somatic symptoms are the same and they must be dealt with through surface and deep acting according to the emotion norms of the profession. The only difference I discern lies in the cognitive processing of the emotion and its ability to produce dissonance since professional emotion norms are adamant that counselors must not work on their own "stuff" in the therapeutic relationship.

would cause anxiety within the counselor and the counselor would subsequently encourage (through their reaction or avoidance of the topic) clients to avoid those anxiety-producing subjects.

The preceding discussion of countertransference affirms that while researchers such as Heimann (1950) saw the importance of counselor emotion in doing therapy, counselor emotion has largely been seen as interfering with the maintenance of the professional and objective attitude thought to be required for effective use of therapeutic techniques with a client (Winnicott 1960; Corey 1996). Resultantly, emotion awareness and management is required so that the counselor is available for the client and does not use the therapeutic encounter for their own needs (Corey 1996:20). Self-monitoring, clinical supervision, and analysis are all considered to be emotion management techniques counselors can utilize to increase their awareness to affective reactions to clients, however other than self-monitoring, the other methods are undertaken after the counseling encounter. Co-present methods of emotion management are addressed in this study and include synchronous self, other, joint, and reciprocal emotion management. The following section is concerned with those methods.

Counseling as Emotion Management

In this section I establish counseling as emotion management and discuss the ways in which emotion management is carried out within the therapeutic encounter. Few studies have investigated occupations in which emotion management is the specific task to be accomplished in the work setting. Counseling involves discussion of emotional issues in a free, non-judgmental, and supportive atmosphere; its aim is to achieve a

personal resolution of conflict in a confidential setting. Thus sadness, anger, grief, embarrassment, pain, and other stress inducing emotions can be aired, explored, and managed.

Beyond the concepts of transference and countertransference, counseling literature on emotion mainly focuses on clients and how their emotions are dealt with through specific treatment modalities. This literature is mainly quantitative in nature, concentrating on "how much or how often" emotion is experienced by the client.[20] That literature does not add to the current discussion and is not elaborated upon. What is at issue here is emotion as experienced and used by counselors within the therapeutic encounter.

Friedinger's 1991 study is an exception to the quantitative work on emotions and counselors. Friedinger used a phenomenological approach to discover counselors' explanations of how they became aware of and managed their emotional reactions to clients. Through analysis of interview transcripts, Friedinger revealed that for each counselor feelings, thoughts, and behaviors, coupled with processing of childhood experiences of stressful situations with clients, played into counselors' reactions of themselves and their clients. Further analysis of the data focused on the cognitive strategies used by counselors for managing stressful reactions to clients

While this research contributes to the current discussion of emotion in the counseling setting through its use of naturalistic inquiry and in the discovery of the lived experiences of counselors, it does not explore the specific emotion management

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[20] These would include cognitive-behavioral rational-emotive, psychodynamic, and art therapy, among numerous others. Each of these treatment modalities is accompanied by copious literature. Overviews of these treatment modalities are available through any good entry-level graduate text on counseling techniques.

techniques used by counselors in dealing with their emotions during routine counseling

encounters. Another limitation to Friedinger's research in relation to this study is that it

deals only with internal processes involved and does not address the socially constructed

nature of the therapeutic encounter and emotion management within its context.

Consequences of emotion work

     Stress and burnout are concerns among this population. Researchers have found

that emotional labor could lead to burnout, exhaustion, and other physical symptoms of

stress (Maslach 1982; Maslach and Jackson 1981; Maslach and Leiter 1997; Leidner

1993; Grandey 2000). The literature indicates that the constant emotion work in the role

of counselor leads to problems in making it through the day. It is ironic that those who

help others with their problems in living experience problems in living of their own as a

result. As one counselor put it, "We are the "Sin Eaters."[21]

     "Burnout" has gained a place in our culture and it is frequently used colloquially

to mean experiencing overload, overwork, tiredness, or an individual who has been used

up and is not performing up to society's standards (as in "He's a burnout.") At its most

elementary level, burnout means energy depletion experienced due to work and was first

theorized by Freudenberger (1974) as depletion of motivation or incentive experienced in

work when a cause or relationship doesn't produce desired results. A more detailed

definition is a "syndrome of emotional exhaustion and cynicism that occurs frequently

among individuals who do 'people work' of some kind" (Maslach and Jackson 1981:99).

Figley (1983) referred to the emotional distress experienced by individuals who have

contact with a traumatized person as "secondary trauma;" the individual may not suffer

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[21] "Sin eaters," a medieval folk custom, are individuals who are said to take on another's sins in exchange
for a pittance allowing the deceased to avoid Hell.

trauma directly but experiences symptoms nearly identical to Post Traumatic Stress Syndrome: intrusions (e.g. flashbacks, recollections, dreams), avoidance (e.g. avoiding thoughts/feeling, avoiding activities, detachment from others, diminished affect) and hyperarousal (e.g. difficulty staying/falling asleep, hypervigilance, irritability.) "Secondary trauma" acknowledges dealing with "other people's stuff" but does not address how the trauma originates. Later, Figley (1995) renamed the term "compassion fatigue," seeing it as part of the normative process of helping professionals. He also felt the term "compassion fatigue" was less stigmatizing than the previous terms. This researcher suggests that "compassion fatigue" more adequately describes the impact of *empathic therapeutic engagement* on therapists. Figley (1995:1) explains, "Those who have enormous capacity for feeling and expressing empathy tend to be more at risk of compassion stress."

From the preceding discussion we can conclude that burnout, secondary trauma, vicarious trauma, and compassion fatigue all translate into cognitive, emotional, and somatic impairment of the therapist which often lead to social and personal troubles. The stress of working with other people's emotions while maintaining one's own emotional well-being demands a high price. Adding to the stress of dealing with other people's problems, mental health workers are also sometimes the victims of direct physical or psychological assault. A recent study of Georgia state mental health workers indicated that 61% of the respondents had been victimized in violent acts of a psychological or physical nature and that 29% had feared for their lives at least once during their professional careers. The authors report that these findings are consistent with other research that indicates that 6 out of 10 professionals will be assaulted during their

professional careers (Arthur, Brende, and Quiroz 2003). Sociological literature also correlates emotion work and burnout with job satisfaction.

Wharton (1993) examined the connection between emotionally labor-intensive jobs and job satisfaction and burnout. Contrary to Hochschild's contention, Wharton found a relationship between emotional labor and job satisfaction, which increased. Her findings did support Hochschild's argument that burnout was associated with emotion labor jobs that provided the workers with limited job authority or where there was high job involvement.[22] I would argue that counselors fill both aspects of the definition. I would argue that counselors are psychologically involved with their work due to its nature and to their close association with the counselor role in the minds of others. Self-esteem is a salient factor in their work because of the use of self.

The tendency to "burnout' is exacerbated by organizational demands. Farber ()

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[22] Job involvement has also been described as the extent to which an individual's self-esteem is affected by performance and the degree to which an individual is psychologically involved with their job (Kanungo 1982). People with **high job involvement** strongly identify with and really care about the kind of work they do.

CHAPTER IV

COUNSELING IN AN UNIVERSITY SETTING

This chapter addresses the unique practice world of university and college counselors and addresses the challenges and rewards of postsecondary practice, identity conflicts, and emotion work in therapeutic practice. I argue that practicing in a university setting provides a unique set of opportunities and constraints for the counseling professional. These opportunities and constraints can be aligned along organizational, physical, and psychological dimensions including an increasingly bureaucratic organizational structure replacing the traditional collegial model of higher education, the changing nature of student population, and increased demands for accountability. The question driving this chapter becomes "How do the organizational structure of higher education, the changing nature of the student population and conflicting social identities impact the manner in which counselors carry out emotion work and, in return, how might this emotion work impact those conditions?"

Specifically, in order to address this question, this chapter addresses issues such as: 1)the nature and purpose of a college or university counseling center, 2) the nature of the work of college and university counselors, 3) the impact of higher education's move from collegial to bureaucratic relations, 4) special student populations and changes in presenting problems of student clients; 4) demands for counseling and crisis management services; 5) service delivery systems and personnel; and 6) consultation and outreach

issues. This is supplemented by a discussion of professional and organizational identity, and the rewards and challenges of practicing in a college or university setting.

From Colleagues to Bureaucrats: Tying it all up in a bow of red-tape

In Chapter 3 I supported the case to recognize counseling as a profession. In this section I discuss the changing nature of higher education and its impacts on counseling practice within the "ivory tower."

While both the profession of counseling and higher education are ostensibly collegial in organization, the post secondary setting has become increasingly bureaucratic in design and management due to increased outside regulation, decreased public confidence, and subsequent increased demands for accountability. The hierarchical management arrangement of higher education is often at odds with the professional autonomy of counseling practice, especially institutional measures taken to assess standardize service delivery to a brief therapy model. This issue, as well as others that arise with the bureaucratization of higher education, is discussed below.

Higher education currently faces a variety of challenges. The demographics of student populations, have, and will continue, to change dramatically over the next decade (Gardiner 1994; King 1999). These demographic changes contribute to an increasingly diverse student population, with different values, goals, needs, and problems (Blake, Saufley, Porter, and Melodia, 1990; Judkins and LaHurd, 1999). Many institutions of higher education are faced with the need to provide increasingly varied services with decreasing resources (Schuh 1993), and campuses are being forced to contend with a variety of issues, including increased alcohol and drug abuse, racial tension, and domestic violence (Chesler and Crowfoot 1990; Cohen 1995; Nuss 1994). This all occurs within a

greater social context where public confidence in higher education has decreased, while government regulation has increased. As a result of increased outside regulation and decreased public confidence, colleges and universities are facing increasing demands for accountability (Freed, Klugman, and Fife 1997; Garland and Grace 1993; Kuh and Vesper 1997). The call for accountability translates into institutional measures to standardize service delivery which, in turn, promotes a move to brief therapy, to measure outcomes of those services.

The Current State of Counseling in Higher Education

The mission of university and college counseling centers is to "assist students to define and accomplish personal, academic, and career goals by providing developmental, preventive, and remedial counseling" (CAS, 1999:67)

Before the 108th Congress at this time is S 2215, also known as the Campus Care and Counseling Act. The bill is an amendment to the Higher Education Act of 1965 and aims to provide funds for campus mental and behavioral health service centers. The purpose of the act and its proposed funding increase is improve access to, and enhance the range of, mental and behavioral health services for students so as to ensure that college students have the support necessary to successfully complete their studies.

This initiative is, in part, due to recent controversies surrounding college and university mental health services and media coverage or college student suicide. These include the Shin family wrongful death suit filed against MIT. The family claims that their daughter's suicide resulted from receiving insufficient mental health services and

that the university should have contacted them about their daughter's problems.[23]

Another well-publicized case is that of a Harvard University student who was murdered by her mentally ill roommate who subsequently committed suicide. The victim's family filed suit against Harvard alleging negligence by failing to adequately monitor the troubled student, failing to warn and protect her roommate from harm, and failing to maintain a "reasonably safe and secure environment" (Mandel 1998 in Kitzrow 2003:173-174). I believe that privacy laws and confidentiality of the psychotherapist-patient relationship convolute the issues surrounding the MIT and Harvard cases.

What College and University Counselors Do

College and university counselors "wear many hats." Within the context of their unit they provide individual and group counseling/psychotherapy, crisis intervention and emergency services, outreach intervention, consultation intervention, referral research, program evaluation, and training; within the context of their professional context they actively participate in their professional bodies by attending and presenting at conferences, holding office and lobbying for higher education, emotional and mental health issues; within the context of their institutions they perform the traditional campus governance, act as liaisons to their communities through service, and sometimes act as media liaisons as well (ACCA http://www.collegecounseling.org).

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23 For more information on these suits see, http://www-tech.mit.edu/V121/N70/70shin-article.70n.html; USA Today http://www.usatoday.com/news/nation/2002/01/25/usat-mit.htm; http://www.masspsy.com/columnists/stern_0203.html

Who Do They Think They Are?
Identity Issues of College and University Counselors

Counselors in colleges and universities have multiple identities; in the context of their work lives: they are both counseling professionals and university citizens. This section addresses professional identity and organizational citizenship.

Multiple professional bodies oversee the professional functions of college and university counselors. (See Chapter 3 for the extended discussion.) Freidson (1994:175) notes that, "in exchange for not having to worry about control or availability of work, professionals are supposed to develop a commitment and identification to the discipline" and to the public interest it is organized to serve. Counseling professionals, according to their training, may claim membership and credentials from the American Psychological Association (APA), American Counseling association (ACA), American Mental Health Counselors Association (AMHCA), or the National Association of Social Workers (NASW). Each provider profession has essentially the same goals and accomplishes these by performing similar activities. These associations maintain a network of screening, training, examinations, credentialing, character qualifications, codes of ethics, and peer review to satisfy the state and the public that they can effectively deliver and control the vital professional service (Reiter 2002).

College and university counselors are also organizational citizens embedded in an organizational culture[24] (Schein 1996). They perform their duties within the constraints of the institution according to the culture of their college or university. Altendorf (2003) supports Schein in her research on female prison wardens. She illustrates how the actor

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[24] Organizational culture is conceptualized here as the assumptions, values, norms, behaviors, stories, and artifacts of organization members.

must maintain a front that corresponds with organizational culture. "Individuals must

project the values of the organization, [and] institution regardless of personal feelings or

lack thereof" (2003:50). I propose that the core values of higher education and those of

the professions of college and university counseling practitioners may come to be at odds

and thus create emotional dissonance. These values are based on Parsons' five relational

orientations (1951) and include but are not exclusive to:

- Universalism v pluralism (rules and procedures or relationships)

- Specific v diffuse (superficial or deep relationships, are bits of life kept apart or brought together)

- Neutrality v affectivity (conceal or show emotions) (Trompenaars 1994)

I argue that the three sets of core values from Trompenaars' work on organizational

culture accurately illustrate the areas of conflict that counselors face when working in a

higher education setting. As colleges and universities move to more business-type models

of organization and operation, they acquire and display aspects of Weber's *ideal type* of

bureaucracy. The core values of Universalism, Specific relationships, and Neutrality

relate to Weber's theory that bureaucracies exhibit an increasing tendency to codified

rules and procedures where everyone is treated according to those rules, impersonal

relationships based on specialized skills, and rationality. In contrast the professional

organizations to which counselors belong encourage differential treatment according to

the relationships individuals have with each other (a client is to be treated according to

client/practitioner relationships, avoiding counseling relationships with people that you

have other relationships with, the primacy of the individual), work is based on the

therapeutic relationship, and emotions are used to the benefit of the client. Living by these values in one's work is part of maintaining a counselor identity.

Along with the professional identity provided by training and credentialing bodies, and their identity as institutional citizen with obligations and loyalties due the institutions, college and university counselors also become members of a Student Affairs or Student Personnel division within their institution. The defining purpose of Student Affairs is fostering students' development. There seems to be little conflict between a counseling identity and a student affairs identity since counseling itself is developmental in nature and history. In the context of higher education, counseling activities take on supporting the educational interests, rights, and welfare of students. I argue that counselors working in a university setting see themselves first as counselors rather than institutional agents. Through their education and other means of professional socialization they have acquired the knowledge and skills necessary to assume the identity role of counselor. Further, while a counselor's main alliance is with their discipline and its professional code of ethics, their second most salient work-related identity would be that of Student Affairs practitioner. Support for this conviction arises from the work of Davis (2003), which indicated that members of the student affairs division of a large Midwestern state university ascribed to the core values inherent in the Student Affairs Principles of Good Practice[25] regardless of professional or disciplinary affiliation or demographic factors.

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[25] Student Affairs Principles of Good Practice (ACPA and NASPA 1998).

<u>Organizational Challenges and Opportunities</u>

The practice of counseling in an institution of higher education presents unique challenges and opportunities for the professional counselor. The changing nature of the student population in terms of demographics and also in terms of the mental health services current students require, as well as the changing attitudes of the general public toward higher education present new challenges and opportunities to counselors who practice there. The following section addresses these.

Challenges

Besides the shifting demographics of student populations and the presenting problems they arrive with, challenges of practice in Higher education include increase for counseling, crisis management, consultation, and outreach services on American campuses at the same time that counseling shops face reduced funding and increased expectations from their institutions that the unit become self-supporting. These challenges come during a climate of increased accountability from the institution, the state, and general public. Each of these organizational constraints is discussed in detail below. Also addressed are the unique rewards and opportunities of practicing in a post secondary setting.

Gallagher's Survey of Counseling Center Directors (2003) points out a number of challenges inherent in practicing counseling in a post secondary setting. (See Tables 5 and 6). Results showed 81 percent were concerned about the increasing number of students with more serious psychological problems (see Table 5), 67 percent corroborated a need for more psychiatric services, and 63 percent confirmed problems with growing

demand for services without an appropriate increase in resources (see Table 6).[26] When

students with emotional problems arrive on campus, their support systems fade and

sometimes they approach the counseling center for help. Often the counseling center will

have a waiting list for new clients and sometimes the help they need goes beyond the

limits of the center's staffing constraints or a 10-session limit per academic year.

Counselors must then refer the student to sources outside the university for treatment.

The problem then falls on the student to come up with the funds for outside treatment.

The popular press reflects this situation: in an interview with Goetz (2002) a college

counselor expresses his concern over these issues:

> "It's hard on us because we sense there's an unmet need," says Oliver Birckhead,
> director of Xavier's counseling center. "If you decide to call a counselor, it's a big
> deal."
> "People on the fence might not decide to come back if they have to wait."

Birckhead also confirms that schools are becoming increasingly aware of their

liabilities:

> "God forbid if we knew someone needed help, and we put them on a waiting list
> and something happened," he says. "These cases are prosecuted in civil court,
> and people are found liable so we have to be aware of that.

I submit that challenges such as these place added stress on counselors' emotion

work. Further discussion of these concerns follows.

Changing student population and presenting problems of student clients.
One of the challenges facing college and university counselors is the changing

nature of its students and the problems with which they present as are discussed here. The

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[26] Monographs of Gallagher's studies from 1995 through 2002 are available at
http://www.education.pitt.edu/survey/nsccd/

demographics of student populations, have, and will continue, to change dramatically over the next decade (Davis 2003; Gardiner 1994; King 1999). Today's college students are increasingly diverse: 30% are minorities, 20% are foreign born or first generation, 55% are female, and 44% of all undergraduates are over the age of 25 (Choy 2002:9-10).

These demographic changes contribute to an increasingly diverse student population, with different values, goals, needs, and problems (Davis 2003; Blake, Saufley, Porter, and Melodia 1990; Judkins and LaHurd 1999). Many institutions of higher education are faced with the need to provide increasingly varied services with decreasing resources (Schuh 1993), and campuses are being forced to contend with a variety of issues, including increased alcohol and drug abuse, racial tension, and domestic violence (Chesler and Crowfoot 1990; Cohen 1995; Nuss 1994). In their roles as support and service providers, student affairs professionals have been called upon to create and implement programs to address these issues. Responding effectively to the needs of changing student populations requires those involved in student affairs activities to be clear regarding not only their personal, and professional values, but also the values of the institution in which they work (Davis 2003; Bliming and Whitt, 1999; Elfrink and Coldwell, 1993).

Traditionally, "benign developmental and informational needs" (Kitzrow 2003:167) such as anxiety over leaving home, career, financial, and relationship difficulties, demands of college curriculum, etc. led college students to seek emotion work assistance on campus. College and University counselors still help students with these types of problems. However; the changing demographic make-up of higher

education sees students approaching the counseling centers for other, less "benign," needs as well.

Just as the demographics of the current generation of college students have changed considerably from the past, so have their needs, including their mental health needs. College and university students are increasingly presenting with psychiatric diagnoses already in place (Gallegher 2003; Kitzrow 2003). This is important since studies have found that "mental health problems may also have a negative impact on academic performance, retention, and graduation rates" (Kitzrow 2003:169). She goes on to relate that "students with higher levels of psychological distress were characterized by higher test anxiety, lower academic self-efficacy, and less effective time management and use of study resources" (Kitzrow 2003:171).

It is not easy to determine the causes of this increase in students coming to college already diagnosed with serious psychiatric problems. Young (2003:A37) reports that "some see the rise in reported mental-health problems as a sign that college has become more stressful, as more students juggle work, academics, extracurricular activities, and complicated family issues," while others point to desire for quick fixes as the reason behind the increase. Regardless, the rise in psychiatric diagnoses of college students increases the emotion work that college and university counselors have traditionally performed. Archer and Cooper (1998:13) point out that:

> The need to provide counseling for such a broad range of students and issues—including multicultural and gender issues, career and developmental needs, life transitions, stress, violence, and serious psychological problems—is one of the major challenges facing college counseling centers, a challenge that can be "daunting" at times.

The data in table 6 support that assertion. Gallagher's (2003) study of counseling center directors report an increase in "severe" psychological problems over the last 5 years, including learning disabilities (71%), self-injury incidents (51%), eating disorders (38%), alcohol problems (45%), other illicit drug use (49%), sexual assault concerns on campus (33%), and problems related to earlier sexual abuse (34%). They estimated that roughly 16% of counseling center clients had severe psychological problems. There is clear evidence of an increased incidence of depression among college students. According to a survey described in the Chronicle of Higher Education (Young 2003), depression among freshmen has nearly doubled (from 8.2 % to 16.3%). Additionally, the American College Health Association (2001) found that 61 % of college students reported feeling hopeless, 45% said they felt so depressed they could barely function, and 9% felt suicidal. The Kansas State University studies (1989-2001) indicated that "students report experiencing more stress, more anxiety, more depression than they were a decade ago" (Young 2003:A39).

These data indicate that students entering college are "overwhelmed and more damaged than those of previous years" (Levine and Cureton 1998:95). As Gregory Snodgrass, assistant vice president for student affairs and director of the counseling center at Southwest Texas State University states: "The advent of psychotropic medication over the last 20 years has made it possible for students with those types of problems to come to school, where in the past they would not have been able to come to school" (as quoted in Young 2003:A37). Gilbert (1992:698) cautions that it is both "ethically unwise legally risky, to attempt to carry out a treatment mission with inadequate resources. . ."

Demands for counseling and crisis management services

According to Gallagher (2003), counseling center directors report an increase in demand for counseling services.

I would argue that this is in part due to the above reported conditions and I assert that these factors lead to an increase of crisis management services at colleges and universities around the U.S. Counselors at regional institutions have provided this researcher with anecdotal information over the last seven years that each semester seems to be worse than the previous one in terms of students experiencing crises, that crisis calls start earlier every semester, and that they don't subside during the semester between the landmark "crunch" times (in particular prior to midterms, when freshman midterm grades are reported, and prior to finals and end-of-semester project due dates.)This researcher trusts that well-crafted, multi-method research would confirm that factors contributing to increased demands for counseling would be (along with students' diagnoses and higher education's current concern over drug and alcohol issues) correlated in part to the lessening of stigma surrounding seeking help, familiarity with available services, emphasis on credentialing and getting a job (which includes profound pressure to excel in order to stand out from the crowd) and an increasing number of students who enter college unprepared for its academic rigors and the need for self direction in their academic endeavors.

Consultation and outreach.

Review of counseling literature, campus center informational pamphlets, professional organization websites, journal contents, and SIGs (Special Interest Groups), indicate campus counseling centers are also expected to provide outreach and consultation services to the campus community. Institutions of higher education are faced

with the need to provide increasingly varied services with decreasing resources (Schuh 1993), and campuses are being forced to contend with a variety of issues, including increased alcohol and drug abuse, racial tension, and domestic violence (Chesler and Crowfoot 1990; Cohen 1995; Nuss 1994). In their roles as service providers, counseling professionals have been called upon to create and implement programs to address these issues. In the past decade, the prevalence of these problems has increased (Davis 2003).

Programming and consultation endeavors address behavioral health problems including alcoholism, substance abuse, sexual harassment and violence, and eating disorders. According to Kitzrow (2003), these problems affect the ability of students to function normally and successfully in a college environment. They may cause serious physical problems, academic failure, inability to complete college and in some cases, suicide.

For example, alcohol use is currently a pertinent topic on college and university campuses The 2001 National Household Survey on Drug Abuse also reported that 18.4 percent of adults aged 18 to 24 are dependent on or abusing illicit drugs or alcohol. Another area of outreach programming that counselors provide is sexual assault such as date and acquaintance rape. A 1996 study of 1,000 representative female students at a large urban university, researchers found that over half had experienced some form of unwanted sex. Twelve percent of these acts were perpetrated by casual dates and 43% by steady dating partners (Abbey, Ross, McDuffie and Mcauslin 1996). My review of college counseling web resources revealed that contemporary issues addressed in outreach programs included sexual identity, multicultural concerns including hate crime, and anger management. Developmental issues addressed in counseling outreach include

time management, test taking, adjusting to college life, relationships, and career decision making skills. Counselors also provide training to residence hall staff and provide consultation with faculty and staff on dealing with student issues such as disruptive behaviors in the classroom, dealing with students diagnosed with mental illness, and other student problems.

Staffing, funding, and other administrative concerns

The challenges presented above are exacerbated by reduced staffing, funding cuts, administrative demand for unit self sufficiency, and other administrative concerns (Schuh 1993; Gallagher 2003; Kitzrow 2003). These confounding problems are outlined below.

The International Association of Counseling Services accreditation standards recommend 1 counselor per 1,000 to 1,500 students but, according to Gallagher's (2003) "Survey of Counseling Center Directors," the ratio of counselors to students is as high as 1 counselor per 2,400 students at institutions of higher education with more than 15,000 students.

Staffing shortages are due in part to low salaries paid to higher education counseling staff, particularly by state institutions. Counselors in some regions can better support themselves and their families by going into private practice, consulting, offering supervision services, working with private agencies, or leaving the field altogether. Burnout and other job-related issues also cause counselors to leave higher education. Budget cuts at many institutions terminate a line of employment once it is vacated or at least delays hiring. Even though there may be other rewards, entering professionals often eschew post secondary practice because of fiscal reasons.

Recent research indicates that many institutions now demand that the counseling centers be self sustaining, in part by developing further programming beyond what the institution demands of them (Gallagher 2003). For example, 13% of counseling centers generate income by charging a fee for personal counseling, and 39% charge a fee for other testing and assessment services (Gallagher, Sysko, and Zhang 2001)

These factors and more are part of the challenges of working in a post secondary setting. I contend that students presenting with more acute problems, increased demand for services of all types, decreased budgets and staff shortages all play a role in how counselors do emotion work in colleges and universities.

Multiple identities disorder

I assert that another challenge arising from counseling in a post secondary setting are the demands of multiple identities. I theorize that counselors acquire a social identity based on their profession. They classify themselves according to the degree to which they perceive themselves as sharing the norms and values of the counseling profession as internalized through their training and education. In addition, university counselors also acquire a social institutional identity based on what it means for them to be a good academic citizen. Further, Tajfel and Turner (1986) and Kramer (1991, 1992) maintain that when one of these identities becomes salient, the other becomes less prominent. I argue that there are instances when these three identities come in conflict with each other. Of particular interest in this study is the emotional aspect of each of these identities, the feelings of the personal identity, the emotion norms of the professional counselor identity, and the emotional display rules of the organizational actor. I contend that there

are instances when the emotional identities come into incongruence with each other and emotive dissonance occurs.

Along with the professional identity provided by training and their credentialing bodies, college and university counselors become members of a Student Affairs or Student Personnel division within their institution. The defining purpose of Student Affairs is fostering students' development; therefore, counseling activities take on supporting the educational interests, rights, and welfare of students. The Student Affairs practitioner identity, I would argue, is not problematic for counselors since the ideological underpinnings are similar.

I argue that counselors working in a university setting see themselves first as counselors rather than institutional agents. Through their education and other means of socialization they have acquired the knowledge and skills necessary to assume an organizational role of counselor. Further, while a counselor's main alliance is with their discipline and its professional code of ethics, their second most salient identity would be that of Student Affairs practitioner. Support for this conviction arises from the work of Davis (2003) who found that student affairs practitioners in a Midwestern land grant university ascribed to the core values of the *Principles of Good Practice for Student Affairs* (American College Personnel Association [ACPA] and the National Association of Student Personnel Administrators [NASPA] 1998) regardless of their education, functional area, or other professional affiliations.

I claim that the problematic issues for college and university counselors arise from incongruent demands of their professional identity/identities and the requirements placed upon them in their institutional identity. In their day-to-day work, counselors often

face a conflict between their personal feelings and what is required of them as a professional. Beyond this, in crisis situations, organizational demands often conflict with both their professional code and their personal feelings.

Organizational Feeling and Display Rules

As discussed previously, college and university counselors are both organizational representatives and recognized professionals who, as a self-policing body, are to determine rules of conduct, including "display rules" and "feeling rules." Expectations for counselors are transmitted through formal education and professional socialization, and are codify in their code of ethics and through these means they develop a professional identity.

Organizations also determine "display rules" aimed toward the achievement of organizational goals in order to compete in increasingly tight markets. Organizational or workplace dictates are often contradictory and secondary to personal feelings. In addition, emotional control of counseling professionals stems from professional emotion norms and the conflict between those professional norms, organizational expectations, and the personal emotions that front line counseling staff brings to the counseling encounter can create a complicated emotional dissonance.

Due to the nature of their work, there may be instances when counselors will experience "emotional (or emotive) dissonance" (1983)—when the requirements of the job at hand poses a conflict between what is expected of them in their organizational, professional, and even personal roles. The data from the current study provide a good opportunity to observe that phenomenon and to see how this dissonance is alleviated.

Table 5 Client centered concerns of counseling center director

	Under 2,500 (n =45)	2,500 - 7,500 (n =86)	7,500 - 15,000 (n = 60)	Over 15,000 (n =81)	TOTAL (n=272)	COMMENTS
Percentages of student body receiving counseling in Center. (mean and range)	14.7 (3-33)	8.9 (1-30)	7.3 (1-20)	8.3 (2-30)	9.3 (1-33)	
Center Directors that have noticed an increase in students with the following problems over the past five years:						
a) Severe psychological problems	41 (91.1%)	74 (86.0%)	46 (76.7%)	66 (81.5%)	227 (83.5%)	
b) Sexual assault concerns (on campus)	13 (28.9%)	20 (23.3%)	13 (21.7%)	29 (35.8%)	75 (27.6%)	
c) Problems related to earlier sexual abuse	18 (40.0%)	31 (36.0%)	17 (28.3%)	25 (30.9%)	91 (33.5%)	
d) Alcohol problems	18 (40.0%)	32 (37.2%)	24 (40.0%)	39 (48.1%)	113 (41.5%)	
e) Other illicit drug use	25 (55.6%)	39 (45.3%)	30 (50.0%)	43 (53.1%)	137 (50.4%)	
f) Learning disabilities	32 (71.1%)	58 (67.4%)	34 (56.7%)	48 (59.3%)	172 (63.2%)	
g) Self-Injury	30 (66.7%)	53 (61.6%)	36 (60.0%)	45 (55.6%)	164 (60.3%)	
h) Eating disorders	16 (35.6%)	24 (27.9%)	19 (31.7%)	29 (35.8%)	88 (32.4%)	
i) Normal developmental problem	10 (22.2%)	13 (15.1%)	3 (5.0%)	9 (11.1%)	35 (12.9%)	
j) Career planning issues	8 (17.8%)	10 (11.6%)	7 (11.7%)	20 (24.7%)	45 (16.5%)	
Centers with obsessive-pursuit cases in the past year.	22 (48.9%)	45 (52.3%)	34 (56.7%)	53 (66.3%)	154 (56.6%)	A total of 375 cases; 10 persons killed and 130 injured.
Centers that had to hospitalize a student for psychological reasons in the past year.	38 (84.4%)	67 (77.9%)	45 (76.3%)	68 (85.0%)	218 (80.1%)	A total of 1535 students mean=5.7, range 0-85.

Source: National Survey of Counseling Center Directors 2002 International Association of Counseling Services

Table 6 Service provision and administrative concerns of counseling center directors

	Under 2,500 (n=45)	2,500 - 7,500 (n=86)	7,500 - 15,000 (n=60)	Over 15,000 (n=81)	TOTAL (n=272)	COMMENTS
Centers' service provision concerns (Directors checked all that applied):						
a) The number of students with severe psychological problems.	38 (84.4%)	69 (80.2%)	51 (85.0%)	68 (84.0%)	226 (83.1%)	Other: international student needs, burnout, fiscal issues need to improve skills of clinicians.
b) An increase in sexual assault cases.	23 (51.1%)	60 (69.8%)	37 (61.7%)	52 (64.2%)	172 (63.2%)	
c) An increase in crisis counseling.	10 (22.2%)	16 (18.6%)	27 (45.0%)	36 (44.4%)	89 (32.7%)	
d) Waiting list problems.	3 (6.7%)	16 (18.6%)	20 (33.3%)	27 (33.3%)	66 (24.3%)	
e) Pressure on the Center to do more about drug and alcohol abuse on campus.	12 (26.7%)	41 (47.7%)	26 (43.3%)	39 (48.1%)	118 (43.4%)	
f) The need to find better referral sources for students who need long-term help.	19 (42.2%)	46 (53.5%)	41 (68.3%)	54 (66.7%)	160 (58.8%)	
g) Referrals by outside agencies to your Center of clients needing long-term therapy.	7 (15.6%)	16 (18.6%)	20 (33.3%)	23 (28.4%)	66 (24.3%)	
h) Responding to the needs of learning disabled students.	15 (33.3%)	29 (33.7%)	15 (25.0%)	25 (30.9%)	84 (30.9%)	
i) A growing demand for services with no increase in resources or fewer resources.	21 (46.7%)	55 (64.0%)	43 (71.7%)	59 (72.8%)	178 (65.4%)	
Centers' administrative concerns: (Directors checked all that applied):						
a) Increased paperwork.	9 (20.0%)	23 (26.7%)	14 (23.3%)	24 (29.6%)	70 (25.7%)	
b) Emphasis on accountability data from higher administration.	12 (26.7%)	24 (27.9%)	16 (26.7%)	31 (38.3%)	83 (30.5%)	
c) Training demands of interns reduce clinical hours.	5 (11.1%)	7 (8.1%)	13 (21.7%)	20 (24.7%)	45 (16.5%)	
d) Maintaining staff motivation.	11 (24.4%)	20 (23.3%)	24 (40.0%)	39 (48.1%)	94 (34.6%)	
e) Difficulty finding minority candidates to fill open positions.	9 (20.0%)	27 (31.4%)	25 (41.7%)	31 (38.3%)	92 (33.8%)	
f) Knowing what should/should not be included in case notes.	3 (6.7%)	10 (11.6%)	12 (20.0%)	10 (12.3%)	35 (12.9%)	
g) Boundary issues with administration.	17 (37.8%)	20 (23.3%)	10 (16.7%)	7 (8.6%)	54 (19.9%)	
h) Other	25 (55.6%)	41 (47.7%)	33 (55.0%)	28 (34.6%)	127 (46.7%)	

Source: National Survey of Counseling Center Directors 2002 International Association of Counseling Services

Van Maanen and Erickson (1989) address the display of emotion at work developing an argument that links display rules to the cultural values and emotion norms that organizational members understand to be appropriate or inappropriate in the organizational setting. They conceptually link the constructs of emotion and culture to explore how organizational life is structured to influence the feelings of organizational members and to better understand how organizational cultures are built and maintained. They also examine the emotional costs and benefits of organizational membership.

Emotional/emotive dissonance

As previously related, counselors feel dissonance within the therapeutic relationship when the emotions they experience in relation to the client challenge the feeling rules of their professional identities or their personal feelings. I propose that counselors experience additional dissonance from the incongruence of professional norms and personal feelings that come in conflict with the demands of increasingly bureaucratic, profit driven mission of the university itself.

Hochschild (1983) argued that emotion work could lead to feelings of inauthenticity and estrangement from self due to "emotive dissonance" or a clash between inner feelings and outward expression. According to Hochschild, emotion labor interferes with an employee's ability to reconcile one's "true self" with an organizationally-mandated display of emotion. Her thesis, however, does not address the additional dissonance that the professional norms of counseling contribute.

 "Feeling rules" (Hochschild 1983:56-57) and "rule reminders" provide the guidelines by which we manage our emotions and the emotions of others, both privately and publicly. In general, "feeling rules" and "rule reminders" consist of the norms that

govern emotional exchange in everything from monogamous love relationships or entire societies, and dictate precisely which emotions one should feel and display in any given situation (Hochschild 1983).

Consequences of Counseling Emotion Work in Higher Education

The literature dealing specifically with counseling emotion work in a higher education setting is non-existent. In fact, few studies of organizational emotion have investigated contexts in which emotion management may be a necessary and vital employee function. I judge this to be the case with counselors: managing client emotions, as well as their own, is an integral part of the therapeutic process. Literature addressing the consequences of emotion work among the general counseling population is reviewed in Chapter 3. As stated previously, there is some research that indicates that providing services to people who have had traumatic experiences is rewarding (Kottler 1993; Guy 1987) and that some counselors seek out emotion labor of this kind. This earns them the label of "crisis junkie" or "trauma junkie" (Wegscheider-Cruse 1990; Hudson 2001).

However, Chapter 3 illustrates that the literature on counseling's professional emotion norms and emotion work centers predominantly on the negative outcomes of emotion management (see Stamm 1995; Green 1994). The importance of understanding the outcomes of emotion work has been evident in the literature since its conception with Hochschild. Hochschild (1985:189) contends that, "whenever people do acting for a living, even if they have some control over the stage, they inhabit their own stage faces with caution; behind the mask, they listen to their own feelings at low volume." She then

describes the estrangement from our own feelings that occurs from feigning what we feel in order to do our job:

> Maintaining a difference between feeling and feigning over the long run leads to strain. We try to reduce this strain by pulling the two closer together either by changing what we feel or by changing what we feign. When display is required by the job, it is usually feeling that has to change; and when conditions estrange us from our face, they sometimes estrange us from feeling as well. (90)

Hochschild further writes that when we remain estranged from our true emotions for a substantial period we reach a "personal breaking point," "go into robot" (126-127), and end up merely going through the motions; at that point, display becomes hollow and emotional labor is withdrawn (136). For counselors this translates into burnout or compassion fatigue.

Burnout, compassion fatigue, and vicarious traumatization are all issues that college and university counselors face in common with the general human services population and, I argue, will certainly show up in the current data. The question is, however, "Does the organizational context of higher education exacerbate or alleviate negative consequences of emotion work among counselors, and if so, how?" I would argue that the growing hierarchical, bureaucratic structure and profit-driven focus of contemporary higher education contributes to negative consequences of counseling emotion work. Therefore, this study addresses how college and university counselors perform demanding emotion work as well as what strategies they utilize to diminish the probability of burnout.

Summary

This chapter addresses the unique practice world of university and college counselors and addresses the challenges and rewards of postsecondary practice, identity conflicts, and emotion work in therapeutic practice. This chapter examined: 1) the nature and purpose of a college or university center, 2) the nature of the work of college and university counselors, 3) the impact of higher education's move from collegial to bureaucratic relations, 4) special student populations and changes in presenting problems of student clients; 4) demands for counseling and crisis management services; 5) service delivery systems and personnel; and 6) consultation and outreach issues. This was supplemented by a discussion of professional and organizational identity, and the rewards and challenges of practicing in a college or university setting.

In the following chapter I discuss my methodology and data collection.

CHAPTER V

METHODOLOGY

In this chapter I discuss my methodology and data collection. This is a qualitative study exploring emotion management of university counselors in everyday counseling situations. Data for this study were derived from transcripts of 14 counselor interviews, professional codes of ethics from the counseling-related organizations, mission statements of the counseling centers where the respondents practiced, and available assessment reports of the counseling centers. Through this data I examine how workload and institutional and professional constraints function to impact the emotion work of counseling in a post secondary setting.

A qualitative approach was appropriate for this research because the nature of my research questions are dependent upon the emotional experiences, perceptions, and observations of counselors involved in the construction of a therapeutic encounter in an greater organizational context. In general, qualitative studies are discovery oriented (Mahrer 1988). They are less concerned with quantification and instead "explore the meanings, variations, and perceptual experiences of phenomena" (Crabtree, and Miller, 1992:6). As opposed to the majority of emotion literature which considers emotion to be a "state" that is best understood by research questions that ask "how much" (Tracy 2001), the current study explores emotion as an emergent phenomenon that both develops in and works to sustain or alter the interactional context of counseling. The current research is

concerned with "what kind" of emotions and rewards counselors experience as a result of practicing in a post secondary setting. As such, I am concerned not with "how many" counselors responded in any particular way, but "what kind" of responses do they provide. This exploration of possible responses establishes a place to begin refining interviews and gathering literature for an extension of this study. The use of qualitative data gave me access to counselors' experiences, perceptions, and observations within the organizational context in a manner in which quantitative methods such as surveys would not.

The remainder of this chapter will address issues pertaining to the selection of participants, roadblocks to access that led to the re-visioning of the project, recruitment of final participants, subsequent data collection, validity and reliability issues in qualitative research, and how researcher bias was addressed.

Justification for Selecting University Counselors

I selected personal counselors practicing in post secondary settings for this research specifically because they comprise a fairly unique group and offer an exceptional opportunity to explore emotion work performed by professionals. Professionals have remained a singular population whose autonomy generally supercedes bureaucratic influence. Counselors in a post secondary practice setting, however, are embedded in the increasingly bureaucratic institutions of higher education where professional autonomy may be challenged. One purpose of this dissertation is to explore the possible occurrence of a three-way emotive dissonance (discussed previously in chapter four) that could emerge from these challenges.

The corpus of emotion literature generally focuses on the emotion management of service workers directed by management's hierarchical establishment of feeling rules and display norms. There have also been a few recent studies that dealt with emotion management among members of professional and semi-professional occupations (see the literature review for full discussion of this research.). However, no study to date has dealt with the complexity of emotion issues of professionals whose emotion work is embedded in a larger organizational context, which is sometimes in conflict with their professional ethics and norms. The situation of university counselors provides this complexity.

Unlike counselors in solo practice or those working within a mental-health-focused organization, university counselors are university citizens, subject to rules and expectations intended to promote the interests of the university as a whole. In this setting, counselors presumably subordinate a portion of their professional autonomy to the dictates of the greater organization. I contend that since emotional dissonance is related to practitioner satisfaction and burn out, which in turn impact practitioner efficacy and client outcomes, then understanding the conditions under which dissonance arises is fundamental in a therapeutic society. These are crucial considerations in light of the rise of bureaucratic constraints placed on medical and mental health practitioners by managed care and third-party payers, among others. Regulations imposed by managed care and third-party-payers, which increasingly demand DSM IV or ICD-9[27] diagnoses, enforce limited counseling sessions, and require additional documentation and outcomes

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[27] "The International Classification of Diseases, 9th Revision, Clinical Modification" (ICD-9-CM), Sixth Edition, issued for use beginning October 1, 2003 for federal fiscal year 2004 (FY04). The ICD-9-CM is based on the World Health Organization's Ninth Revision, International Classification of Diseases (ICD-9). ICD-9-CM is the official system of assigning codes to diagnoses and procedures associated with hospital utilization in the United States.

assessments, may add to counselor emotive dissonance, exacerbate counselor stress, and thereby impact counselor efficacy.

Gaining Access

After gaining approval from Oklahoma State University's Institutional Review Board, I contacted the highest level Student Affairs officers of target universities to gain access to directors of their counseling shops. Upon receipt of Student Affairs support I then contacted the directors of the campus centers to gain access to their staffs. At this point I began encountering roadblocks and challenges to access. In fact, at times, I feared that this project would never come to fruition.

While the support of the Vice Presidents of Student Affairs (many of whom were educated as counselors and maintained active practice in multiple mental health settings prior to their current positions) was unequivocal, the reception of counseling center directors was less so. Some directors were non-responsive until the end of the study when data collection had been discontinued. The combined demands of preparing for the school year and the increase in request for services and outreach hampered their timely response. These directors were ultimately supportive of the project, wished to participate themselves, and to allow access to their staff as well. I will maintain contact with these directors for the next phase of this project.

Other directors were indisputably uncomfortable with the project. They found the idea that they or their counselors "managed" client emotions repugnant and antithetical to what they considered the non-directive philosophy of counseling. Although the term "emotion management" occurs in counseling and psychology literature, they felt that its use, particularly when by "an outsider" (meaning outside traditional mental health related

disciplines) was pejorative. I explained the concepts of emotion management and emotion work (and provided accessible grounding literature in some instances). Eventually, access was granted, but often grudgingly.

The final challenge to counselor access was a personal one. One director wished to deny access upon researching me (in essence, accessed confidential records) and ascertained that I had utilized one university's psychiatric/neurological specialist about a life-long sleep disorder. After some investigation I found that she was concerned about confidentiality and potential "dual relationships." I was not granted opportunity to attempt to allay her concerns.

While directors did not deny access outright—they eventually officially granted access—they delayed it beyond a time when counselor participation was feasible, or they explicitly or implicitly discouraged their counselors from participating. Counselors who had already made contact from these centers withdrew their participation, citing office climate as the reason they withdrew. Their letters and phone calls were clear that, rather than making waves or incurring the displeasure of their director, they preferred to rescind their consent.

Since access to counselors in target universities was greatly hampered, the scope of the research was broadened to allow participation from college and university counselors across the United States. However, although I broadened the scope of the research, recruiting participants still proved problematic. Student Affairs officers from the original phase of the study provided names and contact information of other directors and key people in counseling shops across the U.S., but by this time counselors were largely unable to participate due to the demands of the academic year well underway,

engaged in other research as a unit[28] and were reticent to overextend their staff, or

embroiled in major institutional restructuring that limited their time.

Additional participants were gathered by electronic means. During my initial

interviews it was suggested that I post an invitation to a listserv specifically for college

and university counselors. I had previously been a member of that list in conjunction with

my earlier work with this population. I ascertained that posting invitations to participate

in research was appropriate to the culture of the list and posted a general informational

email to the list describing the research asking that those who were interested in

participating contact me. I sent further information to counselors who expressed interest

and included as a reference a counseling center coordinator with whom I have had a close

academic relationship. When counselors confirmed their interest, I sent them an informed

consent with SASE for its return and emailed them a formal invitation linked to an online

interview which was hosted on a secure server (HIPPA compliant encryption). (See

Appendix C for copies of outgoing email.) Other participants were included through a

snowball method as participating counselors discussed the project with their colleagues

and at professional conferences. There are a number of potential participants who could

not complete the interview process by my deadlines but who have asked to remain on my

list so that they can participate in the follow-up studies.

Participants

A total of 15 interviews were analyzed for this research. I originally collected 18

interviews: three in person, 14 online, and one by telephone. Two in-person interview

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[28] Typical responses included: "You and 500 other students are requesting research participants. There
seems to be little awareness of our lives on this end." "This is (April, pre-semester training time, mid-term,
finals, employee eval time, etc.)—the BUSIEST (and/or craziest) time of year for us."

respondents declined to be taped and so I took notes during the interview and sat afterwards and filled in where I could recall. The other in-person respondent allowed taping but refused permission to transcribe. For that interview I was allowed to take notes and go back to listen to the tape in order to pull accurate quotes. The telephone interview was taped and transcribed but the participant later withdrew from the study. The tape and transcription were subsequently destroyed and no part of that interview appears in the analysis of this paper. Two online participants withdrew from the project after their online interviews were completed. The data from those interviews were destroyed and will not be used in this project.

In the end, participants in this project were 9 female and 5 male counselors from 14 institutions ranging from small Christian liberal arts colleges to state supported research intensive institutions located in diverse regions of the United States. Their tenure at their respective schools ranged from six months to 25 years. All do some combination of personal counseling, outreach, and administrative duties; some also teach within their institutions. They comprise professionals from Social Work, Psychology, and Counseling and include members of the American Psychological Association, the American Counseling Association, and the National Association of Social Workers. All informants held at least a Master's in their field and many held a Ph.D.; all were licensed to practice in their state or preparing for licensure. Participants selected their own pseudonyms and are identified throughout the following work only by those names[29]. (See table 7. Also see the following chapter for in-depth counselor profiles.)

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[29] If the pseudonym chosen by the counselor contained identifying information I assigned another name of my choosing in order to ensure confidentiality.

<u>Data</u>

The primary data for this study was collected through semi-structured in-depth face-to-face, phone, and electronic interviews. Interviews served to (1) determine how counseling staff maneuver everyday counseling encounters (2) explore the counseling process in terms of emotion work and emotive dissonance, and; (3) illustrate the impact of organizational and professional phenomena on counseling processes in a post secondary setting. Additional data was provided by professional codes of ethics, and counseling center websites and mission statements. These documents were analyzed for content that explicitly or implicitly provided emotion norms, and clues to the emotional climate of the participants' practice context.

Although considered practicable in the original research proposal, email was proved an undesirable mode of data collection with counseling professionals as it is not a secure means of communication. In offering counselors an encrypted, HIPAA compliant site they could take comfort in knowing that their interview data could not be lifted electronically and that any patient related information they may have inadvertently included in their responses would be secure and they could request its deletion when they read

Table 7 Counselors and orienting information

Pseudonym	Gender	Yrs in practice	Degree	Licensure	Type of Institution
Brian	M	8	PhD	Licensed Psychologist	
Torry	F	3.5	M.Ed.		
Alex	F	6.5	MLSW	LSCSW, LCSW	
Tess	F	NA	PhD		
godsaidto	M	10	PhD Couns Psych	Licensed	Research Intensive
Sue	F	7			
Laura	F	7	MS Community Counseling	NCC, LPC	
Brenda Michaels	F	1	MS Couns Psych		
Garden Lane	M	25			Research Intensive
Paul	M	2			
Charlie	M	14	MS Community Counseling		
Evelyn	F	3	PhD Couns Psych		
Sarah Lou	F	13	MS Student Personnel Counseling	LPC	
"Marylyn"	F	25	PhD Counseling Psychology		Research Intensive

Interviews

An interview schedule was developed that allowed the utilization of electronic data collection along with in person and telephone data collection. To achieve this objective I developed a comprehensive interview guide with open-ended questions to be used during this research (see appendix A). Open-ended questions help minimize the occurrence of leading or directing counselors to answer questions in a particular manner (Brenner, Brown, and Canter, 1985; Rubin and Rubin, 1995; Scott, 1995). Scholars,

including Lincoln and Guba (1985), recommend that qualitative researchers carefully

develop their research questions in such a way that they can generate meaningful and

useful data. Question development was guided by information gained through

preliminary discussions with the counseling coordinator of one of the universities under

study, as well as the counseling and emotion work literature.

Interview questions covered becoming/being a counselor, the particular rewards

and challenges of practicing in a post secondary institution, the impact of organizational

qualities of the counseling unit on counseling practice. Within the interviews, after the

informants located themselves as to their path to becoming a counselor in a post

secondary setting, education, their professional affiliations, and their preferred treatment

modalities, I asked them to tell me about the practical and emotional aspects of working

in this setting, including the emotion work they undertake with clients and coworkers.

Clarification and elaboration was sought via email, an individualized follow-up

online interview, by phone, or face-to-face according to the format of the original

interview. When electronic responses needed elaboration or clarification I contacted

counselors to provide me with additional information. Depending on the nature of the

elaboration needed, they responded by email or used a personalized follow-up interview

on the secure server.

Justification for use of interview data

Babbie (1998:290) defines an interview as an "interaction between an interviewer

and respondent in which the interviewer has a general plan of inquiry but not a specific

set of questions that must be asked in a particular order." As Eitzen (1991:109-115)

predicted, the use of interviews as data in the social sciences has become more

widespread and established. Briggs (1986:1) estimated that 90% of all social science investigations use interview data and Silverman (1997) notes that the interview has become "central to making sense of our lives." The qualitative data collection technique of semi-structured intensive interviewing enables counselors to conceptualize their perceptions and opinions, and discuss their lives as counselors in their own words.

Organization of Data

Face-to face and telephone interviews were recorded then transcribed as allowed, and the tapes destroyed; electronic notes were made from documentation. Online interviews were conducted over a secure server which provided HIPAA compliant encryption to protect counselor information and any identifying client information. They remained on the secure server until they could be downloaded in encrypted format to the researcher's computer. At that time they were password protected.

Transcribed notes and online interview data were arranged by pseudonym; no real names are connected to the data. These data form the database from which the analysis of interviews is drawn. The database was burned onto a cd, password protected and stored in a locked office. No parties other than the researcher had access to the computer database of transcripts.

Use of documents such as codes of ethics, counseling center mission statements, as well as counseling center web presence provided a means of triangulation with the interview data, providing the researcher with a richer picture of the organizational and professional settings in which university counselors perform their emotion work.

Data Analysis

As an exploratory study, the organizational documents (codes of ethics, counseling unit assessments, counseling center websites, and counseling center mission statements) were first analyzed to determine any clues to organizational display rules and professional emotion norms which would help understand the interview data in terms of professional and organizational cultures.

Codes of ethics and mission statements

The ethical codes that direct the three main professional bodies to which the respondents belong were analyzed to determine professional emotion norms. I reviewed the ethics codes from the American Psychological Association, the American Counseling Association, and the National Association were reviewed multiple times identifying discrete units of meaning and assigned them to specific categories relating to emotion norms. Core values were also assessed. Sometimes these were labeled as such in the Codes, other times as grounding principles, and the final set of codes required teasing them out of the data by combining like concepts and abstracting them to values statements. The value concepts were then reviewed in the context of the document as a whole.

Mission statement text was handled similarly; statements were reviewed multiple times and concepts combined to provide a picture of the counseling center within the context of higher education.

Interview data

This study also analyses the interview accounts of 14 college and university counselors in the United States. In analyzing the self- reported stories of practice this researcher identified recurring themes of experience among the counselors. While there are many different qualitative research paradigms that influence how data analysis and interpretation are approached, Miles and Huberman (1994) indicate that there is a common sequence of steps observed across a number of paradigms. These include:

- Developing and assigning codes to field notes derived from observations, interviews, or documentary evidence. (open coding)
- Noting the researcher's reflections on the observations (margin notes, research journals).
- Isolating preliminary patterns, themes, and relationships. (axial coding)
- Gradually arriving at interpretations.
- Verifying these interpretations (e.g., using a member check of study participants, triangulating from different data sources, peer debriefing, or getting another member of the research team to examine the chain of evidence)

These steps were applied in interpreting the data using a more deductive methodology in that I was extending and verifying Hochschild's "emotion work" framework in the lives of university and college counselors. Interview data were organized according to the research and interview questions. Discrete ideas taken from the interviews served as the unit of analysis; these were coded according to the major categories presented. Open coding allowed the researcher to closely examine counselors' use of words, sentences and phrases, and paragraphs in order to become sensitive to the data. Strauss and Corbin refer to this as "categorizing" (65). Axial coding was then used to make the "connections between a category and its subcategories" (96).

The information collected from counselors does not constitute the conclusions of this work. Instead, as Richardson asserts "we fashion these accounts into a prose piece; we transform biographical interviews . . . into a sociological text, contributing to the conceptualization that "all knowledge is socially constructed" (1990). The aim was to identify issues from the point of view of the respondent. Using the research questions as a basis for determining categories, I undertook repetitive reviews of the data, formulated, refined and filtered the categories, and connected and integrated data across categories to explore for differences and similarities.

Credibility and Trustworthiness

In qualitative research, the concepts of validity and reliability are commonly known as trustworthiness and credibility. To increase trustworthiness and credibility in this research I utilized peer debriefing, respondent debriefing/confirmability, and triangulation of data. Miles and Huberman (1984) stress that reliability and validity is just as important in qualitative research as it is in quantitative research. To enhance trustworthiness (reliability) in qualitative research, it is recommended that researchers spend sufficient time with the study's participants to check for discrepancies in responses (i.e., prolonged engagement and persistent observation); verify the accuracy of participants' responses (i.e., member checking); and explore each participant's responses meticulously (Lincoln and Guba 1985).

Credibility (validity) in qualitative research is maximized by assuring that the participants' responses are accurately reported and represented (Scott 1995) and by utilizing multiple sources of information to triangulate the qualitative data (Miles and Huberman 1984). Kellehear (1993:38) asserts that "validity is tied to how well a

researcher's understanding of a culture parallels the way that a culture views itself," and that the "central meanings the researcher attaches to objects, actions and relations should reflect the beliefs of insiders' analysis." The categories that emerged in this analysis were reviewed with various participants to assess their reliability and then incorporated into the analysis. I then integrated the relevant literature with the findings to construct a "worthy story" (Aronson 1994) of counselors and their emotion work in a college and university setting.

Respondent debriefing/confirmability

Respondent debriefing or respondent confirmability means that the researcher's interpretations are recognized as representative of the situation by the participants. Smith (1993:80) stresses that interpretations must begin with "imaginative guesses about meaning . . . followed by asking others if [the researcher is] getting it right." To this end, select participants were given a draft of the dissertation during various stages of the project to review and confirm the accuracy of the interpretation. Participants whose phone interviews were transcribed also received hard copies of their responses which served as verification that the information they provided was used in the manner in which they meant it to be (confidentiality was not breached, nor were their interview responses misrepresented) and that they were quoted accurately. Respondents who completed online interviews retained access to their online responses throughout the duration of the research. They were able to return to their interview to review their responses.

Peer debriefing

Peer debriefing was utilized to help insure the validity of the research report. In peer debriefing, the researcher asks informed colleagues (Mishler, 2000) such questions

as: "Could other reasonable researchers make these same claims?" "Would others be able

to determine how my findings and interpretations were generated?" "Would you use my

interpretations on which to base some of your own work?" The reader must be convinced

that the participants' meanings are recorded, not merely the researchers' meaning (Crotty

1998). Questions and concerns broached by debriefers were processed and addressed.

Triangulation of data

Use of other data, such as the codes of ethics (see Appendix F) from the three

main professional organizations represented by the respondents, and counseling center

mission statements from participating institutions were used to confirm conceptualization

of professional emotion norms and the organizational contexts in which counseling was

performed. While the codes of ethics are included in the appendices, mission statements

are not in order to help protect the identities of the participants.

<u>Ethics</u>

This project was evaluated by the Institutional Review Board at Oklahoma State

University and approved for use. All participants received a form of written consent that

detailed the research plan and questions and delineated any risks and rewards. Remote

respondents received a SASE for return of their signed consent. Some remote

respondents who participated in the online interview did not return their signed consents

but the same information was provided by email and on the beginning screens of the

interview site and stated that counselors agreed that completion of the interview implied

consent.

Information or comments that have been offered in confidence were used for

analysis however they were only specifically referred to if they could be used without

revealing the identity of a client, respondent, or other identifiable individual. No identifiable client information is included in the written report. Participants created pseudonyms in order to protect their identities ensuring confidentiality should they be quoted in the written section of the research project. Member checking also helped to ensure that no identifiable or confidential client information is present in the final written version of the dissertation. Members had access to copies of their responses so they could ensure they were recorded as they had intended and that no identifying information was included. Some respondents did not provide feedback as to their interview responses. In those cases I ensured that no identifiable data was used. Names of institutions and any individuals were obscured, and when relating information pertaining to minors, the combined pronoun his/her was used to further protect the youth's anonymity and that of the client who presented the material. These precautions were enacted prior to any peer debriefing sessions that included the use of interview data.

Subjectivity and Bias

Subjectivity is part of the inquiry process in qualitative research. Bias, which positivists can regard as a problem in research, can be seen as strength in naturalistic inquiry with "empathetic regard" as a key to good data collection (Ayers 1989). I dealt with subjectivity and bias in two ways. First, I employed a more critical and reflexive approach to the interview process as is suggested by Holstein and Gubrium's (1995, 1997) concept of the "active interview." Second, I maintained a journal during this research so that reflections on the interview process were recorded and acknowledged. The journal was used as a grounding mechanism during the analysis of the data and

provided a space for me to explore any biases that revealed themselves during the research process.

The Active Interview

To reduce subjectivity and bias in face-to-face interviews, Holstein and Gubrium's "active interview" process was held in mind. As Eitzen (1991:109-115) predicted, the use of interviews as data in the social sciences has become more widespread and established. Briggs (1986:1) estimated that 90% of all social science investigations use interview data and Silverman (1997:248) notes that the interview has become "central to making sense of our lives." The routine use of the interview as a method of data collection poses particular problems (especially that of interviewer bias) for the non-reflexive researcher however, a remedy to this situation is the "active interview."

Confronting biases and bringing them into personal consciousness is encouraged in qualitative research (Ayers 1989; Peshkin 1988). Atkinson and Silverman (1997:309-310) argue that within an "Interview Society," researchers adopting an unreflective and uncritical approach to the use of interviews are prone to a "spurious sense of stability, authenticity, and security" in depending upon this type of data generation in attempting to represent an authentic view of the respondents' realities.

Holstein and Gubrium's active interview respondent is a dynamic subject employing a stock of knowledge, which they liken to "several different shifting vessels of answers" (Holstein and Gubrium 1995:31), and the interviewer is regarded as active in corresponding ways. The complex contents of the respondent's stock of knowledge are

intertwined with the identities partaking in the interview (31) and a simultaneous production of new "vessels" of knowledge is created and maintained.

In other words, keeping her role as interviewer in mind focuses the researcher on the symbolic act of the interview processes and increases awareness of her part in the act of creating and maintaining the meanings that arise in the interaction. This outlook seems particularly appropriate given the subject matter at hand: the management of emotions in a counseling setting. Just as the counseling relationship is a symbolically rich arena for interaction, so is the in-depth interview. Acknowledging this helped bracket any evident bias during the act of collecting, synthesizing, and analyzing the data.

The Research Journal

The research journal allowed me to explore the roadblocks that arose during this project and to work through the changing methodology that these challenges predicated. By processing challenges in this manner I became aware of areas of bias precipitated by frustration. The research journal also provided a space for me to explore my own emotion work occurring during the interview process, and the emotional dissonance I felt when the emotions the interviews evoked conflicted with the vestiges of the positivist notion of objectivity. I experienced a conflict from the need to balance "empathetic regard" and trust-building endeavors with keeping myself "out of the research" as my more positivist-oriented research training has instructed me. The journal, along with peer debriefing worked to help me recognize areas of potential bias.

<u>Summary</u>

This chapter outlined my methodology and data collection. Qualitative methods were used in order to explore "what kind" of (in contrast to "how many") emotions and rewards counselors experience as a result of practicing in a post secondary setting. I described the challenges of gaining access to the original population for this study and how the study was modified to overcome this issue. I also discussed how peer debriefing, a research journal, and member checking were among the means I used to increase credibility and trustworthiness and to control for bias. In the following chapter I present the findings from the analysis of 14 interviews, professional codes of ethics, and counseling center mission statements to explore how workload and institutional and professional constraints function to impact the emotion work of counseling in a post secondary setting.

CHAPTER VI

FINDINGS

This chapter provides the discussion of the findings pertaining to the emotion work of counselors in everyday counseling events. The study was designed around the following research questions:

1. How do the organizational qualities of a counseling unit in higher education affect the therapeutic encounter in general, and the counselor's emotion work strategies, in particular?

2. How do college and university counselors manage their emotions and those of others during everyday counseling encounters and other practice related activities?

3. How do counselors negotiate any conflicts between personal feelings, professional emotion norms, and organizational display rules?

Data used to explore these questions came from the codes of ethics of the main professional bodies of the respondents: the American Psychological Association (APA), the National Association of Social Workers (NASW), and the American Counseling Association (ACA). Data, analyzed using a more deductive analysis, were combined with exemplary quotes and interwoven with the literature to create a "worthy story" (Aronson 1994).

Counselors discussed their techniques for managing their own emotions and those of their clients as well as instances of joint and reciprocal emotion management undertaken with their colleagues. They present techniques of self, other, and joint/reciprocal emotion work, discuss the organizational challenges and rewards of doing counseling in a higher education setting, and offer advice to new counselors on working with emotions. The following chapter begins with findings from the analyses of professional codes of ethics and counseling center mission statements, respondent profiles are then provided and then proceeds to the findings arranged thematically by interview question and related back to relevant literature.

Codes of Ethics

Analysis of the codes of ethics of the APA, NASW, and the ACA provide insight into practice focus, core values, and emotion norms of each professional body.

Of the three documents, that of the APA is by far the longest. When considered in its whole, the code for Psychologists suggests that clients are secondary to psychology's purpose. Primary is commitment to increasing scientific and professional knowledge of behavior and how people come to understand themselves. That knowledge is then to be used to improve the conditions of individuals, organizations, and society. Its General Principles are couched in medico/scientific language and are not to be taken as directive

> General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose. (Preamble—American Psychological Association [APA] 2002)

Even though they do not represent obligations, the Principles offer the closest to core values that are present in this document (See table 7). The majority of the code document is concerned with protecting practitioners and outlining appropriate conduct of research, assessments, educational training, business practices, and procedures for dealing with breaches of the code. Items dealing specifically with therapy are in the 10th, which is the last segment, and covers, in order informed consent to therapy, sexual intimacies with current clients, sexual intimacies with relatives or significant others of current clients, therapy with former sexual partners, interruption of therapy, and terminating therapy.

In fairness, the APA is an umbrella organization covering over 100 practice groups, few of which are directly concerned with client issues. Counseling psychology (of which several respondents are a part) and Humanistic psychology are two of those that are more concerned with client-related issues. The findings from analysis of the American Counseling Association (ACA) document follow those of the National Association of Social Workers (NASW).

The core values and assumptions of the NASW are very obvious in their code of ethics, as are the relationships between those values and the ethical principals they concern. In contrast to the APA code, the NASW code begins with discussion of the ethical commitment to the client, follows with their commitment to colleagues, obligations to those whom they teach and train, performance, responsibilities as professionals, integrity and furtherance of the discipline, and ethical commitment to larger society. Social justice, service, dignity and worth of the person, importance of human relationships, integrity, and competence are the guiding values of the NASW.

While the other two codes are designated as guides or grounding principles for consideration of ethical behavior, the ACA code "establishes principles that define the ethical behavior of association members. All members of the American Counseling Association are required to adhere to the Code of Ethics and the Standards of Practice"

The code commences with client issues and the "primary responsibility,"which is "to respect the dignity and to promote the welfare of clients." It follows with discussions of confidentiality; professional responsibility, relationships with other professionals; evaluation, assessment and interpretation; teaching, training, and supervision; research and publication; and resolving ethical issues.

Multiple readings of the codes reveal three commonly accepted emotion norms of counseling: Empathy, positive regard, and remaining non-judgmental. These norms will be compared with counselor responses and organizational factors to illuminate emotive/emotional dissonance.

Mission Statements

The mission statements of the 14 counseling centers first and foremost emphasize the growth and development of the whole person. All centers included statements such as the following in the first few lines of their statement:

- "academic success, personal growth, and positive social contribution of . . . students"
- "programming focuses on the developmental needs of students in order to assist them in maximizing their potential for success."
- "support student success"
- "aid your development through personal issues that may be interfering or distracting you from success."

Approximately one half specifically mentioned major crisis intervention services in conjunction with the rest of the university; more than half specifically listed consulting

and outreach activities, and only one specifically mentioned using a brief therapy model in their counseling work.

Kitzrow (2003) reports that "many counseling centers have also been forced to make a philosophical shift from a developmental, holistic, and preventive model of counseling towards a more clinical and crisis-oriented model in order to meet the needs of students with serious psychological problems" (173). Even though the mission statements of these 14 institutions still emphasize student development, their responses indicate that they are experiencing what Kitzrow observed.

Counselor Profiles

, participants in this project were 9 female and 5 male counselors from 14 institutions ranging from small Christian liberal arts colleges to state supported research intensive institutions located in diverse regions of the United States. Their tenure at their respective schools ranged from six months to 25 years. All do some combination of personal counseling, outreach, and administrative duties; some also teach within their institutions. They comprise professionals from Social Work, Psychology, and Counseling and include members of the American Psychological Association, the American Counseling Association, and the National Association of Social Workers. All informants held at least a Master's in their field and many held a Ph.D.; all were licensed to practice in their state or preparing for licensure. Participants selected their own pseudonyms and are identified throughout the following work only by those names, or names substituted if their choice was close to their own name (See Table 7).

Counselors in this study overwhelmingly entered the college and university setting subsequent to having done practicum there during their graduate program and returned because it "felt right" or they enjoyed working with a highly motivated, high-functioning population. Counselors also appreciated the opportunity for variety that working in postsecondary education offers. While some have worked only in the higher education setting, others have social work backgrounds, and/or have extensive experience in the state mental health system both in front line services and in administration.

The profiles below relate, in the counselors' own words, their stories of becoming a higher education counselor, current practice setting, and years of experience as a counselor in higher education. The profiles allow contextualization of the subsequent discussion of counselor emotion work. The stories are arranged by counselor pseudonym and have not been edited for content or grammar but minor spelling mistakes have been corrected.

Table 8 Professional focus, core values, and emotion norms of the APA, NASW, and the ACA

Prof. Body:	Professional focus	Core Values	Emotion Norms
APA	Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society (APA Code of Ethics 2002).	Objectivity Competence Genuineness Justice	Non-judgmental Beneficence
NASW	Social work focuses "on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living" (NASW Code of Ethics 1996).	Social Justice Service Dignity and worth of the person Importance of human relationships Integrity Competence	Positive Regard Empathy Non-judgmental
ACA	The American Counseling Association is an educational, scientific, and professional organization whose members are dedicated to the enhancement of human development throughout the life-span.-recognize diversity in our society and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of each individual (ACA	Human development Worth, dignity, potential, and uniqueness of the individual Diversity Whole person Non-directive	Positive regard Non-judgmental

"Brian" male practicing 8 years in a higher education setting

As I learned about various options for employment while I was in graduate

school I simply had a "feeling" that college counseling would be the right fit for me. The school had a requirement that in each of our four different practica we have a different type of experience. Each year we spent more hours in this practica; so, I decided to work in areas initially I thought I would like least. I began the first practica working in an inpatient hospital for the severely mentally ill. I did not enjoy it. The next year I worked with children and families-- again, not my favorite. Finally, in the third year I began work at a counseling center and thought-- "Ok, I'm finally doing what I want to do." |

In terms of theoretical orientation... In my undergraduate work there was emphasis on CBT[30] and some disdain for other forms of therapy. However, at my graduate program the focus was on psychodynamic work. Thus, I decided to independently seek out additional training in CBT. Since that time I have blended these concepts, along with humanistic ideas, into my work.

I am now a licensed psychologist and the clinical director of my agency. I greatly enjoy the mix of direct clinical work along with organizational/administrative duties. My specialty areas include anxiety, depression, relationship issues, internet addiction, men's issues, and trauma.

"Torry" Female practicing 3.5 years

I had worked at another institution of higher learning for 11 years and then left to be a fund raising consultant. However, this work was not fulfilling to me. One day as I was driving home after work, it hit me: I should be a counselor working with college students. I had always spent more time listening to them than administering programs for them, it seemed. Why do that for a living?

I returned to my alma mater in 1998 to earn a second B.A. degree, this time in psychology, and then to go on to counselor education or counseling

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[30] Cognitive Behavioral Therapy

psychology. During that time, I began a part-time job tutoring student athletes. I became passionate about their "cause" - how they have the precarious responsibility of balancing intercollegiate athletics at the Division I level with the rigor of academic life at a doctoral granting institution. I went on to complete my M.Ed. degree in counselor education and was hired to be an academic coordinator in the academic support program. I now provide academic and personal counseling services for the 140 student athletes who are members of the volleyball, gymnastics, and men's and women's track/cross country teams.

"Alex" female 6.5 years

One of the reasons I was interested in becoming a counselor in a higher education setting was the opportunity to be "on site." I find being on campus with the students makes the counseling services more accessible to them. I serve more students because they have the opportunity to just "stop in." Regarding my scheduled appointments, I have found that my "no show" rate is much lower than when I worked in the community mental health setting.

Another reason I was interested in the higher education setting is not a very politically correct reason. I believed my clients would be more motivated to work on their issues. I have found I have fewer clients "stuck" in the victim role.

I am a Master Level Social Worker. I am also a Licensed Specialist Clinical Social Worker (LSCSW) and a Licensed Clinical Social Worker (LCSW).

"Tess" female practice tenure undisclosed

I have always liked the school setting. It was the place where I felt the most successful. Originally, I thought that teaching would be a good occupation for me. I am strong in math and got certified as a high school math teacher. While teaching, I quickly realized that I enjoyed working with students, but hated grading, lecturing, and disciplining. After two years, I quit teaching and went back to school for my masters.

After the masters program I worked in community mental health. I enjoyed those opportunities, but wanted to be involved in training future counselors. I went back for my PhD.

During the PhD program, I was assigned an assistantship in the counseling center on campus. I loved it. I hope to be able to do both things: work with students on a college campus and train future counselors by supervising interns. For me it is an opportunity to be associated with schools forever and to work with a great population. I find that college students are motivated, high-functioning clients.

"Godsaidto" Male 10 years

I tried (in vain) to get into a paraprofessional program as an undergraduate. There were several to choose from, and I didn't interview well for any of them.
When I got the counseling center position, I distinctly remember one day standing in the hallway, feeling very good about the site, and thinking "I'd like to work in this kind of place some day."

At that time, I made up my mind to pursue a doctorate in counseling psychology, and the time I spent in graduate school working in different settings (including counseling centers) just reinforced my decision.

Lastly, my predoctoral internship was a great experience. I enjoyed the staff, the counseling, the variety of programs offered the staff could engage in. And while I did not teach, I looked forward to a counseling center position where I could combine my interest in working at a center with teaching part-time in one of the academic departments. Ten years later I am doing just that!

"Sue" Female 7 years (including pre and post doctoral)

initially entered grad school in the mid-90s planning on becoming a marital and family therapist (MFT), and perhaps even do custody evaluations. As managed care continued to hamper private practice, however, and as I

learned more about MFT/custody processes, I decided that was definitely not for me. I completed a masters and doctorate in counseling psychology, and participated in a number of practica settings (VA, college counseling center, inpatient hospital). After those experiences, I realized that I most enjoyed the college setting. I like not having to mess with billing/third party issues, like being a part of a group of clinicians with regular case conferences, and really enjoy watching and being a part of the development of young adults.

"Laura" Female 7 years

I had a feeling I would enjoy working in a college counseling center when I was an undergraduate, having utilized such services on my campus. When in graduate school, my first practicum experience did not live up to my expectations (it was a private, locked, in-patient facility for adults). After a few weeks I knew I needed to change sites. A practicum opportunity in a college counseling center was available and was of an interest to me. I was fortunate to get the position and spent the next three quarters at that site. I fell in love with working with college students! I enjoyed the variety of counseling issues I saw, working with the (for the most part) higher functioning population, and I am very comfortable working in the higher education environment.

I employ a relational-cognitive-systems-oriented therapy and this seems to work very well with college students. My education includes a Bachelor of Arts degree in psychology (minor in sociology) and a Master of Science degree in community counseling. I hold certification as a National Certified Counselor and am licensed as a Professional Counselor in my state. My specialty areas are depression and childhood trauma issues.

"Brenda Michaels" Female 1 year

My Bachelor's Degree was in English, and I started my career after college as a paralegal, wanting to go to law school eventually. Very quickly, however, I realized I would not be happy as an attorney, and moved into a human resources position within the law firm. I spent several years doing personnel

work, and found that I loved interviewing, training, and even mediating/counseling various employee issues within the firm. I decided to combine those factors with my interest in psychology, and went back to school for my Master's in Counseling Psychology. After receiving my Master's I worked as an outpatient psychotherapist for about two years, treating a wide variety of populations. A former professor then recommended me as a candidate for a personal counseling position at the university where I had received my Master's Degree. I suddenly realized that this would be a perfect fit: I loved the collegiate atmosphere, I had developed and directed a student mentoring program during the years that I had been attending school there, I enjoyed working with people of college age, and I had a tremendous dedication to higher education. I have now been working as a college counselor for approximately one year. During that time, I have taken on the role of eating disorders specialist, although I counsel students in all areas. I am about one year away from being eligible for licensing in my state. My therapeutic orientation is primarily cognitive behavioral, but I find that a mix of existential and solution-focused therapies is often the best way to build rapport with students and assist them in the brief amounts of time that I have with them.

"Garden Lane" Male 25 years

The notion of being involved in helping people had always been a part of my "calling." I began in a seminary. After encountering numerous philosophical conflicts with this way of being with others, it seemed a small step to refocus on the field of psychology because it attempted to understand people instead of instilling guilt for human behavior. The decision to work in a counseling center was heavily influenced by mentors during my doctoral work, and the opportunity to provide counseling in a counseling center under supervision. The developmental approach and focusing on strengths instead of pathology was very attractive to me.

"Paul" Male 2 years

Having interests in both theology and psychology are my biggest influences. I

have experiences and education in both and now work in a setting where I can

integrate the two.

"Charlie" Male 14 years

My uncle was a counselor and I respected him. I thought being a counselor
would be a cool thing to be. I obtained a Masters in community counseling;
however I really didn't want to work with severely disabled individuals, so the
idea of a college setting was more appealing to me. I obtained an internship
in a career counseling capacity and liked it a lot. I went into Residence Life
and returned to a college counseling position a few years later, where I
stayed.

"Ann" Female 10 months

I first began contemplating becoming a social worker when I was a senior in
high school. I volunteered at my church to help feed and spend time with
homeless people. I talked with some of the counselors that were there to
provide support if needed. Soon after I went to college night and talked with a
school that had a social work department and asked many questions about
what route to take. I went to school at (Name East Coast) University and
obtained a BSW and MSW. While in school I never new exactly what
population I wanted to work with, i just figured I would take a job after school
and figure it out over time. My second year internship in graduate school was
in a mental health clinic doing adolescent substance abuse outpatient
treatment. This began my career in addictions and working with adolescents.
After graduate school I was able to get a job working in a treatment program
doing individual, group and family therapy. I then became connected with a
youth homeless shelter and decided to work there and try to bring more
knowledge of addictions to the staff and services that were provided. I was a
case manager and mainly worked with people between he ages of 18 and 21. I
found that I really liked this age range; it is very exciting to assist someone in
the process of becoming an adult. After working with the shelter for three
years I decided I wanted to begin developing my own private practice. After
some internal searching, I decided that I really wanted to continue working

with young adults. I contacted several higher education schools in the (City)
area and just happened to contact (Name of School) at the right time. They
were looking for someone who would contract for some work. So, here I am.
Throughout the last five years I worked on getting a Certification in
Addictions Counseling and am now certified at the highest level on (State). I
have been licensed for two years in clinical social work.

"Evelyn" Female 3 years

I became involved in peer helper positions during my undergraduate years
and enjoyed the work, also had good role models. I worked in Student Life for
about 10 years (Res. Life, Orientation, etc.), but found that the administrative
role was not for me. So, I returned to school in my mid 30's and earned a PhD
in counseling psych. I was thrilled when I was able to obtain a position as
director of the counseling center and have enjoyed my work tremendously.

"Sarah Lou" Female 13 years

Curiousity killed the cat. I have always been curious about what makes people
tick. Why do we do the things we do? What drives us, influences, defeats us,
etc. Always asking why led me to psychology. I enjoyed my psychology classes
more than any others. Now, I originally planned on only getting a B.S. degree,
but I realized that if I wanted to practice in the field of psychology, I should
have at least a Masters. At first, I wanted to be a clinical psychologist, but the
more I talked to the graduate students in that area, the more depressing it
sounded. I wasn't sure what I would do for a while, till I stumbled upon the
Student Personnel program. It offered an emphasis area in counseling. A
college counselor! Great idea. I loved the college setting. So, I received a
Master's in Student Personnel Services with an emphasis in Counseling and
Guidance. I took my LPC licensure test, passed, and obtained my first job as a
counselor at a small public university. Since then I have worked in the college
setting for 13 years. I usually have several roles including counseling as I
have only worked at small institutions. I enjoy having a variety of duties. It
keeps things interesting! My specialty would be health psychology as I have
also completed 48 hours towards my Ed.D. in Health Promotion.

"Marilyn" F 25 years

No transcript allowed.

Counselors in this study overwhelmingly entered the college and university setting subsequent to having done a practicum there during their graduate program and returned because it "felt right." Something else that stands out among the profiles is the focus on the developmental philosophy of counseling as a draw to practicing in a post-secondary setting.

*Seeing the students mature physically, mentally, and emotionally—***Torry**

Another reason I was interested in the higher education setting is not a very politically correct reason. I believed my clients would be more motivated to work on their issues. I have found I have fewer clients "stuck" in the victim role. **Alex**

[I]really enjoy watching and being a part of the development of young adults. **Lynne**

I fell in love with working with college students! I enjoyed the variety of counseling issues I saw, working with the (for the most part) higher functioning population. **Terri** *who became someone else*

The developmental approach and focusing on strengths instead of pathology was very attractive to me. **Garden lane**

[I]t is very exciting to assist someone in the process of becoming an adult. **Ann**

At first, I wanted to be a clinical psychologist, but the more I talked to the graduate students in that area, the more depressing it sounded. I wasn't sure what I would do for a while, till I stumbled upon the Student Personnel program. It offered an emphasis area in counseling. A college counselor! Great idea. **Sarah Lou**

However, the reality of the function of university counseling centers can prove to be disheartening and offer a challenge to counselors who embrace the developmental philosophy. Kitzrow (2003:173) reports that,

> [M]any counseling centers have also been forced to make a philosophical shift from a developmental, holistic, and preventive model of counseling towards a more clinical and crisis-oriented model in order to meet the needs of students with serious psychological problems.

We will see evidence of this when challenges are addressed below.

Processing the Material

The findings of the interview analysis are addressed in this section The research questions that guided the analysis:

1. How do the organizational qualities of a counseling unit in higher education affect the therapeutic encounter in general, and the counselor's emotion work strategies, in particular?

2. How do college and university counselors manage their emotions and those of others during everyday counseling encounters and other practice related activities?

3. How do counselors negotiate any conflicts between personal feelings, professional emotion norms, and organizational display rules?

These questions were developed to help explore how organizational display rules, professional emotion norms, and personal feelings impact and are impacted by the emotion work of college and university counselors. The findings from analysis of the codes of ethics and the mission statements were also kept in mind as sensitizing concepts.

These included the emotion norms of positive regard, genuineness, and empathy as well as the central theme of " student development" derived from the mission statements.

As opposed to the majority of emotion literature which considers emotion to be a "state" that is best understood by research questions that ask "how much" (Tracy 2001) (for example, "How much is job satisfaction related to emotion work?"), the current study explores emotion as an emergent phenomenon that both develops in and works to sustain or alter the interactional context of counseling. The current research is concerned with "what kind" (for example. "What kinds of rewards do counselors perceive they gain from doing emotion work?") As such, I am concerned not with "how many" counselors responded in any particular way, but the range of "what kind" of responses they provide. This establishes a place to begin refining interviews and gathering literature for an extension of this study.

Following is a discussion of the findings pertaining to the emotion work of counselors in everyday counseling events. The discussion commences with stories of a typical day, and continues with the challenges they face practicing in an institution of higher education. The discussion then moves on to emotion work undertaken by counselors, self-care strategies, and rewards that come with practicing in higher education. All counselor responses are presented with spelling and grammar errors intact.

No Such Thing as a Typical Day

This section of the findings is presented to reveal the nature of the work of college and university counselors do and what rewards and challenges this work offers. It was my

contention that higher education practice presented unique challenges and rewards. Besides the shifting demographics of student populations and the presenting problems they arrive with, challenges of practice in higher education include increase for counseling, crisis management, consultation, and outreach services on American campuses at the same time that counseling shops face reduced funding and increased expectations from their institutions that the unit become self-supporting. Such challenges come during a climate of increased accountability from the institution, the state, and general public[31]. In order to determine how "the organizational qualities of a counseling unit in higher education affect the therapeutic encounter in general, and the counselor's emotion work strategies, in particular" counselors were asked to describe a "typical day.

Counselors were adamant that there was no typical day. They did respond that there were duties they needed to attend to but few days were like any other. Counselors see the flexibility as a rewarding part of working in higher education.

Bryan responds:

I come in around 8am. It is wonderful that I do not have to be here exactly at 8am. We have a culture that promotes flexibility. The focus is on getting the job done-- not working a certain number of hours.

We often have meetings in the few hours of the day. I might see a client or two in the morning. I check my email and my schedule for the day.

Lunch is also flexible in terms of time and exact length. If I'm good, I'll go work out! After lunch I might see a new client and perhaps another returning client. I may have a supervision session with a supervisee or a meeting. I probably will do some administrative work. I typically get my notes done right after seeing a client. I typically leave around 5-5:30. I live only 10 minutes away!

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[31] Literature covering these conditions is presented in some detail in chapter 4.

The variety of client interaction, campus activities, duties to Student Affairs or the campus in general gave their days diversity.

Tess illustrates this diversity well:

I work at a community college. As a member of the faculty, I sit on several academic committee like those that develop curriculum or determine assessments procedures. As an academic advisor, I help students pick classes and learn about senior institutions and how to transfer to them. I provide career counseling to students and community members. And I provide brief, personal counseling and crisis intervention whenever necessary.

Each day is a full of a combination of all of the different parts of my job. I typically have 5 or 6 scheduled appointments. One might be for a new student who needs some help with orientation and registration. One might be to help a current student pick summer classes. One might be to help a recently divorced woman explore possible career options. One might address issues of cutting or "coming out" to parents. And the last one might be a student who is on academic probation and needs to find out how to be successful in his/her future at our school.

Additionally, as a member of the department, I provide any and all of these services to students who don't have appointments and merely walk in to the center. Currently my college operates in the philosophy that all of our services should be available to anyone anytime they show up during our hours of operation.

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I struggle with describing a "typical day." I am very fortunate in that each day is quite unique. Clearly, the common factor in each of my days is seeing students. I have students that schedule appointments each week working on specific issues. I have other students that will just "stop by" one time or periodically. This type of student might be frustrated with a professor and need to process, had a fight with his/her significant other or feeling overwhelmed because it is finals week.

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There is no typical day. Usually there are a few students that have claimed an appointment. There are about seven regular standing meetings per week with various campus committees. Some semesters I teach a class, so a couple times a week I will have a class. This is not a traditional counseling center, as I do advising, help with registration, do placement testing and resolve institutional issues for students.

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I work 8-4:30 Mon-Friday. I carry the cell phone over the noon hour three days/week, but have no after-hours on-call duties. I can see up to 25 clients/week, but I typically see around 15-18. I primarily provide individual counseling, but I have a number of other regular job duties: outreach, consultation, documentation/paperwork, serving on committees, conducting and analyzing research, supervision of our counseling trainees, regular meetings with my boss, case conference/professional development, and acquisition of CEs to maintain my licensure. A typical day has 3-4 clients, paperwork, and some kind of meeting. I'm off an hour for lunch, and I typically walk for about 30-40 min. of that.

This illustration that there is "no typical day" in the work life of counselors in post secondary practice provides substantial understanding of the nature of the work of college and university counselors. In particular we see that the work that counselors do often has more to do with administrative and organizational demands rather than actual client interaction. In subsequent research I will inquire not only about the nature of the daily activities but will ask counselors to estimate time-on-task for these elements over a week's time. That should give better indication of the impact of each to performing counseling work. Through further analysis of the data we see that these widely varied

activities are related to the challenges (discussed in Chapter 4) that counselors face in practice.

Challenges of Higher Education Practice

This section addresses first the challenges of practicing in higher education. Following that the counseling relationship is addressed. The final question regarding challenges of practicing in postsecondary settings explored how counselors managed any stress resulting from their work setting. In the counseling literature this is termed "self-care"

As illustrated in Chapters 3 and 4, most counseling literature and emotion work literature focus only on the negative aspects of doing emotion work. This research will illuminate both the challenges and rewards as perceived by counselors in daily practice. In order to do this I asked two straightforward questions about counselor outcomes of doing emotion work: What are the challenges of counseling in a college or university, and what are the rewards of doing so? I asked about challenge first because counseling for personal gain is still considered somewhat taboo, as we will see in the answers.

I have categorized the "Challenges" responses according to the themes either organizational challenges or personal challenges. "Organizational challenges" describes the theme of the various structural issues discussed in Chapter 4—a demand for increased services, severity of presenting problems, etc. The theme of the "personal challenges" of working in a postsecondary includes responses that relate the somatic, cognitive, and emotional results of organizational challenges (i.e., burnout, depression, etc.).

Organizational challenges

Counselors related that they experienced several areas of organizational challenges that

correlated with the studies reported in Chapter 4 (e.g., Gallagher 2003). I will retain those

categories for this part of the write up as well: Demand for services and increased

severity of presenting problems, shortage of staff, brief therapy model of treatment

However, the challenges reported by these counselors extend beyond what Gallagher

reports. Other challenges include Lack of understanding from other academic

departments, and juggling many hats.

Demand for services and increased severity of presenting problems:

Counselors found increasing demand for counseling and crisis management

services challenging. They also corroborated that college students presenting with acute

mental health diagnoses is a definite challenge to providing services.

The demand for services usually is far greater than what we have time for.

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*Increases in complexity of cases and the general unavailability of financially
reasonable alternatives in our community puts a lot of stress on our staff,
particularly during the months of November and April. In addition, attempting to
invoke a short term approach with cases that require ongoing care places staff in
the position of having to say "no" to students, and this is not the nature of what
counseling psychologists prefer -- we would all like to say "yes, we can help
you" to everyone, but it is not possible. Increased demand and increased
complexity of cases without resources to meet the demand is stressful.* **Garden
Lane**

*Another challenge is the increased pathology in clients, and the fact that within
the past 10 years we moved to a 10-session model. This at times means we cannot
serve some students, and must refer them elsewhere. That there is only one*

> *community agency with a huge waiting list sometimes creates a crack for the*
> *client to fall into.* **Godsaidto**

Kitzrow (2003) reports that "many counseling centers have also been forced to
make a philosophical shift from a developmental, holistic, and preventive model of
counseling towards a more clinical and crisis-oriented model in order to meet the needs
of students with serious psychological problems" (173).

Brief therapy[32] is a considered one result of the previous two challenging
conditions counselors indicated that they experience. An increase in demand for services
and "juggling" the educative and administrative aspects of their work often leaves
counselors with little time to do what it is they entered the field for. These conditions
encourage solution-focused therapy lasting generally not more than 10 sessions (brief).
Some counselors indicated that their shop was experimenting with even more brief
therapies. Some limit to five sessions before they refer the student on to other services in
the greater community. Still others have implemented a single session option.[33]

Brenda was mainly trained in cognitive modalities, but also uses existentialist
therapy with her clients. She has come to realize the importance of emotion in the work
that counselors do and she has concerns about the predominant use of brief therapies.

> *I worry sometimes that we are often forced to do such brief therapies, so*
> *cognitively-focused, that we could easily forget the importance of Emotions. But,*
> *the Emotions felt by the therapist and client are vital to the development of the*
> *therapeutic relationship. And why would the client be there, really, if they were*

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[32] Brief Therapy includes a variety of approaches such as planned short-term treatment, crisis intervention,
critical incident stress debriefing (CISD), eye-movement desensitization and reprocessing (EMDR), and
single-session psychotherapy. In this context counselors are referring to planned short-term treatment.
While technically qualifying for the label of "brief," crisis intervention and CISD are not considered brief
therapies in this study. Any referral to these modalities is addressed in the section on crises and considered
as being outside "everyday counseling."

[33] One counselor referred to single session therapies as "drive-thru" therapy.

not feeling strong Emotions about something to begin with? The cognitive or solution-focused work can be done right alongside the Emotional work, it is not separate or more important.

In addition, attempting to invoke a short term approach with cases that require ongoing care places staff in the position of having to say "no" to students, and this is not the nature of what counseling psychologists prefer -- we would all like to say "yes, we can help you" to everyone, but it is not possible.

Lack of understanding by the rest of campus community was also an emergent theme. Counselors and the counseling process seem be a mystery to those who do not do it.

Often, the rest of the campus community does not always understand what we do here, which is sometimes frustrating.

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Another challenge I face is regarding confidentiality. Often times a professor will refer a student to me and then want to know how the student is doing. Clearly, due to confidentiality, I am unable to disclose any information. Some professors struggle to understand this.

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Someitmes a student has told the prof that they are receiving services and if the student misses class the prof has been known to call our office. I'm not sure if it is really because he/she is concerned or just tattling. Of course I cannot give any indication that I know of the student if he/she hasn't given written permission to discuss with this person. Even then I'm not always really comfortable doing that – unless I know it would be best for the client.

The lack of understanding can extend to administration and impact day-to-day operations in the counseling centers:

Our college is struggling with our counseling role. Students are often referred to us with depression, test anxiety, grief, family issues, etc., and our job description identifies us as personal counselors, but we do not have the paperwork and protocols in place to allow for anything but "assess and refer." Even within the limited framework, we do not have a good process of documenting the referrals. Our college seems to want us to have counseling skills when there is a crisis, but they do not us to take time away from our other duties by doing "too much" personal counseling. As a result, we spend most of our day providing academic advising.

Another way that lack of understanding is not only a challenge in and of itself, but one that also adds to counselors' already full workday is by increasing the need for programming:

Sometimes I get P.O.'d at faculty and other staff—especially faculty—when they "jokingly" refer to us as "those touchy-feely kinds." Sometimes I think I'd like them to have to do what we do for just one day—step into our shoes and wade thru other people's stuff every day! Then I reconsider since I wouldn't want a student to have to suffer through them.

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I do find, particularly where I currently work (a small, private, Catholic institution), there seems to be an expectation that information will be shared more freely than I can share it. We've had to do a lot of education to other staff, faculty, parents, etc. re: limits of confidentiality and explain that, just because other depts. can freely discuss students with one another doesn't mean that we can, too.

Shortage of personnel was also the source of Counselor frustration. One counselor related:

One of the challenges is being the only counselor and not being able to process a session with a colleague. When I worked in the social service field I had a clinical supervisor I could process with or a fellow therapist.

Fortunately, I have been allowed to contract with an outside therapist to meet monthly to staff cases. I can also utilize this individual if a crisis arises and I want additional input.

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There is no clinical supervision here, nor is there a supervisor that understands completely the ethics of counseling from the inside. This creates problems; when supervisors want me to compromise confidentiality and I must remind them. We have a working relationship with a community counseling center to assist us with serious issues and to make referrals.

Paul relates the misunderstanding of the counseling center and what counselors do in his Christian institution back to the issue of funding that impacts service delivery, staffing, etc.

Two come to mind. The first is getting a system-wide buy-in for the renewed department I co-direct. Some people have some very strong thoughts and feelings about this department and that affects how the department is supported internally. Second is the split some people make between psychology and theology seeing them as mutually exclusive sets. The biggest impact on me is frustration.

Paul goes onto illustrate the emotional impact the organizational culture had on him when interaction with a co-worker required that he hide his emotion. He relates that as a result of the co-workers initial action:

I felt set-up and discounted and as a result felt angry. I felt that I couldn't let me feelings show because prior to my working here I was a student here and was in a different role in relation to this person (I am a relatively new employee). The

other is that this person is clergy and I am not. There is an unwritten rule (albeit dysfunctional) that clergy are superior to laity. I ended up keeping my feelings to my self.

I interpret Paul's responses indicate a challenge to both his personal and professional identities and to his role and importance in the organization. Paul's initial reason for practicing in this setting seems to indicate that he saw the setting as a means to integrate his spiritual and professional identities:

Having interests in both theology and psychology are my biggest influences. I have experiences and education in both and now work in a setting where I can integrate the two.

Sarah Lou concludes with a time when the organizational context of the university took a personal toll:

During the transition from one president to another, my job duties were changed. The entire student services department was reorganized without any consultation with any of us. The reorganization was a mess and I (along with one other person) were given additional duties without any increase in pay. I was more angry about the way the reorganization took place and how illogical it was than the pay, but I spent a couple of months being pretty angry, disillusioned and frustrated. I was exhausted when I got home and fluctuated between ranting and raving and depression. My family understood what was going on, but of course they got tired of me being tired. Fortunately, that president only lasted one year and the next one reorganized things again after extensive consultation with all the individuals in the department.

A final theme that emerged was that of multiple identities within the work context. Counselors use the metaphor of juggling to speak of their many hats (identities)—clinician, administrator, educator, supervisor are all challenging to their emotion work practices.

*It is very difficult to **juggle** the many hours of counseling that must be done each day with the administrative duties that accompany the job. I must be both counselor/administrator/educator on any given day.* **Brenda**

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I wish I could meet with more students but the administrative demands of my position do not allow this. I have to "triage" the students and handle those who need me the most. I have the additional challenge of working with student athletes - they are subject to NCAA regulations for continuing eligibility (progress toward degree, satisfactory progress) layered on top of the requirements for this university. I have to monitor all of these eligibility requirements for each student I serve. Torry

Personal challenges

The theme of Isolation emerged among the personal challenges mentioned by counselors in this study. It is not unique to higher education, but can occur in any context and can be particularly problematic on campus or within any other small community. Counselors expressed that they sometimes couldn't escape the counselor role, or either on campus or in their private lives. The counselor who wrote of students invading their private space—even asking questions in the bathroom expressed a sense of isolation from her personal identity. Other counselors feel isolated from their own feelings:

When dealing with a medical issue at home, it was harder to come to work. I was frustrated and depressed and in a religious setting (which is where I work) there are some implicit prohibitions against feeling that way.

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*Sometimes I feel like I have to be "Saint ****"- always good and empathetic, never getting mad or sad myself.*

A newly minted counselor tells of isolation that comes from the prohibition of multiple relationships:

One of the best things about being on campus is the interesting intelligent people. One of the hardest, especially on a small one is reconciling "dual relationships." It is nearly impossible to avoid. Sometimes a client I have or have had turns up in a class I'm teaching, or the new grad student from another department that I'd like to work with or get to know better turns out to be the sibling of one of my clients, or is a client of one of my colleagues. Ethically, we are supposed to avoid having multiple connections like that to a person if it could potentially cause them or someone else harm. Maybe one day I'll figure it all out but right now I am a relatively new to my job and I'm not sure------of a lot of things. Most definitely if the grad student was a sibling of a client then that could be a harmful situation. If a client of a colleague then--- in my grad program it was really a big deal- something similar happened to one of my cohort and the result was not pleasant. But at my postdoc center no one paid any attention if those things happened.

I guess I'm still a" baby" counselor in a way- not lots of experience with this kind of thing- just the stuff we got in classes and practica and the like. I have found it difficult to even talk to my supervisor about this stuff which makes it feel even worse- like I am hiding something but I'm not.

Another counselor relates not only feeling physically isolated because of always being "on display" but also isolated from "normal" relationships; once people know that he/she is a counselor they tend to treat him/her differently:

It's hard to be out with friends or family unless we go out of town (This is a REALLY small community) I feel like I am always on display and people are always wanting to tell me their problems or accusing me of analyzing them when all I'd like is a nice quiet beer somewhere.

Jeffrey A. Kottler discusses this in "Confronting our Own Hypocrisy: Being a Model for our Students and Clients":

> It is hardly realistic, or even possible, that we should maintain our professional skills and attributes even when we are "off duty"; its simply too exhausting to remain compassionate, accepting and caring in response to every thing that happens in our lives. (1992:475)

For future study, the question becomes: "How does a counselor prevent feelings of isolation or rectify them once they occur?"

<u>And How Do You Feel About That?</u>

Following is the discussion of counseling as emotion work, its challenges, and its rewards. Addressed are managing client emotions, tools of the trade, managing self emotions, emotion work in crisis situations, and counselor self-care.

Managing Client Emotions

Counseling involves discussion of emotional issues in a free, non-judgmental, and supportive atmosphere. The aim is to achieve a personal resolution of conflict in a confidential setting. Thus sadness, anger, grief, embarrassment, pain, and other stress inducing emotions can be aired and explored. [34]

Due to the nature of the discourse, counseling and therapeutic encounters are prone to "flooding out" (Goffman 1963)–when an actor loses control of his or her emotional display. This "flooding out" is generally accepted to be appropriate for clients

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[34] These same emotions, while sometimes stress inducing can be considered stress reducing in terms of *catharsis*. Catharsis is both the purging or release of emotional tension, as after an overwhelming experience, that restores or refreshes the spirit and the result of that purging (American Heritage Dictionary 2000), or a process of emotional discharge which brings relief from emotional tension (Scheff 1979:246).

but not for counselors; in fact it is often encouraged, however, "flooding out" is something to be managed for the benefit of the client.

Client flooding out

Client flooding out or "leaking" is acceptable emotional behavior in a therapeutic setting; in fact it is often encouraged. Brenda gives an example of how she managed a client's "flooding out" and what the results were.

> *A few times this academic year, a student would finally get to a place where they were touching on deep, deep feelings. I always allowed them to cry at first, just gently saying that I was here, that it was okay to cry, etc. Afterwards we processed what they were feeling...I just really made it a comfortable space for them to be in, letting them know that all emotions are allowed within our therapeutic space. The comfort that I was able to help them feel led to much more honesty in sessions afterwards because they had learned they could really feel anything with me and tell me anything. I found that after that, working on the real issues was much easier. Brenda*

> *✶✶✶✶✶✶✶✶✶*

> *I had a young man whom I had known since his first year at our school. He came to me one day and began to talk about how angry he had gotten with a professor over an assignment. He said: "I wanted to hit him. I was so angry I wanted to hit him over and over." I have heard students angry at professors before, but this was different. He sounded "off kilter" to such a degree I suggested to him that he talk with someone in our counseling center about his feelings and see if they could help him handle them. He went that day to see one of the counselors. He ended up being diagnosed with bipolar disorder. I was sad to hear things had ended up this way but glad I was able to steer him in the right direction.*

Counselors also equated the feeling and use of self-emotion work to the professional norm of "empathy" The self-emotion work of "deep acting" is used to

transform potential counselor "flooding out" to a technique used to the benefit of the client:

> *I feel many, many emotions. Sometimes I get so caught up in trying to put myself in the client's "shoes" that I almost feel like I'm feeling what they are. Rather than getting lost in the anger or the sadness, etc., I must immediately remind myself that I can use my identification with their feelings as a very helpful part of therapy.*

Counselor self-emotion work such as deep acting and self-disclosure are discussed further, later on in this discussion.

Surface acting

The relationship between Hochschild's conceptualization of "surface acting" and the counselor's used of "attending behaviors" is related here. Management of client emotion often calls for surface acting. Professional emotion norms require empathy, unconditional positive regard, and in order to facilitate the therapeutic relationship. Counselors may genuinely feel these emotions most of the time, but admittedly there are times when the emotions they feel in the session are not aligned with the professional norms. In order to eliminate the dissonance caused by incongruence between actual feelings and professional feeling rules, counselors sometimes must use techniques that display the emotion even if it is not felt. Gubrium and Holstein (1994) reveal that, "Those who speak in an inviting and calm tone of voice and who, in turn, show evidence of being prepared to "actively listen," facilitate the expression of feelings."

Counselor responses related techniques that Hochschild (1983) would define as "surface acting." Counselors refer to these as "attending behaviors" or "active listening." Attending behaviors entail the use of vocal and physical behaviors to present an attentive,

available, and non-judgmental self to the client regardless of the counselor's personal feelings. The counseling emotion norms of presenting an empathetic, warm, and nonjudgmental self during the therapeutic encounter sometimes require surface acting. If a counselor is, by chance, tired, distracted, or bored, professional display rules still require the counselor to appear in the moment, interested, and warm. A counselor can display this by leaning toward the client with an open posture and making appropriate eye contact, using minimal encouragements—short utterances such as "uh-huh," "hmmm," "go on;" –paraphrasing, etc.

Torry relates:

I had a student tell me about being sexually assaulted. As she talked, she edged into it until I began to understand what it was she had experienced. I literally felt the hair stand up on my neck. My hands began to shake (a familial tremor I cannot help). I was shocked that this beautiful young woman had been drugged with Ecstasy and then raped by two athletes. But I knew I had to remain calm so she would feel safe continuing with her story. I folded my hands in my lap, maintained eye contact, and kept my voice low and soothing. I believe that doing those things kept her calmer - she was obviously extremely upset but was able to stay with the story without screaming out or collapsing in any way.

Sue goes further in explaining how she "does" emotion:

Doing "empathy"

To me, empathy "looks" like attentive listening, nods of assent to validate what the other is saying, and comments of how I would feel if I were in that situation. Sometimes when a client tells me something really sad or hurtful, I will notice that my eyes tear up; I haven't ever cried, but I'm sure I looked like I was close to tears. I would imagine that would convey empathy. I think a big distinction should be made between empathy and sympathy, in that sympathy can come

across as pity, and I don't think it's helpful for clients to feel pitied--just understood.

Doing "unconditional positive regard"

This one's the hardest for me, because sometimes I don't like a client very much. However, I try to convey unconditional positive regard by at least trying to understand why they might be the way they are, and trying to look at the world through their eyes. This in turn shapes how I reflect things to them (and even intervene), so they feel respected by me. I think unconditional positive regard and respect are pretty synonymous in our work. I also try to be very courteous socially (i.e., minimal interruptions, no sarcasm unless it's a long-term client and I know how they'll respond, etc.).

Doing "calm"

When the situation calls for calm, I notice that I tend to speak more quietly and sometimes more slowly. Calm also seems to be most needed in a crisis situation, so calm often dictates that therapy halts and problem-solving kicks in. When the client needs me to be calm, I interpret that as needing me to be stable and more directive.

Inner Sanctum

The counseling room is arranged to present a safe place conducive to intimate conversation. The décor, the books and their placement, the placement of furniture, the lighting, the music and other sound (or lack of it) create not only an ambiance but reveal something about the person who occupies the space and the expected role of the visitor as well (Jensen 1994).

In the counseling office the placement of the counselor's chair indicates to the visitor which chair they should take. Having tissues available reveals that tear-producing emotions are allowed, even expected Placement and usage of timing devices is also

important. The counselor needs to keep track of appointment but doesn't want the client to feel the counselor is preoccupied about it. Keeping other outside distractions (visitors, phone calls, hallway or out-of doors noise) minimized encourages the client to feel that nothing else is as important as they are for that period of time. In essence it all sets the stage for what is expected to occur in that space.

Sue, a counselor with 7 years experience in an academic setting (counting both pre and post-doc years) discussed the impact of the physical setting on the counseling experience with graduate program colleagues and her "better supervisors." It parallels my own observations in other counseling office during earlier research. Below is what she shared about her counseling space:

> I have a "safe space" sign on my door and a rainbow ribbon on my computer, so hopefully they know I'm an ally. I have my credentials by my door, but people often do not seem to notice I'm a Ph.D. Most of the doors in our office space are free of posters, signs, etc., so I've felt limited in adding anything else to my door area.

> My blinds are open enough to let light in, but closed enough to ensure privacy. I have bright pastel paintings in my office, and the colors of the office are meant to be soothing but not dull. I have my credentials on my door and my diploma and licensure on my wall, so hopefully I look "legit" to them. I have three clocks (which they usually do not notice), but if they do I'd assume they'd think I'm punctual and responsible about my time. My desk is messy but looks like I do more than just case notes. I have two boxes of Kleenex and a separate trashcan in the "therapy corner" for easy disposal.

> We use do not disturb-like signs on the outside of our doors when we're in session so that there is no risk of anyone walking in. I tell them at intake that I want them to feel safe and comfortable talking in my office, and ask them to talk to me if I can do anything to improve that for them. The blinds comment above

may fit here, too. My therapy corner is as far away from the door as possible to limit noise from going out into the hallway.

Sue's contribution illustrates how the counseling office becomes a "locally realized world of roles and events" which "cuts the participants off from many externally based matters that might have been given relevance, but allows few of these matters to enter the interaction world as an official part of it" (Goffman 1961:31). She maintains a space that the client can experience as comfortable and safe and where the sometimes messy business of emotion work can be undertaken with minimal added discomfort.

Tools of the trade

One of the specific "tools" that counselors used in session with a client is humor.

The hardest clients to work with are ones that are very sad and hopeless, or grieving, for there is little we can do for them except help them get it out. And knowing it won't go away any time soon is frustrating for me as a therapist. I try not to take them away from their feelings, but at the same time show them that their feelings are not controlling them, THEY can control their feelings.

I sometimes use humor with angry and sad clients, as a way to keep them from drowning in their Emotions, to help them see that they do not have to stay in this state perpetually.

However, the use of humor as a client-directed emotion work technique is a double edged sword. It can be a useful therapeutic "tool" that can "force" a client a client to face something they remain unaware of, to see the situation from the way it is experienced by others, to arrive at an "ah-hah" moment. Sultanoff (2000) provides and excellent example of this:

One common usage of humor as a treatment modality occurs when the counselor creates humorous interventions which target the client's emotional distress. For

example, one of my clients who was *dedicated* to her depression, complained incessantly about wanting to feel less depressed. As part of her treatment I began offering her "humorous" interventions. After each of the first few interventions, she responded, "I hate when you do that (say something humorous)." She became increasingly annoyed with my humor until finally I inquired, "What is it about my use of humor that bothers you?" Instantly she replied, "When you make me laugh, I don't feel depressed!" Suddenly, in a moment of insight, the light bulb came on! My humorous interventions were helping to *lighten* her depression (treatment) while, unconsciously, she continued to maintain her emotional distress. (5)

Concurrently, laughter, from a Goffmanian standpoint, is often a first line of defense against having an interactional breach treated too seriously. To indicate that a breach in social order has not occurred and the disruption was unintentional either actor may laugh or make a joke. This can be problematic in counselor/client interaction since the schema the client may be using to frame the interaction can be substantially different than that of the counselor. For example, while the counselor may be trying to ease the client's embarrassment through the use of humor, the client may in fact feel that the counselor is laughing at him not with him:

> *I don't mask my emotions well. I think even when I try, the client knows something is up. When I am scared, I often smile too much. I usually need to discuss this with a client or they think I am laughing at them.*

Instead of reaffirming the client's social identity as a competent partner in interaction, it can be perceived as a threat to it. Garland and Brown (1972) indicate that the actor's beliefs (in this case, the client) regarding the expertise (and thereby the

power[35] and authority) of their audience (the counselor) can help account for any

embarrassment or discomfort felt by the actor/client. Therefore, while laughter may

function as an intervention to encourage a client to experience an "ah-hah" moment, to

ease the tension of a situation, or to indicate that the situation is not a serious threat to the

overall interaction, it may also be used as a sanction or at least be interpreted as such by

the actor/client since the counselor is perceived in a position of power and authority. One

counselor told of using laughter as a sanction during a conflict with a co-worker: "A co-

worker made a judgment about me, an assumption, an extremely inaccurate assumption. I

was angered by this comment but did not allow myself to show it. I laughed about it in

front of the person." Sarah Lou tells of using humor as a self-directed emotion

management technique: "I use humor as a defense against burn out and often laugh at

myself for getting 'worked up.'" I would argue that in both instances use of humor served

to restore the respondent counselor's disrupted identity. In the first case humor

sanctioned the offending party but also acted as a mechanism to assure the offended party

that she remained a good counselor by staying above and outside of emotional reaction to

the other's assumptions. In the second case it restores both good counselor identity and

acts as a role distancing mechanism in support of her other, personal identities.

Managing self emotions

The following section addresses the counselors' management of their own

emotions. Counselors use "deep acting" and "self-disclosure" when managing their

emotions while in co-presence with the client. Outside the counseling room, counselors

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[35] "In general, we understand 'power' as the chance of a man or of a number of men to realize their own
will in a communal action even against the resistance of others who are participating in the same action."
(Weber 1946, quote in Gerth and Mills 1958:180).

make use of clinical supervision, and undertake joint and reciprocal emotion management with coworkers, family, and friends. Table 8 presents the most common emotions counselors in this study expressed having in relation to their work. Notice that there is a difference by gender. Women offered more positive emotion statements and expressed insecurity and ineffectiveness on the negative side. They did not, however, indicate that anger was an emotion that they felt. Further exploration of this is warranted to determine if this is due to their perception as their identities as "good" women or their expectations of themselves as "good" counselors.

Emotion management techniques

Counselors use "deep acting" and "self-disclosure" when managing their emotions while in co-presence with the client. Deep acting comes into play when counselors know that their emotional reaction to the client or the client's material will be non-therapeutic. Counselors use cognitive techniques to remain calm, or change their emotion in order to benefit the client. There are times when a counselor's emotion is appropriate and indicated in the therapeutic encounter. At this time the counselor utilizes self emotion management to organize their emotions in to appropriate self disclosure. Outside the counseling room, counselors make use of clinical supervision, and undertake joint and reciprocal emotion management with coworkers, family, and friends in order to better understand their own emotion, remain healthy, and become better counselors.

Deep acting: Counselor responses indicate that they utilize "deep acting" in managing their own emotions that emerge from client or coworker interaction, and over organizational challenges. Deep acting entails transforming one's emotions by

suppressing inappropriate ones and mustering appropriate ones (for example, deep breathing and realigning one's cognitions before a crucial presentation).

Table 9 Frequently experienced emotions - positive and negative by gender

Gender	Emotions Identified as Positive	Emotions Identified as Negative
Male	Happiness Joy	Sadness Anger, Frustration Fear Guilt
Female	Joy Contentment Gratitude Hope	Sadness Some anger Frustration Insecure Ineffective Fear Discouraged

Torry tells of a client:

I had a student tell me about being sexually assaulted. As she talked, she edged into it until I began to understand what it was she had experienced. I literally felt the hair stand up on my neck. My hands began to shake (a familial tremor I cannot help). I was shocked that this beautiful young woman had been drugged with Ecstasy and then raped by two athletes. But I knew I had to remain calm so she would feel safe continuing with her story. I folded my hands in my lap, maintained eye contact, and kept my voice low and soothing. I believe that doing those things kept her calmer - she was obviously extremely upset but was able to stay with the story without screaming out or collapsing in any way.

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*A recent couple I worked with included a wife that is very obnoxious and angry and likes to go off on her husband. One day I tried to calm her down and tell her that her approach "was not working," and she lit into me for a while, yelled and so forth. I remember feeling very defensive, but **then told myself she does this to***

everyone and I needed to respond in an atypical way. *I was able to maintain my composure, and eventually she went from being angry and hateful to looking at her husband and saying sweet things. It was a defining moment in their therapy.* ☺

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Alex relates:

Sometimes I get so caught up in trying to put myself in the client's "shoes" that I almost feel like I'm feeling what they are. Rather than getting lost in the anger or the sadness, etc., I must immediately remind myself that I can use my identification with their feelings as a very helpful part of therapy.

Torry continues

I recognize that Emotions are a result of our thoughts. If I am having positive thoughts, my Emotions are positive. If I am having negative thoughts, my Emotions may become negative. I try to understand the fleeting feelings as just that - temporary and not indicative of the entire state of my life.

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*I was working with a client with very low self-esteem. She was clinically depressed and had attempted suicide twice, once while in high-school and once after coming to the university. She had an amazing personality, was liked by everyone who knew her, was a good student, a good athlete and an all around great person**. I was having trouble not being frustrated with her refusal to see herself in a positive light.** Everything was negative, negative, negative. I admit that I cared more deeply about this student than most**. I did not express my frustration with her, but did express caring and positive regard (I do this with all my clients.) I used understanding to transform my frustration, I reminded myself that she was clinically depressed and that this created the negativity that she so frequently expressed. I reminded myself to be patient and go slow and I took a lot of deep breaths.** I think that she knew that I was sometimes frustrated and exasperated with her negativity, but she accepted this as a result of my*

caring. She knew that I only felt that way because I wanted her to get better.
Sarah Lou

In each of these instances cognitive processes were used to realign what counselors felt with the emotion norms of counseling. The counselors reframed their feeling by considering what led them to feel negatively, by appealing to their professional identity, and calling on appropriate emotion norms of empathy, and positive regard.

Self-disclosure. In practicing self-disclosure, the counselor uses his/her own emotion or thoughts to encourage or discourage a client's emotion work or model the behavior of sharing one's emotions (for a more detailed discussion see chapter 3). The disclosure of the counselors' emotions serves to support the professional emotion norms of empathy and genuineness.

Anne was trained that expression of emotion to a client *was* self-disclosure:

I think I was taught book-wise/theoretically that emotions went into the self-disclosure area, and that we were discouraged to self-disclose. However, in all of my practical/applied training, the sharing of my own emotions (transference) was encouraged to the extent that it could be therapeutic for the client. I think one needs to evaluate why one is feeling these emotions and decide first whether it's one's own stuff or whether it would be genuine and helpful for the client to be aware of them. If it's your own stuff, talk about it in supervision; if helpful, share it.

Counselors tell of using strong self emotion to the benefit of the therapeutic relationship with client. They consider it rapport-building and congruent with the emotion norms of genuineness and empathy.

Well, I am a very emotional person in general and have always found that I cry very easily. So, I have always had to struggle not to get extremely emotional in sessions. The only time that I actually have nearly cried is the situation I

mentioned . . . , and I was able to turn the situation into a positive one. **I think that my strong feelings about things in my personal life helps me to feel the client's motions more strongly**. **Brenda Michaels**

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I remember a client who I had just seen for intake (i.e., this was our first session). She had been raped by someone she knew, and was telling me about the incident and how he had been behaving toward her ever since. Normally, this early in our relationship, I tend to censor some of my emotional reactions because I don't want to risk putting someone off before he/she is comfortable with me. However, I felt a very strong anger reaction, and I shared it with her (anger towards her perpetrator, not her). I didn't water it down much at all. **It seemed like my expression of anger served a good purpose. First, it seemed to validate her experience in a way that no one else had. Second, it seemed to give her permission to express her own anger and outrage, too, which I thought was very therapeutic for her.**

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I had an anxious client in my office the other day. As we worked together, I felt her anxiety filling the room. I disclosed that I was feeling myself absorbing the anxiety. We talked together about how it felt in our bodies and what we could do to address it. **Our honest conversation appeared to help both of us settle down. It certainly calmed me and allowed me an opportunity to slow the pace and therefore calm her down.**

Typically speaking, I like acknowledging emotion. I think it helps the counselor/client relationship.

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There have also been times where I matched their emotions somewhat, like seeing them cry has made me tear up and/or I've shared my emotional reaction with them verbally. I believe strongly in being really genuine with clients.

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> *One of my clients began to describe an extremely similar issue that I have recently had to deal with in my own life. As she cried, I could not help myself from also tearing up. She noticed it, so I admitted to it, (of course NOT self-disclosing why I was feeling so Emotional), but I just let her know that I saw how much she was going through and that it really touched me. The fact that I was honest with her about my tears really helped to build our rapport and her trust in me.* **Brenda Michaels**

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> *Had one time where I felt very frustrated and angry over a difference in point of view with a client. I did express my feelings and my opinion. I talked very openly with this client. As I realized the intensity of my thoughts and feelings I told the client that this was my bias and felt very passionately about this. I think this did affect our interaction as he saw me as defensive. I thought it important to talk about the process so* **we spent time on this and it seemed that we developed a deeper understanding of each other**. **Paul**

Bryan writes of using self-disclosure of his emotions to model how he would like the client to proceed:

> *I recall feeling very sad as a client related an issue about his family. I think I noticed some teariness in my eyes. I made a point to look directly at the client (who was not being emotional) in order to role model somewhat that it was ok to be emotional. I think I told the client how I was feeling to an extent. Yet, I did not cry or go into detail with my feelings, as I wanted the client to feel comfortable that he did not have to hold back, out of concern for my feelings. I think it was a positive intereaction and helped the work. In general, the longer I work with a client, the more I would feel open to expressing my feelings.*

One counselor also wrote of preventative action (in terms of setting boundaries) as self-directed emotion work:

If a therapist has healthy boundaries, she can maintain a healthy emotional balance within the therapeutic setting. The session is not about the therapist, it is about the client. The client is the one who needs to do the work. Yes, the therapist is of course working, guiding/facilitating, but the client is the one who actually makes the changes. Boundaries include not taking what is said in the session personally. This includes not taking it personally when a client does not agree with the therapist as well as the choices clients make.

Sue describes the process of embodied emotions and self disclosure as she relates her emotional response to a client having lied to her. She writes of a "wave of distaste" which she felt she should not disclose. However she was able to couch those feelings in a confrontation with the client regarding the client's abuse of services:

I was recently lied to by a client, and she had also been blowing off sessions (i.e., three attended and eight cancelled or no-showed; she was "encouraged" to utilize counseling regularly by Res. Life). Her disregard for my time (and the fact that other clients could have used any of those cancelled sessions) irritated me, and the fact that I had a strong reason to believe she lied to me pissed me off.

[A]s I was listening to her in the session, I felt a very strong wave of distaste. She was relating all these instances of letting others down just because something more appealing to her came along. I thought in my head, "you are the most selfish human being I have ever met," but I did not feel it would be helpful for her for me to say that to her! Instead, I chose to have her think through her lies more and view them as short-term vs. long-term solutions; as long-term solutions, she might lose friends and the trust of others if she continually breaks plans, etc. with them

I [did have to] confront her about her abuse of services, and couched within that was confrontation of her dishonesty. I think she is rarely called on her behavior in her real life, and I believed as a therapist that I owed her my honesty in spite of her dishonesty.

She responded by crying and actually admitting a more pervasive pattern of lying and antisocial behavior. I don't know that this confrontation changed her behavior any, but I think it better clarified the nature of our relationship as well as what she could expect from me. I thought it was possibly our best session.

I do believe that if I hadn't shared my negative feelings and my concerns with her then, it would have affected our relationship negatively in the sense that I would never have been sure when she was telling me the truth and when she was lying. After the session, I still felt some anger/disappointment/hostility towards her because I had not vented it. So, I debriefed with one of my colleagues and said the things I wanted to say then.

The data indicate that the counselors' own feelings are important to the therapeutic relationship and client change. They equate the use of their emotions to the professional emotion norms of empathy, genuineness, and positive regard. They also use preventative measures such as setting firm boundaries as a form of emotion work.

Crisis work: taking care of business

Counselors were asked to define crisis and were asked about their emotional response to crisis situations. They collectively defined "crisis as a situation or an experience of highly subjective distress about which the student has a sense or urgency when their normal resources for coping prove insufficient or ineffective.

The subjectivity of "crisis" is related by Ann:

Well, crisis is mostly in the eyes of the person who's experiencing it; i.e., crises are relative. I've had people who have come in freaking out about bouncing a check, and to me that's not a crisis. In my personal definition, a true crisis is one in which there is a threat of imminent harm to someone. That said, I treat/handle crises based on how the client is feeling/experiencing them (i.e., I try not to minimize their distress in my attempt to calm them down).

Counselors related that they became calmer, more directive and when clients were in crisis. "Taking care of business" emerged as a strong theme. Counselors appear to "save" their emotions for later.

> *Crisis work has the objective of stabilization, providing a client with emotional release, a sense of hope, and a plan. I find that I do not get nearly as emotionally "involved" in crisis situation as I might providing counseling.*

> *As I mentioned, I tend not to get as emotionally "involved" in crisis situations. We recently had a student suicide on campus. We provided a residence hall intervention. My emotional reaction was sadness that this young man took his life and in the process affected so many others around him. [However] I find that in the process of actually working a "crisis," I am in "taking care of business" mode.*

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Sue writes of crisis work with suicidal patients:

> *The ones that come most quickly to mind are the ones who have been suicidal. They have expressed this suicidality in many different ways, from being calm and quiet, to being tearful and scared, to being very angry and resistant. In every situation, I think the main thing I did was to be calm, and let them know that it was okay to show those emotions to me. I also felt like, in those situations, I needed to be the one who was grounded--because people who are contemplating suicide have really lost touch with some of their options.*

One long term university counselor explains this as a function of the counselor professional emotion norm of empathy:

> *I function better in crises, because it's easier to empathize with someone who is really having a very bad time. I'm also going to be more nervous -- which is rare for me to get nervous these days -- because much more is at stake.*

Paradoxically, this empathy leads to what Hochschild (1983) refers to as "deep acting"—working on one's own emotions to change what is felt into what is needed. Rather than experiencing emotion similar to the client and self-disclosing that feeling, the counselors report focusing on remaining objective and outside the situation as that is felt to be of more benefit to the client. After the crisis counselors report that they start to "feel things" and use colleague debriefing or supervision to deal with those emotions.

> *I believe it is very important to remain calm and not feed into the emotionally charged situation. Clearly, it is easier to be objective and make better decisions when calm. I focus on not feeding into the emotions of the crisis; to remain objective and "outside" of the situation.*

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> *I become much more directive in a crisis situation and much less emotional. This is a benefit to my work because my Emotions would not help me to be able to take swift action. I have not had a particularly strong Emotional experience during a crisis situation. Only afterwards do I start to feel things, and then it is okay. I usually discuss my feelings with my supervisor, and then I am okay.*

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> *I am a strong decision-maker in crisis situations. I seem to remain calm and manage myself and others during the crisis. After the crisis, I definitely need to debrief before continuing to work. It is after a crisis that my Emotions start to come out. I may cry, get anxious, fill will energy, whatever.*

However, of note is that when counselors were asked to describe a crisis situation where they experienced strong emotion most had a story to share:

> *The time a client of mine said very calmly that suicide was beginning to look like a viable solution. The way he said it scared me -- I remember feeling frightened and that he was going to do it very soon. It didn't help that he didn't say anything to warrant hospitalization, which means he left the session and I went home*

wondering. I had a rough night that night, wondering if I'd see him again. Fortunately I did.

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I had a suicidal client a few years ago who was very angry and determined to kill herself. There was nothing I could say that would change her mind or make her agree to a no-harm contract (and that had never happened to me before). It was also the first and only time I've had to pull someone in to help with the crisis. In that case, my initial anxiety/stress did not ever really go away, and probably increased while I was meeting with her. She was someone I worried about even when I was home, because she was the first client I felt might really kill herself and I felt pretty helpless.

It is apparent that the initial emotion, once felt, is put aside so that the situation at hand can be dealt with; after the encounter, emotion returns. One counselor describes this series of states:

During the crisis, I feel an initial wave of anxiety ("oh, shit, here it comes). Once that passes, however, I generally feel pretty calm and focused. After the crisis has passed, I usually feel the need to debrief with one of my colleagues.

Counselor responses do not, however, address the process entailed. Face-to-face interviews should help reveal the process between the "states."

Counselors also recognized the organizational aspect of emotion work after a crisis. Bryan relates a campus crisis event and the part the counseling center played in the situation:

We did a group debriefing some years ago after a student death. There was a tremendous amount of outpouring of sadness. It was hard to maintain my own emotions in order to facilitate the group debriefing. . . . The institution presented itself as working with affected parties to provide assistance. We conducted several debriefings and advertised our services. . . I felt comfortable at the time

but later learned that some of the types of debriefing (CISD-like stuff)[36] may not have been ideal. . . We have now researched crisis response and would use a different model.

Here, Bryan relates how his own emotion made it difficult to play the counselor role required by the situation, some subsequent dissonance over the method of intervention, and resulting changes that will impact future crisis-related interventions.

In general, counselors saw the importance of their role after a campus crisis event however, some counselors expressed dissonance over the way that the counseling center is expected to be involved in its aftermath. Counselor responses indicated that they felt that pushing counseling services after a crisis event might be maladaptive to students.

Ann's case exemplifies these organizational and professional conflicts relating to a campus crisis:

Last fall, one of the students on our brother campus disappeared in the middle of the night. This happened after two other college males had gone missing within the previous three weeks, and alcohol had been involved in all three situations. Search crews combed the campus and a five to ten-mile radius; the lakes were searched with nets and divers, and there were helicopters and K-9 rescue dogs on campus. It felt very surreal. He has still not been found (the other two have), and we are fairly sure that, if he died, his body is NOT on campus.

Initially, we were listed in emails to the student body as resources, and a few people over the next six months sought counseling because of this incident. We also did a grief group geared toward his closest friends; it ended after two sessions because of low turnout/need. All in all, it was a big deal when it happened, but it did not affect our jobs that much. Many people called our office and wanted to know what we would do to "solve" this situation, but we never wanted to respond in a way that pathologized people's reactions.

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[36] CISD

We all were uncomfortable with the initial pressure to seek out those who might be most affected by this and, by our very presence, imply that they needed professional help in dealing with their reactions. We dealt with this as a staff, explained this to others, and fortunately had backing from our superiors.

What Ann relates about students' not utilizing campus' crisis related services is addressed in the Sociology of Disaster literature.

Summary

Considering counselors' crisis related responses as a whole the process of counselor crisis work is: initial emotional reaction, "taking care of business", then emotional release and need to debrief once the situation has abated. This is where the immediacy of the probe in face-to-face interviewing is important. When counselors' responses to these questions were probed regarding the process, there was no response. One counselor provided a clue in the above responses indicating that Hochschild's concept of "deep acting" is at play: *"**I focus on not feeding into** the emotions of the crisis; **to remain objective and "outside"** of the situation."* Face-to-face interviews will offer an opportunity of immediacy in order to illustrate the process of counselor emotion management during crisis. Counselors also

Rewards

It wasn't until the late 1980s and early 1990s that therapists were very forthcoming about admitting they gained anything from their work with clients (e.g., Guy 1987; Kottler 1991, 1993). As we saw in the codes of ethics, doing therapy for one's own benefit is prohibited. It was my intent to uncover the rewards counselors experienced as a result of doing counseling work. Counselors in this study shared both the organizational

and the personal rewards they reaped from doing emotion work. Professional rewards were also uncovered.

> *They're rewards?! Sorry, humor keeps away burn-out. I find the environment intellectually stimulating, I enjoy being around young people and enjoy the connections I make with faculty and staff. It keeps me young and in touch and provides an ongoing set of challenges. I guess all in all, the people are the best...faculty, staff, and students.* **Lynne**

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> *The rewards are varied and plentiful.*

> *I can make extra money by teaching classes, and it's much better than a second job I'd have to travel to; The students are great; Counseling center staff are usually pretty neat people; I for the most part do my own thing, so the autonomy is great.; Not having to deal with money! [billing, insurance, etc.]; Job security; Access to resources; Fringe benefits the university provides, such as free tickets to sporting events, plays, musicals, etc.* **Godsaidto**

Just as they recognize challenges specific to their practice context, counselors also perceive rewards from working in the post secondary setting. I have categorized the rewards into those of organizational origin, professional origin, and those that are personally rewarding Organizational rewards are conceptualized as those arising specifically from practicing in higher education. Personal rewards are those that counselors deem as coming directly from the therapeutic relationship. They are the psychological rewards that Kottler (1991, 1993) refers to as the "therapist high" and Guy (1987) labels "narcissistic rewards."

Primary among **Organizational Rewards** was the diversity of experiences counselors report they have working on a campus. For example, "I think there are a lot more freedoms to working in this setting as opposed to other settings in which psychologists are employed." Ironically, this reward is related to one of the challenges of practice in higher education mentioned earlier—that of Juggling Many Hats:

> *I enjoy being on committees with people from other depts. who are equally concerned about the well-being of our students and who want to work together to make meaningful change on our campus.*

> *I like the ebb and flow of the academic calendar. I like the fact that I'm off two months in the summer every year (how could I make that work anywhere else????).*

Professional rewards: Counselors were particularly rewarded professionally by practicing in higher education. Even though research has determined that that students entering college are "overwhelmed and more damaged than those of previous years" (Levine and Cureton 1998:95), counselors referred to the advantages of dealing with college-aged students. They find it professionally rewarding because students are "highly motivated," "ready to work for desired change," "have less of a 'victim' mentality." Working with this developmental age group affirms and restores counselors' professional identities as competent and able to promote positive change. Also, counselor's supported Friedson's statement that professionals work for a "higher purpose" than payment. The following response exemplifies the theme of **Professional Rewards**.

> *I love this age group, and the exciting growth that occurs during the college years. I like the fact that we're free and that any student can come see us without worrying about money or insurance.*

The theme of **Personal Rewards** refers to psychological rewards or what Kottler (1991, 1993) refers to as the "therapist high" and Guy (1987) labels "narcissistic rewards." Counselor statements that reflect the theme of Personal Rewards were:

> *Seeing the students mature physically, mentally, and emotionally-- Having that moment when you see that what you are doing is helping someone's life become better, especially that student athlete who comes in under-prepared and in the spotlight-- Listening to their dreams of the future.*

> *My biggest reward, however, is when a student says, "You really helped me." This is the reward that really counts.*

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> *Gratitude is the Emotion I feel most. Being a therapist is what I have wanted to do since I was a child. The very fact I am allowed to do the work that is my passion, is a blessing.*

Counselor responses also indicated that the rewards were interrelated: Bryan contributed that he found multiple aspect of post secondary practices as rewarding. He found "*Being able to integrate psychology and theology. Having intimate conversations with others about their lives. Providing resources for people in need. Collaborating with folks/resources in our community*" were all rewarding aspects of his work.

Considered on whole, counselor responses indicate that there are indeed rewards to doing emotion work as well as challenges. Future study should delve into how these rewards impact the work done, determine if *recognition* of rewards plays into the concept of counselor "self care," and how the rewards of counseling help alleviate work related stress and "compassion fatigue."

Counselor self-care

The section discusses the themes within the concept of self-care and relates the importance of the concept of self-care to its relationship with burnout and compassion fatigue. Gardenlane writes about when his emotional reaction to what goes on as a counselor impacts the rest of his life:

> *There are been times when, because of conflicts at work, sometimes expressed sometimes not, I could not shake obsessing about a particular episode. This sometimes interfered with sleep, and I would avoid social interactions where colleagues would be present because I didn't want to deal with it anymore than I was at the time. There were also times when I would withdraw temporarily from interactions with friends I had outside of the work setting.*

Charlie adds:

> *I will not sleep well if there is too much going on at work. I will wake up ion the middle of the night and worry if the situation is better, or if I should have handled things differently.*

The literature reviewed in Chapter 3 indicates these as symptomatic of burnout. Figley (1983) theorized that in undergoing "secondary trauma" or "burnout," the individual may not suffer trauma directly but experiences symptoms nearly identical to Post Traumatic Stress Syndrome: intrusions (e.g. flashbacks, recollections, dreams), avoidance (e.g. avoiding thoughts/feeling, avoiding activities, detachment from others, diminished affect) and hyperarousal (e.g. difficulty staying/falling asleep, hypervigilance, irritability.) For all "helping professionals," self-care is essential in maintaining well-being and avoiding "compassion fatigue" or burnout.

Along with compassion fatigue, working in the helping professions can help exacerbate other emotional disorders as well as help counselors recognize the symptoms. Earlier in the interview, Torry had told the story about the precipitating event which was directly related to her job; here she reveals more about how her training helped her through this time:

> *Last year I was diagnosed with major depressive disorder. I had felt numb and disconnected with the world around me for some time. I felt I was spiraling downward into an abyss and I wasn't sure how to stop it. My training helped me identify the depression - rather than get to the point where I could actually harm myself, I checked myself into a local partial hospitalization program for three weeks and began the healing process. My training literally saved my life.*

As we saw in chapters three and four, day-to-day as well as crisis event counseling work has been reported as often being stressful. Counselors saw the irony of helping people with their stress while they experienced their own:

> *Its ironic I'm telling other people about managing stress at the expense of my own stress management-only in the counseling business would that make sense.*

> *Its so easy to burn out in this job. Regardless of my training and the fact that I truly care about people I am merely human and I have human problems. In fact, counselors end up with everybody's 'human problems' on top of their own.*

The concept of self-care is explored from the themes that emerged: professional, personal, and interpersonal perspectives. Professional aspects of self-care follow the norms of the counseling profession regarding supervision and consulting. Personal self-care techniques can include spiritual, emotional, or physical aspects of care. Interpersonal self-care refers to the responses that indicated turning to others who are not colleagues. This would be relationships with significant others and acquaintances.

"Practice oriented" self-care

The main "practice oriented" self-care technique is use of supervision. Therapist burnout and career changes can be traced to ineffective supervision (Koob 2002). Counselors participating in the current research expressed the importance of supervision to self care and self-directed emotion management:

> *Always create a way to consult or get supervision. If you are working alone, find help numbers from APA, ACA, or an insurance provider. Alternatively, buy supervision. This practice helps build confidence, helps insure best practice, and allows counselors to process their feelings.*

One counselor described it well and went on to explain why a supervisor needs to be a disinterested other: More than just oversight, management, inspection, or superintendence:

> *"Supervision is a highly skilled and focused exploration of your counseling work." (lol) its a paid arrangement a contract really, with a counseling supervisor who's not your line manager. __Not__ your director or coordinator. I guess it could be but I think they don't work so well.*

> *If your director or a coordinator was your supervisor too, you would wonder if they are talking to you as a boss or as someone who is really interested in making you a better counselor and helping you understand what's going on in with your clients.*

> *Its also harder to talk openly with a boss. You want them to respect you as a professional and worry about if what you do reflects poorly on job performance evals. Its better to have someone that doesn't have any vested interest.*

> *Another thing is if you are showing signs of burnout or other problems in or because of your work you might not recognize it in yourself. A supervisor can and should see what's going on and bring it up. A boss who is your clinical supervisor too might not broach that issue with you in case you'd be wanting or*

needing to take time off during a crunch time of the semester and they have to arrange for someone to pick up the "slack" or take care of it themselves. They might not take your best interest to heart. Its kind of sad that we of all people would need to be concerned about that kind of stuff but for all our training and stuff we aren't any nicer to each other than anybody else.

Gardenlane goes on to relate the emotional support he gets from his colleagues:

The support here tends to come in the form of daily interactions when we share experiences about out personal lives that help us to connect with one another. Most recently, two other colleagues and I, who are gardeners, have been active in sharing ideas and experiences, and these feels very supportive and connecting.

The preceding illustration of counselors' use and support of supervision illustrated Koob's definition of supervision that was discussed in depth in Chapter three. Koob's definitions are followed in each instance with client responses that dealt with supervision.

Koob (2002) defines supervision as a relationship intended to:

- help a practitioner intervene with *clients "I find that supervision and consultation helps me understand and address when my emotions are helpful and when they are getting in the way;"*
- work out a solution to a practice centered problem—*"When a client is "stuck" I can discuss this with my supervisor. Her experience adds a lot to my toolbox of interventions;"*
- process emotional dissonance over events—*"I used an intervention with a client that seemed to make matters worse. I was feeling particularly insecure about my ability to help people. When I spoke with my supervisor she reminded me that not all treatment modalities worked for every client, that the client has responsibility in his/her own change, and that sometimes the positive impact isn't apparent immediately—we're not*

> *miracle workers after all. She then told me that being concerned about this matter was evidence that I was a good and effective counselor or I wouldn't have noticed or cared. I still feel insecure about my ability, but I'm working on it;"*

- or even discuss personal issues if those issues impact the way a counselor works with his/her clients or deals with the emotional residue of trying sessions *("I was feeling particularly depressed over my husband's extended illness and felt very distant to my work and the clients. I knew I wasn't doing my best for them or for myself and my husband. I used supervision to try to work through this.")*.

A quote from Sue concludes the discussion of professional self-care- not only for its benefits to the counselor's own self but for its benefits to the clients:

> *UTILIZE SUPERVISION AND CONSULTATION WITH OTHER STAFF!!!! Very rarely do you have to handle these situations alone, so don't! I also think it's really important to explore your own biases, beliefs, feelings, and "hot buttons" prior to working with clients. The more self-aware you are as a therapist, the better work you will do with clients.*

Personal self-care

Personal self care includes the methods by which counselors themselves relieve the effects of challenges during their work lives. Collapsing the data further reveals that self care can be categorized as interpersonal, physical, and intrapersonal. *Interpersonal self-care* involves interaction with significant others, *Physical self-care* includes activities that promote physical health; and *Intrapersonal self-care* is self-care activities that the counselor does by or for him or herself, and includes the spiritual and cognitive aspects.

The personal self-care strategy themes are presented in table 9 and exemplary quotes follow.

Table 10 Personal self care strategies of university and college counselors

Interpersonal	Physical	Intrapersonal		
		Spiritual	Cognitive	General
Relationships and	Practice	Pray	Journal	Play guitar
activities with	Yoga*	Read scripture	Read	Garden
friends family	Practice T'ai	Go to church**	Take a class	Play with pets
Community	Chi*	Practice Yoga*	Teach a class	Watch movies
activities outside	Work out	Practice T'ai Chi*		Watch TV
of school related	Run			Do absolutely
Attend or	Sail			nothing
participating in	Play a sport			
sporting events	Nutrition			
Go to church**	Sleep well			

*T'ai chi and Yoga have both spiritual and physical aspects so appears in both lists.
** Church attendance encompasses both social and personal elements and so appears on both lists

Gardenlane related that his methods of personal self-care include gardening, tinkering with computers, reading, exercising, conversing with both online and offline friends. Other counselors use other methods to keep themselves emotionally and physically well.

Tess's response reflects that family relationships and physical activity are wonderful stress relievers for her:

> *My husband...he's a gem. Just being around him is calming and grounding to me. My children, ages 3 and 1, are so different from my work life that they usually provide a wonderful distraction and reframing of my work stressors. I also exercise almost every day at work, and I find that getting out of the office in the middle of the day and walking or doing yoga is a wonderful stress reliever for me and makes me more ready to tackle whatever the afternoon holds.*

She also finds it important to keep work and leisure separate.

I certainly concentrate on personal wellness (eating right, sleeping, exercising.) My work friends and my social group are different. This helps me separate the Emotions and conversations.

★★★★★

Ann writes about the best ways she has to take care of herself

Keep work at work and home at home as much as humanly possible. Exercise and get enough rest, limit caffeine use and drink lots of water. Read for pleasure, or watch movies. Play with my children. Go out on a date with my husband. Take advantage of breaks and use vacation time. Talk with someone when I'm feeling stressed about something (usually my husband or my boss, depending on the issue). Stay in touch with family and friends.

★★★★★

Finally, Sarah Lou relates:

I vent. I use humor as a defense against burn out and often laugh at myself for getting "worked up." I also exercise regularly and meditate (not regularly alas).

Self-care summary

Self-care is considered by the counselors in this study to be essential to not only their own well-being, but to that of their clients. They related both professional and personal means of avoiding burnout and compassion fatigue. Counselors see supervision and consultation as holding great importance to uncovering their own emotions, stemming any negative impacts, and learning how to use them in session.

Summary

Counselor responses illustrated that there is "no typical day" in the work life of counselors in post secondary practice provides substantial understanding of the nature of

the work of college and university counselors. In particular we see that the work that counselors do often has more to do with administrative and organizational demands rather than actual client interaction.

These demands were further explored according to the emerging themes of organizational, professional, and personal challenges. Organizational challenges reported by the respondents mirrored the concerns of counseling center directors as presented by Gallagher (2003). Counselors also related challenges to their professional identities and personal challenges of living "normal" lives in the isolated fishbowl of a small community. They also related the problems inherent in their master role of counselor.

Counselor responses also illustrated Hochschild's concepts of "deep" and "surface" acting and related accounts of self-disclosure and its importance to the therapeutic encounter as other-directed emotion work. They revealed their understanding of the importance of context to emotion work and illustrated what "doing" certain emotions looked like.

Considering counselors' crisis related responses as a whole, the process of counselor crisis work entails initial emotional reaction, taking care of business, then emotional release and need to debrief. This is where the immediacy of the probe in face-to-face interviewing is important. When counselors' responses to these questions were probed by email regarding the process there was no response. One counselor provided a clue in the above responses indicating that Hochschild's concept of "deep acting" is at play: *I **focus on not feeding into** the emotions of the crisis; **to remain objective and "outside"** of the situation.* Face-to-face interviews will offer an opportunity of immediacy in order to better illustrate the process of counselor emotion management

during crisis. Counselors in this study also revealed that there are definite personal and professional rewards to working in a college or university setting.

The following chapter wraps up and summarizes material presented in the body of this work, discusses its limitations, and presents considerations for future study.

CHAPTER VII

CONCLUSION

In this study I set out to (1) determine how counseling staff maneuver everyday counseling encounters (2) explore the counseling process in terms of emotion work and emotional/emotive dissonance, and; (3) illustrate the impact of organizational and professional phenomena on counseling processes in a post secondary setting. To that end, I established contemporary society as "emotion society" characterized by and by preponderance of "emotion industries" available to assist the populace in their emotion work. I then grounded the act of counseling firmly within the realm of sociology rather than solely a psychological endeavor. I described the data collection and analysis used to carry out this research. And finally, I presented analysis of the data as it applied to the aims set out above.

The purpose of this final chapter is similar in intent to "termination" in counseling: it summarizes what has been gained through the process, wraps up what has gone on before, critiques the process, lays out future action, and concludes with a few parting thoughts. Regardless of how or when it occurs, how you terminate counseling or conclude a dissertation, is just as important as how you begin it. My purpose here is to wrap up and summarize what has been presented in the body of the dissertation, discuss its limitations and propose future study.

In the best of circumstances, termination occurs when the emotion work has been concluded to the resolution of the client's presenting problem. Sometimes, however, termination comes when there is still more work to be done but the allotted time has passed. Taken in the metaphorical context of "termination," it is the latter that applies to this dissertation: due to its exploratory nature this research has not answered questions to solve a problem, but rather provided more questions to investigate. There is more work to be done, more emotion to be explored; however, the allotted time has passed and termination of the dissertation process has come.

Review

Three research questions which addressed organizational impacts of higher education practice on counseling, the emotion management of counselors, and the conflicts that arose between organizational demands, professional norms, and personal feelings were the basis for this research.

1. How do the organizational qualities of a counseling unit in higher education affect the therapeutic encounter in general, and the counselor's emotion work strategies, in particular?

From the interview data it was determined that university counselors face unique challenges and reap distinctive rewards that stem from working in a post secondary setting. Counselor responses illustrated that there is "no typical day" in the work life of counselors in post secondary practice provides substantial understanding of the nature of the work of college and university counselors. In particular we see that the work that counselors do often has more to do with administrative and organizational demands

rather than actual client interaction. These demands were further explored according to the emerging themes of organizational, professional, and personal challenges.

Organizational challenges mirrored the concerns of counseling center directors as presented by Gallegher (2003). Counselors also related challenges to their professional identities and personal challenges of living "normal" lives in the fishbowl of a small community and the master role of counselor. The lack of understanding of the rest of the university toward counseling staff and the counseling center pose problems that lead to lack of funding and higher work loads as well causing counselors personal distress.

However, this study does show that there are definite rewards experienced by college and university counselors. Future study should delve into how these rewards impact the work done, determine if *recognition* of rewards plays into the concept of counselor "self care," and uncover how the rewards of counseling help alleviate work related stress and "compassion fatigue."

2. How do college and university counselors manage their emotions and those of others during everyday counseling encounters and other practice related activities?

Counselor responses related techniques that Hochschild (1983) would define as "surface acting." Counselors refer to these as "attending behaviors" or "active listening." Attending behaviors entail the use of vocal and physical behaviors to present an attentive, available, and non-judgmental self to the client regardless of the counselor's personal feelings. The counseling emotion norms of presenting an empathetic, warm, and nonjudgmental self during the therapeutic encounter sometimes require surface acting. If a counselor is, by chance, tired, distracted, or bored, professional display rules still

require the counselor to appear in the moment, interested, and warm. A counselor can display this by leaning toward the client with an open posture and making appropriate eye contact, using minimal encouragements—short utterances such as "uh-huh," "hmmm," "go on;" –paraphrasing, etc.

Counselor responses indicated that they utilize "deep acting" and "self-disclosure" when managing their emotions while in co-presence with the client. Deep acting comes into play when counselors know that their emotional reaction to the client or the client's material will be non-therapeutic and experience emotive dissonance. Counselors use cognitive techniques to remain calm, or change their emotion in order to benefit the client. There are times when a counselor's emotion is appropriate and indicated in the therapeutic encounter. At this time the counselor utilizes self emotion management to organize their emotions in to appropriate self disclosure. Outside the counseling room, counselors make use of clinical supervision, and undertake joint and reciprocal emotion management with coworkers, family, and friends in order to better understand their own emotion, remain healthy, and become better counselors.

3.   How do counselors negotiate any conflicts between personal feelings, professional emotion norms, and organizational display rules?

One purpose of this research was to investigate the possible manifestation of a three-way emotive dissonance. I asserted that along with their personal identities, that counselors acquire a social identity based on their profession. They classify themselves according to the degree to which they perceive themselves as sharing the norms and values of the counseling profession as internalized through their training and education. In addition, university counselors also acquire a social institutional identity based on

what it means for them to be a good academic citizen. I argued that there are instances when these three emotional identities come in conflict with each other: the feelings of the personal identity, the emotion norms of the professional counselor identity, and the emotional display rules of the organizational actor. I contended that there are instances when the emotional identities come into incongruence with each other and a three way emotive dissonance occurs.

Emotive dissonance was especially evident between personal identity emotions and professional identity emotion norms. The counseling emotion norms of presenting an empathetic, warm, and nonjudgmental self during the therapeutic encounter sometimes required surface acting in order for the counselor to display a "good counselor. Counselors used "attending behaviors" or "active listening" to maintain a "good counselor" professional identity. If a counselor is, by chance, tired, distracted, or bored, professional display rules still require the counselor to appear in the moment, interested, and warm. Sometimes what happens at home enters in to the counseling space:

> *I try not to bring home to work, but with all the time I spend here, it is hard not to do that. When I have been worried about my relationship with my significant other, or upset about an argument we have had, I know that I am distracted, not alert, and not as patient with my students.*

> *I'm sure I'm a little distracted and more easily irritated with unimportant interruptions if I'm worried about one of my kids (ex. they're really sick, or when I was pregnant for the first time and there was so much that was new and anxiety-provoking).*

> *While working on my dissertation, I did not want my work life to run over the 40 hour week. Both students and staff seemed to feel like I was less available then.*

Several years ago, when my wife and I were on shakier ground, there were times when conflict produced stress and stress made it hard for me to concentrate on the problems of clients. Sometimes in a session five minutes would elapse without me hearing a darn thing the person was saying.

When counselors feel dissonant because they are distracted, unavailable, or anxious they can still display a good counselor identity through the use of "surface acting" or active listening. By understanding how they "do" emotion, counselors maintain those techniques at ready in the instance that they may not be "in the moment" with the client.

[E]mpathy "looks" like attentive listening, nods of assent to validate what the other is saying, and comments of how I would feel if I were in that situation. Sometimes when a client tells me something really sad or hurtful, I will notice that my eyes tear up; I haven't ever cried, but I'm sure I looked like I was close to tears. I would imagine that would convey empathy.

Counselors may also feel dissonance from feelings of dislike toward a client that are incongruent with the professional emotion norm of "unconditional positive regard" or respect. Counselors may use "deep acting" or cognitive processes to resolve any dissonance stemming from this incongruence.

This one's [positive regard] the hardest for me, because sometimes I don't like a client very much. However, I try to convey unconditional positive regard by at least trying to understand why they might be the way they are, and trying to look at the world through their eyes. This in turn shapes how I reflect things to them (and even intervene), so they feel respected by me. I think unconditional positive regard and respect are pretty synonymous in our work. I also try to be very courteous socially (i.e., minimal interruptions, no sarcasm unless it's a long-term client and I know how they'll respond, etc.).

This is not to insinuate that counselors are regularly" false" with their clients but to point out that they can use appropriate emotional display to the benefit of the client even when the emotion itself may not be felt at that time.

Counselors also responded in ways that point to a dissonance stemming from organizational display rules and professional emotion norms. For example, Ann relates that she and her colleagues at her counseling center felt emotive dissonance after a critical incident where a student disappeared in the middle of the night.

> *We all were uncomfortable with the initial pressure to seek out those who might be most affected by this and, by our very presence, imply that they needed professional help in dealing with their reactions.*

> *Many people called our office and wanted to know what we would do to "solve" this situation, but we never wanted to respond in a way that pathologized people's reactions.*

> *We dealt with this as a staff, explained this to others, and fortunately had backing from our superiors.*

The data analyzed for this study indicated there is emotional dissonance that occurs among university counselors however, there was not enough data available to model the process or to make a definitive case for a three way dissonance as was hoped. However, I am confident that face-to-face interviews that allowed immediate probes would shed more light on this phenomenon.

The "Ah-ha Moment"

Having discussed and summarized the themes found in the counselor's responses I will use this section to explore several enlightening or "ah-ha" moments I encountered during the research process. An "ah-ha" moment is the instance of gestalt switch, a

paradigm change, the time when the light bulb comes on over your head. It is an abrupt surprising realization that things are not what you have always believed or when your eyes and head clear and you see the same old things in a new way. For sociologists, I'd say this is comparable to the first time when your sociological imagination kicked in. I use this metaphor to indicate that in this portion of the text I will explore salient and interrelated "ah-ha" moments I had when engaged in the research. One of these highlighted the way we talk about therapy both in and out of the counseling office, and the other relating to power and status[37] issues in emotion work.

When visiting with counseling professionals over the years I have often been stricken by the language used to talk about clients in general and what they each do within a therapeutic context. I have also noticed through years of working with social services professionals and frontline workers that metaphors and labels modify with the cultural climate and that those changes are translated into service provision. In the current research the use of metaphor and technical language by counselors was also apparent and I was reminded on how much of that language has been appropriated by the larger society. Particularly intriguing are the uses of "sharing" and "work"-related terms in relation to therapeutic practice.

First, I find the use of work-related metaphors of particular interest. Hochschild's original research on the commercialization of human feeling connected emotion to purposive action to transform emotion into profit. She refers to this as performing "emotion work," emotion labor" and "emotion management." Use of a "work" metaphor suggests that emotion is not a "naturally occurring phenomenon" but a product that an

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[37] Status in this case is social status- "standing" in relation to an other, the honor or prestige attached to one's position in society

agent creates or accomplishes through effort or activity. She presents a one-sided focus on processes of repressing, controlling or manipulating "a package" (Waldron 1994) of emotion.[38]

When clients feel distress, frustration, or despair over an issue, they must "work on," "work with," or "work through" these undesirable emotions, to produce a different emotion that is culturally or socially "saleable." In behavioral/cognitive modalities clients are often given "homework" to do before the next session. More than one counselor spoke of working *with* a client which implies coordinated purposive action and that the counselor has responsibility in the process beyond arranging for conditions that allow change.

Terms such as "issue" and "process" are also among those that fit into a "work" paradigm of counseling. For instance, process used as a verb can infer conversion— taking an "input" and converting it to an "output," Processing adds value to the inputs by changing them or using them to produce something new. In this case, the input would be the client's "material" or "stuff"[39] but what, exactly is the counselors' "value added" something new that comes from processing client material and their emotional response to it? I would propose that the output relates to the growth of the self, however this needs further investigation.

Another metaphor to consider is counselors' use of "tools*"—"I focus on the strengths of the individual and the tools I can utilize in working with this person and/or offer to him/her."* I would argue that the use of the metaphor "tools" (as opposed to, say,

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[38] We witness the colloquial use of the" package" and "work" metaphors in referring to emotion as "baggage" that we "unload" when we tell someone our troubles.

[39] Both of these terms implies a "thing-ness." "Stuff" is used by counselors to refer to what clients bring to counseling, the problem they want to address; "Material" refers to what is presented by the client in session.

"techniques"[40]) implies certain ideological assumptions about the nature of the emotion work of counseling.

Also of particular interest is the use of the term "share" which has become common in both professional and colloquial speech. Growing up we were taught to share our possessions. Sharing was a benevolent act that spread the resources around and left us less than what we started with. What does this mean in a counseling relationship? When clients "share" is it s*till* a benevolent act? Do they leave the interaction with less than they had before "sharing"?

What purpose does use of "sharing" as a metaphor serve here[41]? What happens with what is "shared"—does the counselor take it with them? What does this mean for work related stress, if anything? How is the concept of "share" different from "tell," "communicate," or "reveal" (which it is often considered to mean in this context)? Do some of these terms reveal more relational power than others? Does the use of the metaphor of "sharing"

Another question is "Why is it that it is usually clients that "share" and counselors generally self-"disclose" or "reveal" or "express?" Does the ability or right to disclose, reveal, or express rather than "share" emotion-related "material" signal a position of power or perhaps status? When a counselor refers to "sharing" with a client is that an indicator that the counselor is using the therapeutic encounter for their own purpose? Or could it indicate perhaps that power/status is distributed in the relationship or that power/status shifts in a therapeutic encounter and instances of counselor "sharing" is

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[40] In this researcher's conceptualization the metaphor of "technique" in this application would indicate an underlying metaphor of creativity such as art, or music. As opposed to a toll which is something applied directly, "technique" might imply more of the processual nature of an activity.

[41] There also seems to this researcher that there is an interesting relationship between the metaphors of "sharing" as used in this context and the metaphor of "baggage." To indicate someone's problems and past.

indicative of a reciprocal emotion-work system? I ask this because the "share" metaphor that emerges from data analysis indicates that, ironically, "sharing" (traditionally the act of giving) is done by the individual who is on the receiving end of someone else's "other-directed" emotion work. Take as an example one counselor's discussion of a session where a client shared allegations of sexual abuse and later writes of receiving emotional support from a co-worker:

> *[T]his person came into my office and **shared** there were allegations against the significant other . . . .* I must admit this hit a nerve with me. My Emotion at that very moment was anger. I did not feel I could e**xpress** that Emotion, nor, did I feel it would have been appropriate. However, how I handle it was not much better. **I said to her/him**, with conviction, "There are always red flags.

> *A co-worker stopped in to say hello and **I shared a frustration** I had with another co-worker. The co-worker **validated my feelings and expressed frustrations** of his/her own regarding the co-worker I was complaining about.*

I would suggest that the original counselor perceives that the power/status lies with the one who supports her by validating her feelings, but that the event may be perceived by the second counselor as reciprocal emotion work as she/he not only was able to validate the first counselor's feelings but in so doing she validated her own and provided an opportunity for the first counselor to reciprocate.

Another observation that emerged from the research process and the data is that counselors do not readily disclose the emotional aspect of their work and are unaccustomed to considering the emotion process—the process of a counselors' own emotion in client-counselor interaction is not explored to its potential.

The first evidence of this was the reticence of some directors and counselors to embrace a concept such as emotion management which implies both active "manipulation" of self- and other-emotions as well as process. Their responses indicate that they recognize the importance of their own emotion in working with clients but think of it in terms of "states" to be controlled or used as a tool in a therapeutic encounter. The "process" they recognize comes subsequent to the encounter—their own emotion is dealt with afterward through debriefing and supervision. In addition, counselors' responses suggest that sometimes (often times) emotions (theirs) are better left implied, if not unsaid. Take, for instance, Brenda's response to a request to tell me about a time that she experienced a strong emotion and what she did about it:

> *One of my students was in a severe accident recently. I went to my supervisor and we just talked and talked about it. It was supportive for me because she just allowed me to talk about it, and she kept saying how she understood[42]. . . and I KNOW that she DID understand, because she's been through things like this so much.*

Brenda never tells me what the emotion was or how she experienced it. The fact that it was strong is evident only through her disclosure that she sought out her supervisor and that the supervisor was supportive.

In this study, there appears to be a norm of neutrality or distance when relating counselors' own emotion work. This could be due in part to the lack of immediacy of face-to-face interviews where probes could have teased this out. The method of data

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[42] One essential aspect to the therapeutic relationship is "genuineness." Brenda stresses that the supervisor did know and did understand. Phrases such as "I understand;" "Everyone feels like that sometimes;" "It's okay. Everything will work out;" "That happened to me once;" "So and so had the same problem once;" "You always manage to work things out;" "I know how you feel" are discouraged in counseling interaction. Being too quick to rush in with support or reassurance acts to discount the other's emotional experience. Those types of phrases can be translated as: Your feeling is so common you shouldn't be concerned with it;" "You should not feel as you do;" or "Your feelings are unimportant."

collection may have also confounded this due to the lack of relationship building necessary in qualitative research. I suggest that the connection and rapport built during co-present qualitative research makes disclosure easier in various ways. For one, face-to-face interaction can serve to build trust; also, the respondent may come to desire to be more genuine and helpful when a face and personality can be associated to the researcher. This would serve to make disclosure more acceptable to them as well as less difficult. However, in contrast, online interviewing has an added benefit of "anonymity," which under the right circumstances could allow the respondent to be more forthcoming with sensitive topical matter.

These issues of relationship building and immediacy, as related to disclosure, are two of the major limitations to this study. These are discussed below.

Limitations

At this point it is necessary to discuss the limitations of this study. First, due to the uniqueness of this group the findings may not be generalizable to the larger population of counselors. However, with increased reliance on managed care and third party payers, even counselors in private practice are encountering limits to their professional autonomy. This study may help illuminate the emotional and practical impact of this limited autonomy on other groups of counselors.

Also of concern is the limited sample of counselors interviewed for this study. The study would benefit from the inclusion of college and university counselors from a wider range of institutional arrangements.

Finally, major limitations of this research were methodological in nature. This section outlines those limitations. Methodologically, the current study presented both

advantages and limitations. On the positive end of the spectrum, it provided the researcher access to counselors from a wide geographical area and diverse practice contexts when access to more convenient populations was hampered. It also allowed counselors who did participate to take ownership of the process and allowed them flexibility unavailable in face-to-face interviews. There were also limitations associated with the method. First, rich descriptive information generally available in face-to-face interviews was lacking here. Second, the use of online interviews lacked the immediacy of face-to-face interaction.

For the researcher, the arrangements presented both benefits and limitations. Primarily, it allowed counselors from across the US to contribute. With timing and solicitation adjustments it could provide a richly diverse dataset at relatively little cost depending on the researcher's and respondents' needs. If HIPAA level security is unnecessary, online interview services can sometimes be procured through their university's IT division or another academic unit that is willing to share server space. If the researcher is not proficient in web design, CGI scripting, etc. they would need to secure those services separately or utilize software systems that are available to them.

If a secure server is required or the researcher's university or organization cannot provide needed space or support, services can be contracted from various companies. Cost can range from no charge for limited responses according to the company's pricing schedule up to several thousand dollars. If the researcher seeks responses from a wide geographic area this would likely still be more cost effective than travel.

However, the use of online interviews hampered the research in several ways. First, I know from previous interview research with this group and others that important

data is gathered through observation of the interaction and setting. During face-to-face interviews, both in this study and previous ones, I have witnessed the impact of setting, ambiance, climate, and embodied practices on the interaction. This richness was not available with the online method of data collection. In determining how counselors perform emotion work, I feel it is essential to consider the non-verbal aspects of the relationship as it impacts the interactions and outcomes at least as much as what is said.

The use of online interviews lacked the immediacy of face-to-face interaction. During co-present interaction both parties take on responsibilities and grant each other rights. For one, in face-to-face interviews inability to ensure response to the interview questions and any subsequent probe was a serious limitation of this study. Counselors sometimes requested to participate in the study but were unable to follow through for various reasons. Some completed only a portion of the interviews and did not respond to

Of benefit to the counselors, the method of data collection allowed them to access the online interview at any time after they received the invitation; they took direction of the process. They could proceed at their own pace—pausing and restarting the interview as needed. This proved advantageous for them as their schedules and energy levels fluctuate as the day or week proceeds. They could also make the decision to participate on their own. They were neither coerced by their directors to participate nor prevented from doing so. It also allowed them to "*help out*" another scholar contribute to their discipline, and "*repay*," in a fashion, those people who participated in their thesis and dissertation research, or "*build Karma*."

<u>Suggestions for Future Study</u>

The research process, instead of resolving a "problem," has presented more questions and renewed my interest in emotion/therapeutic society and counselor emotion work. Emotion work of counselors, emotion society, and therapeutic interaction is rich in possibility for future study. I will discuss some of those possibilities including further examination of the current research topic, the use of metaphor therapeutic discourse, the similarities of qualitative research and therapy, and counseling, emotion work, and disasters.

And how do you feel about that now?

Initially, I would propose an extension of this study that goes beyond the exploratory. I would like to validate or refute the current analytical categories developed here through use of interviews with counseling professionals on college and university campuses. I would suggest that two studies be done—one further exploring the use of online secure servers as an interview media, another using intensive face-to-face long interviews so that I can further investigate the nuances of counseling practice including the emotion work process, the physical context, and embodiment issues.

Metaphors in therapeutic discourse

I propose future research into the use of metaphor in a therapeutic society. When scholars and practitioners in the helping field speak of metaphor they use it in the context of using stories to help the client or dissecting the terms and stories clients use in session. The use of stories can help shape the way we perceive and interact with the world letting

the listener or teller perceive old material in a new light or make unseen connections. It also can play an important role in therapy–helping people develop the skills to cope with and survive a myriad of life situations. The use of stories can be a non-threatening way of opening dialogue on difficult topics and thus can be a valuable therapeutic tool (Burns, Combs, and Freeman).

However, what I propose is a study of metaphor used by therapists to talk about their work and increasingly, by greater society. Lakoff and Johnson (1980:3) theorize that, "metaphor is pervasive in everyday life, not just in language but in thought and action. Our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature." I extrapolate from this to mean that how we are in the world, being based on our values and assumptions, can be explored through the metaphors we use.

Finally, looking at the use of metaphor in counseling and therapy across time would give us a unique view of how the therapeutic endeavor has altered across the social and cultural change of its history. It would also be illuminating to see how those metaphors with their altered definitions have re-infiltrated common language.

Qualitative research as "therapy"

One avenue of further research would be to explore the commonalities between qualitative research and therapeutic endeavors as similar ways of knowing. During the interview process it became apparent that the interview process and the therapeutic interview have distinct similarities, both structural and, it seems, cathartic. As with the qualitative research interview, "[a]t the heart of counseling is a conversation between two

or more people. This conversation may take place face-to-face, over the telephone, or now even through the Internet." Qualitative research is synonymous with the "case-by-case way of knowing" central to most therapists' everyday practice and understanding of therapy, clients, and themselves (Maione and Chenail 1999). Both involve intense interviewing sessions, where one person divulges a large amount of personal information to another person whose responsibility is to listen and ask probing questions. Additionally, qualitative interviews, depending on the research design, can last for upwards of eight hours (Matocha 1992) and continue for several years, sometimes outlasting the usual duration of therapy. This kind of intense contact, over an extended period of time, with disclosure on the part of only one of the parties, resembles and perhaps even surpasses a therapeutic process in depth.

Although the qualitative interview is not specifically designed for promoting the change, growth, and development of the interviewee, each serves the purpose of generating knowledge that can be used for decision-making. Critical and feminist approaches do have creating change as a core purpose, the data is analyzed within the context of the lives of the participant, and the participant is a legitimate knower of the experience.

Both stir up memories and accompanying emotions requiring management in each party and it has also been noted that qualitative research interviews, like counseling sessions, can have a cathartic effect on both parties.

Counseling emotion work subsequent to disaster

Finally, a study of therapeutic emotion work during and subsequent to a disaster is in order. In this study I explored the dimensions of emotion work as they occur in daily counseling practices (including minor crisis events such as student suicide). The preliminary findings indicated that similar studies would prove fruitful for understanding how emotional and organizational factors interact during the restoration of "normality" after disasters. Counselors indicated when clients came in to the counseling center in crisis counselors became more decisive, goal oriented and slipped into a state where emotion took a back seat to rationality. Counselors became less open to the ambiguity and confusion of their clients emotions as well as their own. A counselor's own emotion and its impacts emerged only after the crisis had a bated.

Therefore, I propose a future investigation of counseling during and after a social disruption. The stressor of a critical incident or disaster will further illustrate instances of other and joint emotion management and lead to the revelation of a three-way emotional dissonance as counselors negotiate their personal feelings, their professional emotion norms, and any display rules required by an institution trying to manage its organizational impression. The following discussion outlines the relevance of studying emotion work during critical incidents, crisis events, and disasters.

A significant aspect of the future research is that it will associate sociology of emotions with sociology of disaster in a way intended to extend our knowledge of their importance to each other. Emotions have been largely neglected in the study of disasters. Most literature connecting emotion and disaster tends to pathologize emotion and its consequences and focuses on issues of depression, posttraumatic stress, and the victim's

return to normal psychological functioning. I intend to investigate the extent, process, and consequences of emotion management consequent to a social disruption and to illustrate how emotion management by university counselors contributes to restoring equilibrium and organizational functioning after such an event.

Social disruptions: critical incidents, crisis events, and disasters

Lazarus refers to periods of heavy stress as a crisis and defines crisis as "a limited period in which an individual or group is exposed to threats or demands which are at or near the limits of their resources" (1966:407). Barton (1969) presented a typology of "*collective* stress" ranging from nuclear disaster to natural crises in small community settings. In the existing literature, "Critical incident", or "catastrophic" (or crisis) event" refers to a powerful and overwhelming event that lies outside the range of usual human experience. Typically, these incidents are specific, frequently unexpected, and time limited, and often involve a loss of or threat to one's personal goals or well-being (Otong 2001). Critical incidents or catastrophic (crisis) events can include (1) natural catastrophes such as hurricanes, lightning-caused fires, tornadoes, or earthquakes; (2) accidental catastrophes, such as malfunctioning airplanes or vehicles resulting in fatalities; and (3) human-induced catastrophes such as war, assault, robbery, sabotage, hostage-taking, arson, or murder (Figley 1995).

While any of the three aspects of critical incidents is deserving of study, the proposed subsequent study will focus on the second definition—the accidental catastrophe. First, the ambiguity of accidental catastrophes is an important characteristic to consider. I would argue that the general public seldom tries to affix blame to instances of natural disasters as they are considered acts of God or Nature. During war, terrorist

acts, and in technological disasters people tend to quickly affix blame to some agent. However, during accidental catastrophes blame is harder to affix as many causal agents are considered and dismissed. I contend that organizations attached to the accident undertake rigorous impression management campaigns to avoid appearing culpable and yet portray care and concern. It is during these times that organizational citizens may be asked to support impression management endeavors that cause pronounced dissonance between their personal feelings, professional emotion norms, and organizational display rules. During such ambiguous circumstances we have opportunity to extend established understandings of routine and crisis events by focusing more on how these counselors manage their emotions and those of others in response to the events, rather than the events themselves.

Also, during a crisis, people are often challenged to develop new coping skills to come through the crisis and readjust in times when normal operating procedures become less useful. This is borne out in disaster literature. Although it is held that institutionalized roles and behaviors ensure stable and predictable social interaction, disaster literature indicates that roles and accompanying behaviors become flexible and adaptive during non-routine circumstances (Johnston and Johnson 1988; Bosworth and Kreps, 1986; Kreps and Bosworth, 1993; 1994; Webb 1998; Quarantelli). Essentially, what that literature indicates that even though a disaster plan may be in place, the ambiguity of the situation often calls for creativity to handle a crisis and to reestablish normalcy. It also illustrates that in an ambiguous situation, such as a critical incident or major crisis event, members of the organization have to improvise to maintain the desired public image since roles and norms are emergent. Rather than study the precipitating

event, the proposed research will focus on counselor/client and counselor/community

interaction in its aftermath in order to determine role improvisation and the

accompanying impression and emotion management strategies employed.

Emotion and disaster

The literature connecting emotion and disaster is meager and deserves further

investigation. Stallings contends that:

> . . . disasters as disruptions of routines are marked off not only cognitively (e.g.,
> with temporal expressions such as "before," "at the time," and "afterward") but
> also emotionally. These emotions are heterogeneous and conflicting, from
> extremes of fear and grief to extremes of exhilaration and self-satisfaction.
> Emotions are both socially generated and socially controlled and change
> throughout the disaster process. (1999)

and asserts that disasters provide an excellent opportunity to study the relationship of

emotions to other types of social action. In addition, Fritz contends that the dramatic

effect of disasters "results from the fact that they compress social processes into a short

time span, making them more visible than in normal times" (71). Disasters facilitate

emotional identification and provide a socially sanctioned opportunity for acting out

basic human emotions. For example, in a study of fire victims, Heeren (1999:163)

explained the mechanisms of strengthened cohesion of disaster survivors as follows:

> When identifying themselves as fire victims, those affected by the disaster
> assumed that they experienced the same profound emotions at the same time.
> This emotional simultaneity led fire victims to emphasize their bonds to one
> another and heighten their boundaries with non-victims. In turn, this led to their
> providing social support, comparative experiences, and practical assistance to
> each other.

Heeren's (1999) research indicates that by sharing danger, loss, and deprivation, the solidarity among survivors is enhanced, and they become more friendly, sympathetic, and helpful than in normal times. In light of this, I would argue that, for a complete understanding of social behavior during disaster, sociologists must study the role of emotion during and after disaster events.

Community response after a catastrophic event and emotion/mental health seems to be tied. It is this researcher's belief that specifically including the relationship of emotion to the concepts of therapeutic and corrosive communities[43] can shed light on not only the responses of disaster victims, but of crisis workers as well.

Recent work investigating crisis management (Cohn, Carley, Harrald and Wallace 2000), first responders including firefighters, nurses (Suserud and Haljamae 1997), police (Howard, Tuffin and Stephens 2000), call center employees (Tracy and Tracy 1998; Whalen and Zimmerman 1998) professors (Miller 2002), victims (Heeren 1999), and emergency medical technicians (Lois 2001) offer preliminary exploration of the role of emotion in disaster situations, and includes the use of humor as an emotion management strategy.

The proposed research will add to the literature by illuminating self-emotion management, other emotion management, and interpersonal emotion management by emotion industry professionals during and after a critical incident from the counseling professional's perspective.

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[43] Often the magnitude of destruction necessitates a community-wide response. It has been suggested that when a community is hit by a disaster agent, certain adaptations are required so that the community can recover and return to normal. To explain this phenomenon Fritz (1961) and Barton (1970) developed the concept of a therapeutic community, which refers to the emergence of a new social order that arises to meet the new demands and needs created by a disaster.

Counseling, disaster, and emotions

Literature on emotions in counseling and disaster is psychological in nature and tends to deal with client, victim, or survivor emotions, and emotions of family members of disaster victims, not helping professionals. Psychological literature on emotional response to disasters, first, regards emotional response to a social disruption as deviant and second, tends to regard victims as passive containers of negative psychological emotion effects which can be judged 'present' or 'absent'. Third, it assumes that the psychological aftermath of disaster causes significant long-term psychiatric disability and suffering to both victims and rescuers alike (Deahl and Bisson 1995).

It is, however, a mistake to assume that because phenomena can be regularly identified in different social settings, they mean the same thing in each setting. Sociologists would argue that emotional explanations given for behavior, and even if emotion is warranted, are suggested by social norms (Shott 1979:1319). How an individual interprets one's emotions and what one feels are guided by the culture's feeling rules (1320).

One aim of the proposed research is to contribute to the sociological understanding of emotions during times of social disruption from the perspective of the helping professional. This is important because helping professionals deal with the emotional impact of disasters not only on victims, but first responders, and community members. Regardless of how close one is to the "epicenter" of critical events, the "aftershocks" appreciably effect the physiological, social, emotional, psychological, and social functioning of the survivor, family members, the community, and professional helpers (Figley1995).

Dealing with another person's traumatic experience has a definite impact on the professional's behavior, personal life, and workplace activities (Stamm 1995; Green 1994; Maslach 1982; Maslach and Jackson 1981; Leidner 1993; Grandey 2003). In these situations counselors can become what counseling literature refers to as "secondary survivors" (Figley 1983). The professional helper can experience similar feelings as the client without actually being physically harmed or threatened with harm. I argue that counselors, particularly in a socially disruptive situation such as a disaster, will experience this phenomenon to greater degrees as the emotional and disruptive phenomena become more immediate and condensed. For purposes of the future study, the question becomes, "How do counselors experience this and how do they manage to bring order back into their lives while at the same time bringing order back into the lives of the individuals they help and the organizations for which they work?"

I argue that in times of disaster, the exposure to client trauma is multiplied and organizational concerns become more pronounced. Ethically, counselors are urged to be aware of the intimacy and responsibilities inherent in the counseling relationship, to maintain respect for clients, and avoid actions that seek to meet their personal needs at the expense of clients. However, in disaster situations meeting this ethical obligation would seem to become problematic. It is during these situations that dissonance would occur regarding the counselor's professional identity—being a good counselor may not be congruent with being a good organizational citizen, or the desire to care for one's own during times of crisis. This identity disruption and accompanying dissonance may be key to understanding stress outside the "overload model" and place it, and attendant burnout or compassion fatigue firmly in the realm of sociological study.

Summary

The previous discussion outlines several possible avenues for further exploration. These included an extension of the current study, and exploring the use of metaphor in therapeutic discourse. In addition I propose exploration of the similarities between the qualitative long interview and therapy. During the process of the current study similarities were recognized between the two by both the researcher and the counselors interviewed. I propose that this would be especially enlightening if approached from a perspective of feminist methods. Also proposed was an in-depth investigation of emotion work subsequent to disaster. Not only could we come to know more about disaster response, but due to the compressed nature of disaster, we could come to better understand emotion in interaction as well as consequences of emotion work.

These studies are by no means exhaustive of the range of possibilities. There is ample opportunity to learn more about the ideology of emotion and the emotion industries, to explore emotion work among men in the helping professions who do what has long been considered "women's work," and to further explore the existence of and model an "emotion work system" through a more thorough investigation of counselor emotion work.

Termination

At the end of a counseling relationship is termination. In the best of circumstances, termination occurs when the emotion work has been concluded to the resolution of the client's presenting problem. Sometimes, however, termination comes when there is still more work to be done but the allotted time has passed. In terms of

termination of this dissertation, it is the latter that applies. The dissertation process, instead of resolving a "research problem," has presented more questions and piqued renewed researcher interest (which is how I feel it should be for dissertations but not for counseling, however). Termination wraps up what has gone on before, critiques the process, lays out future action, and concludes with a few parting thoughts. I have done just that in this dissertation, except for the following parting thoughts.

Utilizing Goffman's "impression management" and Hochschild's "Emotion works" as sensitizing concept, this study was undertaken to examine the emotion work of university counselors within the context of everyday counseling situations. Fourteen interviews served as the primary data to (1) determine how counseling staff maneuver everyday counseling encounters (2) explore the counseling process in terms of emotion work and emotional/emotive dissonance, and; (3) illustrate the impact of organizational and professional phenomena on counseling processes in a post secondary setting.

As this study was exploratory in nature it didn't so much resolve a research problem but opened up ideas for further investigation into the sociological study of emotion. Although there were limitations to the study, the emerging themes found during the data analysis suggested that counseling work is essentially emotion work that is impacted by both organizational display rules and professional feeling norms, which then impact and are impacted by personal feelings. There is evidence that the changing organizational structure of higher education (from a collegial model to a more hierarchical and bureaucratic model) impacts the daily working lives of counselor and is a factor in identity disruption which plays a significant part in counselor stress and accompanying "compassion fatigue" or "burnout." The preliminary findings indicate that

similar studies will prove fruitful for understanding how emotional and organizational factors interact during the restoration of "normality" after disasters. Counselors indicated when clients came in to the counseling center in crisis counselors became more decisive, goal oriented and slipped into a state where emotion took a back seat to rationality. Counselors became less open to the ambiguity and confusion of their clients emotions as well as their own. Counselors' own emotion and its impacts emerged only after the crisis had a bated.

In conclusion, this researcher believes it is important to remember that he generalized ideal of human emotion is, in truth, an *Ideal Type* and not an achievable way of being in the world. The public belief that the ideal is achievable produces more emotions or dissonance over emotions that, in turn, need to be "worked on." If human emotion is something that needs to be "worked on" in order to fit within the culturally acceptable form, then I posit that emotion industries of many types will continue to flourish to meet the needs which were, at one time, taken care of during normal interactional processes with intimates. This, in turn, commodifies these necessary processes as publicly sanctioned forms of social control. Therefore, it is my contention that it is essential for sociology to attend to the form, process, and ideological underpinnings of emotion work and emotion industries as mechanisms that can either support the status quo or act as agents of social change.

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Protocol Expires: 9/8/2004

Date: Tuesday, September 09, 2003   IRB Application No   AS0410

Proposal Title: COUNSELNG AND EMOTION WORK IN A UNIVERSITY SETTING

Principal
Investigator(s):

Christina Myers   Jean Van Delinder
006 CLB   006 CLB
Stillwater, OK 74078   Stillwater, OK 74078

Reviewed and
Processed as: Expedited

Approval Status Recommended by Reviewer(s): Approved

Dear PI :

Your IRB application referenced above has been approved for one calendar year. Please make note of the expiration date indicated above. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval.
2. Submit a request for continuation if the study extends beyond the approval period of one calendar year. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of this research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved projects are subject to monitoring by the IRB. If you have questions about the IRB procedures or need any assistance from the Board, please contact Sharon Bacher, the Executive Secretary to the IRB, in 415 Whitehurst (phone: 405-744-5700, sbacher@okstate.edu).

Sincerely,

Carol Olson, Chair
Institutional Review Board

APPENDIX A

Preliminary Recruitment Script

Hello, my name is Christina Myers from the Department of Sociology at Oklahoma State University. I would like to invite you to participate in a research study entitled Counseling and Emotion Work in a University Setting. The purpose of this research is to examine the emotion management of university counselors in everyday counseling situations as well as after a crisis event.

You were selected as a possible participant in this study because you are employed or have been employed as a personal counselor at university counseling center in an institution which has experienced a catastrophic event/major accident in the last 5 years.

Your participation is completely voluntary and refusal to participate will have no adverse outcome for you. If you choose to be in this research study, you will be asked questions about your experiences in becoming a counselor, counseling in a university setting, and your emotion management strategies during regular counseling and crisis events. You will not be asked to divulge any client information.

The interviews will take approximately two hours. Interviews will be face-to-face in your office, unless a you wish to participate but cannot fit a face-to-face in-office meeting, or if you prefer another location. In that case, inteviews will take place in a location of the your chosing, or by phone, or email if necessary. Every effort will be made to keep your responses confidential and secure.

APPENIDX B

Listserv Solicitation Email

Greetings to all,
My name is Christina Myers and I am a doctoral candidate at Oklahoma State
University and am collecting interview data for my dissertation study regarding the role
of emotion in the work of college/university personal counselors. I would like to invite
any interested persons on this valuable listserv to participate. This will be an opportunity
for counseling professionals to discuss how the organizational context of higher ed
practice, your own emotions, and those of your clients and colleagues are related to the
work you do.
For a description of the study and how to participate, reference contact information, and
informed consent information, please email me at the above address. Also, if
you know of any professional college or university counselors that may be willing to
participate in this study, please send me their contact information. Your participation in
this research is much appreciated!

Christina Myers
Oklahoma State University

APPENDIX C

Invitation to Online Interview Email

Subject: Emotion, Organization, and Counseling- Informed Consent

Dear *****,

The Informed Consent Document Is Below.

By replying to this email or by accessing the interview site I indicate that L have read and understand the informed consent document, and that I would like to participate in the described research according to the terms provided. I may withdraw my participation at any time by contacting the PI.
Informed consent

thank you for indicating your interest in the "counseling and emotion work in a university setting" online interview conducted by Christina Myers from Oklahoma State University, department of sociology. You were selected as a possible participant in this study because you indicated you are employed or have been employed as a personal counselor at a college or university counseling center within the last 6 years.

If you choose to be in this research study, you will be asked questions about your experiences in becoming a counselor, counseling in a university setting, and your emotion work strategies during regular counseling and crisis events. You will not be asked to divulge any client information.

The study will address the following research questions:

1. How do the organizational qualities of higher education practice affect the therapeutic encounter in general, and the counselor's emotion work strategies, in particular?

2. How do counselors work with their emotions and those of others during everyday counseling encounters and during critical incidents or crisis events?

3. How do counselors negotiate any conflicts between personal feelings, professional emotion norms, and organizational display rules during everyday counseling encounters and during critical incidents or crisis events?

4. What is the role of counselors in maintaining and restoring campus community?

At the online interview site each respondent has a separate secure interview space accessible only to your database-generated unique identifier that is provided. The online interview can be paused and resumed at your convenience. Transfer of online interview data to the P.I. is through encrypted direct-download to her secure pc. Transcriptions and online database information will also be kept secure in a locked office.

In the interview you will be asked to provide a pseudonym of your own choosing. You will only be identified by that same pseudonym in any transcript (whether verbatim or edited) of such interview. Files connecting participants' contact information to their pseudonym will be kept separate and secure and will only be used if follow up is needed.

Upon completion of the interview, the tapes, transcripts, online data, and content of the interview belong to Christina Myers, and may be used, including, but not limited to, use in presentations and publications.

You can withdraw from the project without prejudice. In the event that you withdraw from the study at any time, data you provided will be destroyed and the final product will not make reference to any material contained in your interview.

There is no cost to you for participating in this study other than your time. There are no direct benefits to you from taking part in this study. However, the study may lead to a better understanding of the role of emotion work in counseling and the impact of organizational setting on counseling encounters during both daily practice and crisis events.

If you have questions about the research project or procedures, contact Christina Myers at the department of sociology, 006 CLB, Oklahoma State University, Stillwater, Oklahoma 74078, by phone at 405 744-6105 or via e-mail at christinamyers@swbell.net. If you feel you have not been treated according to the descriptions in this form, or that your rights as a participant in research have been violated during the course of this project, contact the office for the institutional review board, Sharon Bacher, IRB Executive Secretary, Oklahoma State University, 415 Whitehurst, Stillwater, OK 74078. Phone: 405-744-5700.

You may keep a copy of this document for your files.

Reference Contact:

Jack Davis, Ph. D. 405 744-5472
Coordinator of Counseling Services,
University Counseling
316 Student Union,
Oklahoma State University
Stillwater, Oklahoma 74078
Dbilly@Okstate.Edu

Survey Url:
Https://Www.***8.***/Secure/Hs/Takesurvey.Asp?C=Emot******&Rc=Emot4
Respondent Id: Emot*
Name: ****, ******
Company:
Email Address: ****@****.Edu

If You Have Decided Not to Continue, I'd Like to Thank You for Your Time and Wish You All The Best.

Please Note The Unsubscribe and Contact Information. If You Have Any Questions, Please Contact Me.

Thanks So Much for You Help and Insights! Have A Wonderful Summer--Christina

This Email Was Sent to : ****@****.Edu By Christina Myers Christinamyers@Swbell.Net.
If You Have Questions about This Email Or Do Not Wish to Receive Additional Emails, Please Reply to The Survey Administrator At Christinamyers@Swbell.Net, Or:

Christina Myers
Department of Sociology
006 Clb
Oklahoma State University
Stillwater, Ok 74078

405-744-6105

Interview Reminder- Emotion Work and Counseling

Subject: Interview Reminder- Emotion Work and Counseling

Dear ****,

I'd Like to Re-Extend The Invitation to Help Out in The Online Interview on Emotion Work and Counseling in A College Or University Setting. Your Participation Is Still Important to This Research; I Hope You Are Able to Carve Out The Time.

When You Are Ready to Start The Online Interview, Please Click The Following Url Or Copy and Paste It Into Your Browser Window.

Survey Url:
Https://Www.***.***/Secure/Hs/Takesurvey.Asp?C=Emotio1****&Rc=Emot*

Remember, The Interview Can Be Paused and Restarted At Your Convenience.

Thank You Again for Your Interest and I Look Forward to Your Participation.

Best, Christina

Christina Myers
006 Clb, Department of Sociology
Oklahoma State University
Stillwater, Ok 74078

This Email Was Sent to ****@***.Edu By Christinamyers@Swbell.Net.

If You Have Questions about This Email Or Do Not Wish to Receive Additional Emails, Please Reply Or Contact Christina Myers, Administrator At Christinamyers@Swbell.Net Or By Phone At 405-744-6131.

APPENDIX D

Preliminary Informed Consent

You are invited to participate in a research study titled "Counseling and Emotion Work in a Unversity Setting" conducted by Christina Myers from Oklahoma State University, Department of Sociology.

The purpose of this research is to examine the emotion management of university counselors in everyday counseling situations as well as after a crisis event. It is designed to increase the understanding of the emotional environment, emotional expectations, and day-to-day as well as crisis-directed emotion work of university counselors. It will address the following research questions:
1. How do the organizational qualities of the counseling division affect the therapeutic encounter in general, and the counselor's emotion work strategies, in particular?
2. How do counselors manage their emotions and those of others during everyday counseling encounters and during critical incidents or crisis events such as disaster?
3. How do counselors negotiate any conflicts between personal feelings, professional emotion norms, and organizational display rules during crisis events?
4. What is the counselor's role in restoring order to the campus community after a catastrophic event?

You were selected as a possible participant in this study because you are employed or have been employed as a personal counselor at university counseling center in an institution which has experienced a catastrophic event/major accident in the last 5 years.

If you choose to be in this research study, you will be asked questions about your experiences in becoming a counselor, counseling in a university setting, and your emotion management strategies during regular counseling and crisis events. You will not be asked to divulge any client information.

The interviews will take approximately two hours. Interviews will be face-to-face in your office, unless a you wish to participate but cannot fit a face-to-face in-office meeting, or if you prefer another location. In that case, inteviews will take place in a location of the your chosing, or by phone, or email if necessary.

Face-to-face and phone interviews will be audiotaped. In the interview you may be identified by a pseudonym of your own choosing. You may also be identified by that same pseudonym in any transcript (whether verbatim or edited) of such interview. Tapes will be kept in a locked office and will be destroyed once they are transcribed. Transcribed interview data will also be kept in a locked office and the transcripts will be available only to the PI, Christina Myers. Your name will not be connected to it in any way nor will it appear in the transcript.

If additional information is needed, you may be contacted again by the interviewer. Upon completion of the interview, the tape and content of the interview belong to Christina Myers, and that the information in the interview can be used by her, including, but not limited to, use in presentations and publications. At no time will your identity be used in connection with published or presented materials.

You can withdraw from the project without prejudice. In the event that you withdraw from the interview, any tape made of the interview will be destroyed, and no transcript will be made of the interview. If you should choose to withdraw your participation later in the research process, the final product will not make reference to any material contained in your interview and that the transcripts of your interview will be destroyed.

You will have the opportunity to review a draft of the dissertation to confirm the accuracy of the interpretation of the interview data you provide. This will serve as verification that the information you provided was used in the manner in which you meant it to be (confidentiality was not breached, nor were their interview responses misrepresented) and that you were quoted accurately. Any restrictions as to use of portions of the interview indicated by you will be edited out of the final copy of the dissertation.

There is no cost to you for participating in this study other than your time. There are no direct benefits to you from taking part in this study. However, the study may lead to a better understanding of the role of emotion work in counseling and the role of counselors in restoring equilibrium to a community after a crisis or disaster event.

If you have questions about the research project or procedures, contact Christina Myers at the Department of Sociology, 006 CLB, Oklahoma State University, Stillwater, Oklahoma 74078, by phone at 405 744-6105 or via e-mail at myersc@okstate.edu.

If you feel you have not been treated according to the descriptions in this form, or that your rights as a participant in research have been violated during the course of this project, contact the office for the Institutional Review Board, Sharon Bacher, IRB Executive Secretary, Oklahoma State University, 415 Whitehurst, Stillwater, OK 74078. Phone: 405-744-5700.

You may keep this document for your files.

APPENDIX E

Preliminary Interview Schedule

Demographic and Background Information
How long have you been a counselor?

Tell me about your education to prepare to become a counselor (years, degrees, etc)

Are you licensed? For how long

Are there any areas you feel are specialty areas?

If you had to describe your therapeutic approach or theoretical leanings, how would you

describe them?

What are your management/supervisory responsibilities?

How long have you been a counselor at this university?

How old are you?

Gender (observed)

Becoming/Being A Counselor-
How did you become a counselor?

How is the work you do different from your expectations of it?

Why do you practice in university?

How has the university experience been different from what you expected?

Tell me what a typical day for you is like.

Impact of Organizational Qualities of The Counseling Unit on Counseling

Has The Number of Staff Seeing Clients Changed Since You Started Your Work At The

University? Why Do You Think That Is? How Has That Impacted The Work You

Do?

How Has The Demand for Services Changed Since You Started Your Work Here At The

University? How Does That Impact Your Work?

Emotion Work
How do you define "emotion"?

Do emotions play into the work you do? How so?

What are the emotions that you experience most in your work?

Could you describe for me a particularly vivid counseling session you have experienced

since you have started working at the university?

From where do you receive your emotional support?

What do you tell the practicum students you supervise about dealing with emotions in a

counseling session?

Emotion Work in A Crisis Situation
How do you define a crisis? Is this the same as how your workplace defines it?

Is there a difference in the emotions that you feel when you are dealing with a crisis

situation? How does that affect your work?

Is there a difference in the impact of emotions on your work when you're working in a

crisis situation? How so?

Could you describe for me a particularly vivid crisis situation you faced as part of your

work here at the university?

Emotion Work During A Critical Incident
Were you in practice at this university during (critical incident)?

(if yes)what was your role?

Would you tell me about the experience?

What could the university have done differently that would have made your job easier?

Wrap Up
As a practicing counselor, if you could give someone who was just starting out in the

  field some advise on the best way to deal with emotions in a therapeutic

  encounter, even in the most difficult of situations, what would that advice be?

What else would you like to share with me about the emotional part of doing counseling?

APPENDIX F

Ethical Principles of Psychologists and Code of Conduct- APA

History and Effective Date
Effective Date June 1, 2003.
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Introduction and applicability

The American Psychologicalassociation's (APA's) ethical principles of psychologists and code of conduct (hereinafter referred to as the ethics code) consists of an introduction, a preamble, five general principles (a - e), and specific ethical standards. The introduction discusses the intent, organization, procedural considerations, and scope of application of the ethics code. The preamble and general principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the preamble and general principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The ethical standards set forth enforceable rules for conduct as psychologists. Most of the ethical standards are written broadly, in order to apply to psychologists in varied roles, although the application of an ethical standard may vary depending on the context. The ethical standards are not exhaustive. The fact that a given conduct is not specifically addressed by an ethical standard does not mean that it is necessarily either ethical or unethical.

This ethics code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This ethics code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the ethics code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA ethics code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an ethical standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current rules and procedures of the APA ethics committee. Apa may impose sanctions on its members for violations of the standards of the ethics code,

including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the ethics code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state Psychological Associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state Psychological Association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 rules and procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The ethics code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The ethics code is not intended to be a basis of civil liability. Whether a psychologist has violated the ethics code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this ethics code (e.g., *reasonably, appropriate, potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this ethics code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this ethics code in addition to applicable laws and psychology board regulations. In applying the ethics code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this ethics code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this ethics code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

Preamble

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and

publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This ethics code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This ethics code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

General principles

This section consists of general principles. General principles, as opposed to ethical standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General principles, in contrast to ethical standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon general principles for either of these reasons distorts both their meaning and purpose.

Principle a: beneficence and nonmaleficence

psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle b: fidelity and responsibility

psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle c: integrity

psychologists seek to promote accuracy, honesty, and truthfulness in the science,

teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle d: justice

psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle e: respect for people's rights and dignity

psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

Ethical standards

1. Resolving ethical issues

1.01 misuse of psychologists' work

if psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 conflicts between ethics and law, regulations, or other governing legal authority

if psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the ethics code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

1.03 conflicts between ethics and organizational demands

if the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this ethics code, psychologists clarify the nature of the conflict, make known their commitment to the ethics code, and to the extent feasible, resolve the conflict in a way that permits adherence to the ethics code.

1.04 informal resolution of ethical violations

when psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the

attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (see also standards 1.02, conflicts between ethics and law, regulations, or other governing legal authority, and 1.03, conflicts between ethics and organizational demands.)

1.05 reporting ethical violations

if an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under standard 1.04, informal resolution of ethical violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (see also standard 1.02, conflicts between ethics and law, regulations, or other governing legal authority.)

1.06 cooperating with ethics committees

psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 improper complaints

psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 unfair discrimination against complainants and respondents

psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. Competence

2.01 boundaries of competence

(a) psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in standard 2.02, providing services in emergencies.

(c) psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) when psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) in those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) when assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 providing services in emergencies

in emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 maintaining competence

psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 bases for scientific and professional judgments

psychologists' work is based upon established scientific and professional knowledge of the discipline. (see also standards 2.01e, boundaries of competence, and 10.01b, informed consent to therapy.)

2.05 delegation of work to others

psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (see also standards 2.02, providing services in emergencies; 3.05, multiple relationships; 4.01, maintaining confidentiality; 9.01, bases for assessments; 9.02, use of assessments; 9.03, informed consent in assessments; and 9.07, assessment by unqualified persons.)

2.06 personal problems and conflicts

(a) psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) when psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such

as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (see also standard 10.10, terminating therapy.)

3. Human relations

3.01 unfair discrimination

in their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 sexual harassment

psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (see also standard 1.08, unfair discrimination against complainants and respondents.)

3.03 other harassment

psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 avoiding harm

psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 multiple relationships

(a) a multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) if a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the ethics code.

(c) when psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (see also standards 3.04, avoiding harm, and 3.07, third-party requests for services.)

3.06 conflict of interest

psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 third-party requests for services

when psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (see also standards 3.05, multiple relationships, and 4.02, discussing the limits of confidentiality.)

3.08 exploitative relationships

psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (see also standards 3.05, multiple relationships; 6.04, fees and financial arrangements; 6.05, barter with clients/patients; 7.07, sexual relationships with students and supervisees; 10.05, sexual intimacies with current therapy clients/patients; 10.06, sexual intimacies with relatives or significant others of current therapy clients/patients; 10.07, therapy with former sexual partners; and 10.08, sexual intimacies with former therapy clients/patients.)

3.09 cooperation with other professionals

when indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (see also standard 4.05, disclosures.)

3.10 informed consent

(a) when psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this ethics code. (see also standards 8.02, informed consent to research; 9.03, informed consent in assessments; and 10.01, informed consent to therapy.)

(b) for persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute

consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) when psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) psychologists appropriately document written or oral consent, permission, and assent. (see also standards 8.02, informed consent to research; 9.03, informed consent in assessments; and 10.01, informed consent to therapy.)

3.11 psychological services delivered to or through organizations

(a) psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) if psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 interruption of psychological services

unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (see also standard 6.02c, maintenance, dissemination, and disposal of confidential records of professional and scientific work.)

4. Privacy and confidentiality

4.01 maintaining confidentiality

psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (see also standard 2.05, delegation of work to others.)

4.02 discussing the limits of confidentiality

(a) psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (see also standard 3.10, informed consent.)

(b) unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 recording

before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (see also standards 8.03, informed consent for recording voices and images in research; 8.05, dispensing with informed consent for research; and 8.07, deception in research.)

4.04 minimizing intrusions on privacy

(a) psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 disclosures

(a) psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (see also standard 6.04e, fees and financial arrangements.)

4.06 consultations

when consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (see also standard 4.01, maintaining confidentiality.)

4.07 use of confidential information for didactic or other purposes

psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and other public statements

5.01 avoidance of false or deceptive statements

(a) public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or

electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 statements by others

(a) psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (see also standard 1.01, misuse of psychologists' work.)

(c) a paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 descriptions of workshops and non-degree-granting educational programs

to the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 media presentations

when psychologists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this ethics code; and (3) do not indicate that a professional relationship has been established with the recipient. (see also standard 2.04, bases for scientific and professional judgments.)

5.05 testimonials

psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 in-person solicitation

psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already

engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record keeping and fees

6.01 documentation of professional and scientific work and maintenance of records

psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (see also standard 4.01, maintaining confidentiality.)

6.02 maintenance, dissemination, and disposal of confidential records of professional and scientific work

(a) psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (see also standards 4.01, maintaining confidentiality, and 6.01, documentation of professional and scientific work and maintenance of records.)

(b) if confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (see also standards 3.12, interruption of psychological services, and 10.09, interruption of therapy.)

6.03 withholding records for nonpayment

psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 fees and financial arrangements

(a) as early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) psychologists' fee practices are consistent with law.

(c) psychologists do not misrepresent their fees.

(d) if limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (see also standards 10.09, interruption of therapy, and 10.10, terminating therapy.)

(e) if the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (see also standards 4.05, disclosures; 6.03, withholding records for nonpayment; and 10.01, informed consent to therapy.)

6.05 barter with clients/patients

barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may

barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (see also standards 3.05, multiple relationships, and 6.04, fees and financial arrangements.)

6.06 accuracy in reports to payors and funding sources

in their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (see also standards 4.01, maintaining confidentiality; 4.04, minimizing intrusions on privacy; and 4.05, disclosures.)

6.07 referrals and fees

when psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (see also standard 3.09, cooperation with other professionals.)

7. Education and training

7.01 design of education and training programs

psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (see also standard 5.03, descriptions of workshops and non-degree-granting educational programs.)

7.02 descriptions of education and training programs

psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 accuracy in teaching

(a) psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (see also standard 5.01, avoidance of false or deceptive statements.)

(b) when engaged in teaching or training, psychologists present psychological information accurately. (see also standard 2.03, maintaining competence.)

7.04 student disclosure of personal information

psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its

admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 mandatory individual or group therapy

(a) when individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (see also standard 7.02, descriptions of education and training programs.)

(b) faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (see also standard 3.05, multiple relationships.)

7.06 assessing student and supervisee performance

(a) in academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 sexual relationships with students and supervisees

psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (see also standard 3.05, multiple relationships.)

8. Research and publication

8.01 institutional approval

when institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 informed consent to research

(a) when obtaining informed consent as required in standard 3.10, informed consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (see also standards 8.03, informed consent for recording voices and images in research; 8.05, dispensing with informed consent for research; and 8.07, deception in research.)

(b) psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental

nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (see also standard 8.02a, informed consent to research.)

8.03 informed consent for recording voices and images in research

psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (see also standard 8.07, deception in research.)

8.04 client/patient, student, and subordinate research participants

(a) when psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) when research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 dispensing with informed consent for research

psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 offering inducements for research participation

(a) psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) when offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (see also standard 6.05, barter with clients/patients.)

8.07 deception in research

(a) psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (see also standard 8.08, debriefing.)

8.08 debriefing

(a) psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) if scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) when psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 humane care and use of animals in research

(a) psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (see also standard 2.05, delegation of work to others.)

(d) psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) when it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 reporting research results

(a) psychologists do not fabricate data. (see also standard 5.01a, avoidance of false or deceptive statements.)

(b) if psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 plagiarism

psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 publication credit

(a) psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (see also standard 8.12b, publication credit.)

(b) principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (see also standard 8.12b, publication credit.)

8.13 duplicate publication of data

psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 sharing research data for verification

(a) after research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 reviewers

psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 bases for assessments

(a) psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (see also standard 2.04, bases for scientific and professional judgments.)

(b) except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of

their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (see also standards 2.01, boundaries of competence, and 9.06, interpreting assessment results.)

(c) when psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 use of assessments

(a) psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 informed consent in assessments

(a) psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in standard 3.10, informed consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (see also standards 2.05, delegation of work to others; 4.01, maintaining confidentiality; 9.01, bases for assessments; 9.06, interpreting assessment results; and 9.07, assessment by unqualified persons.)

9.04 release of test data

(a) the term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of

test data. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (see also standard 9.11, maintaining test security.)

(b) in the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 test construction

psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 interpreting assessment results

when interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (see also standards 2.01b and c, boundaries of competence, and 3.01, unfair discrimination.)

9.07 assessment by unqualified persons

psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (see also standard 2.05, delegation of work to others.)

9.08 obsolete tests and outdated test results

(a) psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 test scoring and interpretation services

(a) psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (see also standard 2.01b and c, boundaries of competence.)

(c) psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 explaining assessment results

regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational

consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11. Maintaining test security

the term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in standard 9.04, release of test data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this ethics code.

10. Therapy

10.01 informed consent to therapy

(a) when obtaining informed consent to therapy as required in standard 3.10, informed consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (see also standards 4.02, discussing the limits of confidentiality, and 6.04, fees and financial arrangements.)

(b) when obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (see also standards 2.01e, boundaries of competence, and 3.10, informed consent.)

(c) when the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 therapy involving couples or families

(a) when psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (see also standard 4.02, discussing the limits of confidentiality.)

(b) if it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (see also standard 3.05c, multiple relationships.)

10.03 group therapy

when psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 providing therapy to those served by others

in deciding whether to offer or provide services to those already receiving mental

health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 sexual intimacies with current therapy clients/patients

psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 sexual intimacies with relatives or significant others of current therapy clients/patients

psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 therapy with former sexual partners

psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 sexual intimacies with former therapy clients/patients

(a) psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (see also standard 3.05, multiple relationships.)

10.09 interruption of therapy

when entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (see also standard 3.12, interruption of psychological services.)

10.10 terminating therapy

(a) psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

History and effective date

This version of the APA ethics code was adopted by the American Psychological
Association's council of representatives during its meeting, august 21, 2002, and
is effective beginning June 1, 2003. Inquiries concerning the substance or
interpretation of the APA ethics code should be addressed to the director, office of
ethics, American Psychological Association, 750 first street, NE, Washington, DC
20002-4242. The ethics code and information regarding the code can be found on
the APA web site, http://www.APA.org/ethics. The standards in this ethics code will
be used to adjudicate complaints brought concerning alleged conduct occurring on
or after the effective date. Complaints regarding conduct occurring prior to the
effective date will be adjudicated on the basis of the version of the ethics code
that was in effect at the time the conduct occurred.

The APA has previously published its ethics code as follows:

American Psychologicalassociation. (1953). Ethical standards of psychologists.
Washington, dc: author.

American Psychologicalassociation. (1959). Ethical standards of psychologists. American
psychologist, 14, 279-282.

American Psychologicalassociation. (1963). Ethical standards of psychologists. American
psychologist, 18, 56-60.

American Psychologicalassociation. (1968). Ethical standards of psychologists. American
psychologist, 23, 357-361.

American Psychologicalassociation. (1977, march). Ethical standards of psychologists.
Apa monitor, 22-23.

American Psychologicalassociation. (1979). Ethical standards of psychologists.
Washington, dc: author.

American Psychologicalassociation. (1981). Ethical principles of psychologists.
American psychologist, 36, 633-638.

American Psychologicalassociation. (1990). Ethical principles of psychologists (amended
june 2, 1989). American psychologist, 45, 390-395.

American Psychologicalassociation. (1992). Ethical principles of psychologists and code
of conduct. American psychologist, 47, 1597-1611.

Request copies of the APA's ethical principles of psychologists and code of conduct from
the APA order department, 750 first street, ne, washington, dc 20002-4242, or
phone (202) 336-5510.

http://www.APA.org/ethics/code2002.html

Code of ethics NASW

The national association of social workers

Approved by the 1996 NASW delegate assembly and revised by the 1999 NASW
delegate assembly

Preamble

The primary mission of the social work profession is to enhance human well-being and
help meet the basic human needs of all people, with particular attention to the
needs and empowerment of people who are vulnerable, oppressed, and living in
poverty. A historic and defining feature of social work is the profession's focus on
individual well-being in a social context and the well-being of society.
Fundamental to social work is attention to the environmental forces that create,
contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients.
"clients" is used inclusively to refer to individuals, families, groups,
organizations, and communities. Social workers are sensitive to cultural and
ethnic diversity and strive to end discrimination, oppression, poverty, and other
forms of social injustice. These activities may be in the form of direct practice,
community organizing, supervision, consultation, administration, advocacy, social
and political action, policy development and implementation, education, and
research and evaluation. Social workers seek to enhance the capacity of people to
address their own needs. Social workers also seek to promote the responsiveness
of organizations, communities, and other social institutions to individuals' needs
and social problems.

The mission of the social work profession is rooted in a set of core values. These core
values, embraced by social workers throughout the profession's history, are the
foundation of social work's unique purpose and perspective:

Service

Social justice

Dignity and worth of the person

Importance of human relationships

Integrity

Competence.

This constellation of core values reflects what is unique to the social work profession.
Core values, and the principles that flow from them, must be balanced within the
context and complexity of the human experience.

Purpose of the NASW code of ethics

Professional ethics are at the core of social work. The profession has an obligation to
articulate its basic values, ethical principles, and ethical standards. The *NASW
code of ethics* sets forth these values, principles, and standards to guide social
workers' conduct. The *code* is relevant to all social workers and social work
students, regardless of their professional functions, the settings in which they
work, or the populations they serve.

The *NASW code of ethics* serves six purposes:

The *code* identifies core values on which social work's mission is based.

The *code* summarizes broad ethical principles that reflect the profession's core values and establishes a set of specific ethical standards that should be used to guide social work practice.

The *code* is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.

The *code* provides ethical standards to which the general public can hold the social work profession accountable.

The *code* socializes practitioners new to the field to social work's mission, values, ethical principles, and ethical standards.

The *code* articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct. Nasw has formal procedures to adjudicate ethics complaints filed against its members.* in subscribing to this *code,* social workers are required to cooperate in its implementation, participate in NASW adjudication proceedings, and abide by any NASW disciplinary rulings or sanctions based on it.

*for information on NASW adjudication procedures, see *NASW procedures for the adjudication of grievances*.

The *code* offers a set of values, principles, and standards to guide decision making and conduct when ethical issues arise. It does not provide a set of rules that prescribe how social workers should act in all situations. Specific applications of the *code* must take into account the context in which it is being considered and the possibility of conflicts among the *code*'s values, principles, and standards. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional.

Further, the *NASW code of ethics* does not specify which values, principles, and standards are most important and ought to outweigh others in instances when they conflict. Reasonable differences of opinion can and do exist among social workers with respect to the ways in which values, ethical principles, and ethical standards should be rank ordered when they conflict. Ethical decision making in a given situation must apply the informed judgment of the individual social worker and should also consider how the issues would be judged in a peer review process where the ethical standards of the profession would be applied.

Ethical decision making is a process. There are many instances in social work where simple answers are not available to resolve complex ethical issues. Social workers should take into consideration all the values, principles, and standards in this *code* that are relevant to any situation in which ethical judgment is warranted. Social workers' decisions and actions should be consistent with the spirit as well as the letter of this *code*.

In addition to this *code,* there are many other sources of information about ethical thinking that may be useful. Social workers should consider ethical theory and principles generally, social work theory and research, laws, regulations, agency policies, and other relevant codes of ethics, recognizing that among codes of ethics social workers should consider the *NASW code of ethics* as their primary source. Social workers also should be aware of the impact on ethical decision making of their clients' and their own personal values and cultural and religious

beliefs and practices. They should be aware of any conflicts between personal and professional values and deal with them responsibly. For additional guidance social workers should consult the relevant literature on professional ethics and ethical decision making and seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with an agency-based or social work organization's ethics committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel.

Instances may arise when social workers' ethical obligations conflict with agency policies or relevant laws or regulations. When such conflicts occur, social workers must make a responsible effort to resolve the conflict in a manner that is consistent with the values, principles, and standards expressed in this *code*. If a reasonable resolution of the conflict does not appear possible, social workers should seek proper consultation before making a decision.

The *NASW code of ethics* is to be used by NASW and by individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, professional liability insurance providers, courts of law, agency boards of directors, government agencies, and other professional groups) that choose to adopt it or use it as a frame of reference. Violation of standards in this *code* does not automatically imply legal liability or violation of the law. Such determination can only be made in the context of legal and judicial proceedings. Alleged violations of the *code* would be subject to a peer review process. Such processes are generally separate from legal or administrative procedures and insulated from legal review or proceedings to allow the profession to counsel and discipline its own members.

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged. Social workers' ethical behavior should result from their personal commitment to engage in ethical practice. The *NASW code of ethics* reflects the commitment of all social workers to uphold the profession's values and to act ethically. Principles and standards must be applied by individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments.

Ethical principles

the following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

Value: *service*

Ethical principle: *social workers' primary goal is to help people in need and to address social problems.*

Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their

professional skills with no expectation of significant financial return (pro bono service).

Value: *social justice*

Ethical principle: *social workers challenge social injustice.*

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

Value: *dignity and worth of the person*

Ethical principle: *social workers respect the inherent dignity and worth of the person.*

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

Value: *importance of human relationships*

Ethical principle: *social workers recognize the central importance of human relationships.*

Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

Value: *integrity*

Ethical principle: *social workers behave in a trustworthy manner.*

Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

Value: *competence*

Ethical principle: *social workers practice within their areas of competence and develop and enhance their professional expertise.*

Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

Ethical standards

The following ethical standards are relevant to the professional activities of all social workers. These standards concern (1) social workers' ethical responsibilities to clients, (2) social workers' ethical responsibilities to colleagues, (3) social workers' ethical responsibilities in practice settings, (4) social workers' ethical

responsibilities as professionals, (5) social workers' ethical responsibilities to the social work profession, and (6) social workers' ethical responsibilities to the broader society.

Some of the standards that follow are enforceable guidelines for professional conduct, and some are aspirational. The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards.

1. Social workers' ethical responsibilities to clients

1.01 commitment to clients

Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

1.02 self-determination

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

1.03 informed consent

(a) social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

(b) in instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

(c) in instances when clients lack the capacity to provide informed consent, social workers should protect clients' interests by seeking permission from an appropriate third party, informing clients consistent with the clients' level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent.

(d) in instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients' right to refuse service.

(e) social workers who provide services via electronic media (such as computer, telephone, radio, and television) should inform recipients of the limitations and risks associated with such services.

(f) social workers should obtain clients' informed consent before audiotaping or videotaping clients or permitting observation of services to clients by a third party.

1.04 competence

(a) social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

(b) social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

(c) when generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

1.05 cultural competence and social diversity

(a) social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

(b) social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

(c) social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.

1.06 conflicts of interest

(a) social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

(b) social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether

professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

(d) when social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers' professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

1.07 privacy and confidentiality

(a) social workers should respect clients' right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.

(b) social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

(c) social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

(d) social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.

(e) social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers should review with clients circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker-client relationship and as needed throughout the course of the relationship.

(f) when social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.

(g) social workers should inform clients involved in family, couples, marital, or group counseling of the social worker's, employer's, and agency's policy concerning the

social worker's disclosure of confidential information among the parties involved in the counseling.

(h) social workers should not disclose confidential information to third-party payers unless clients have authorized such disclosure.

(i) social workers should not discuss confidential information in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.

(j) social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

(k) social workers should protect the confidentiality of clients when responding to requests from members of the media.

(l) social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.

(m) social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.

(n) social workers should transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with state statutes governing records and social work licensure.

(o) social workers should take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.

(p) social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

(q) social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

(r) social workers should protect the confidentiality of deceased clients consistent with the preceding standards.

1.08 access to records

(a) social workers should provide clients with reasonable access to records concerning the clients. Social workers who are concerned that clients' access to their records could cause serious misunderstanding or harm to the client should provide assistance in interpreting the records and consultation with the client regarding the records. Social workers should limit clients' access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both clients'

requests and the rationale for withholding some or all of the record should be documented in clients' files.

(b) when providing clients with access to their records, social workers should take steps to protect the confidentiality of other individuals identified or discussed in such records.

1.09 sexual relationships

(a) social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

(b) social workers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers--not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship--assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(c) social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers--not their clients--who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(d) social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

1.10 physical contact

Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

1.11 sexual harassment

Social workers should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

1.12 derogatory language

Social workers should not use derogatory language in their written or verbal communications to or about clients. Social workers should use accurate and respectful language in all communications to and about clients.

1.13 payment for services

(a) When setting fees, social workers should ensure that the fees are fair, reasonable, and commensurate with the services performed. Consideration should be given to clients' ability to pay.

(b) Social workers should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers' relationships with clients. Social workers should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.

(c) Social workers should not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the social workers' employer or agency.

1.14 clients who lack decision-making capacity

When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

1.15 interruption of services

Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.

1.16 termination of services

(a) Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or interests.

(b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.

(c) social workers in fee-for-service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.

(d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.

(e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.

(f) Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

2. Social workers' ethical responsibilities to colleagues

2.01 respect

(a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.

(b) Social workers should avoid unwarranted negative criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.

(c) Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.

2.02 confidentiality

Social workers should respect confidential information shared by colleagues in the course of their professional relationships and transactions. Social workers should ensure that such colleagues understand social workers' obligation to respect confidentiality and any exceptions related to it.

2.03 interdisciplinary collaboration

(a) Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.

(b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.

2.04 disputes involving colleagues

(a) Social workers should not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance the social workers' own interests.

(b) Social workers should not exploit clients in disputes with colleagues or engage clients in any inappropriate discussion of conflicts between social workers and their colleagues.

2.05 consultation

(a) Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients.

(b) Social workers should keep themselves informed about colleagues' areas of expertise and competencies. Social workers should seek consultation only from colleagues who have demonstrated knowledge, expertise, and competence related to the subject of the consultation.

(c) When consulting with colleagues about clients, social workers should disclose the least amount of information necessary to achieve the purposes of the consultation.

2.06 referral for services

(a) social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that additional service is required.

(b) Social workers who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility. Social workers who refer clients to other professionals should disclose, with clients' consent, all pertinent information to the new service providers.

(c) Social workers are prohibited from giving or receiving payment for a referral when no professional service is provided by the referring social worker.

2.07 sexual relationships

(a) Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.

(b) Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest.

2.08 sexual harassment

Social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

2.09 impairment of colleagues

(a) social workers who have direct knowledge of a social work colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.10 incompetence of colleagues

(a) Social workers who have direct knowledge of a social work colleague's incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague is incompetent and has not taken adequate steps to address the incompetence should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.11 unethical conduct of colleagues

(a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

(b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. Social workers should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures created by NASW, licensing and regulatory bodies, employers, agencies, and other professional organizations.

(c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.

(d) When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, an NASW committee on inquiry, or other professional ethics committees).

(e) Social workers should defend and assist colleagues who are unjustly charged with unethical conduct.

3. Social workers' ethical responsibilities in practice settings

3.01 supervision and consultation

(a) Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.

(b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in any dual or multiple relationships with supervisees in whom there is a risk of exploitation of or potential harm to the supervisee.

(d) Social workers who provide supervision should evaluate supervisees' performance in a manner that is fair and respectful.

3.02 Education and training

(a) Social workers who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.

(b) Social workers who function as educators or field instructors for students should evaluate students' performance in a manner that is fair and respectful.

(c) Social workers who function as educators or field instructors for students should take reasonable steps to ensure that clients are routinely informed when services are being provided by students.

(d) Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries.

3.03 performance evaluation

Social workers who have responsibility for evaluating the performance of others should fulfill such responsibility in a fair and considerate manner and on the basis of clearly stated criteria.

3.04 client records

(a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.

(b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

(c) Social workers' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.

(d) Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.

3.05 billing

Social workers should establish and maintain billing practices that accurately reflect the nature and extent of services provided and that identify who provided the service in the practice setting.

3.06 client transfer

(a) when an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the client's needs before agreeing to provide services. To minimize possible confusion and conflict, social workers should discuss with potential clients the nature of the clients' current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider.

(b) If a new client has been served by another agency or colleague, social workers should discuss with the client whether consultation with the previous service provider is in the client's best interest.

3.07 administration

(a) Social work administrators should advocate within and outside their agencies for adequate resources to meet clients' needs.

(b) Social workers should advocate for resource allocation procedures that are open and fair. When not all clients' needs can be met, an allocation procedure should be developed that is nondiscriminatory and based on appropriate and consistently applied principles.

(c) Social workers who are administrators should take reasonable steps to ensure that adequate agency or organizational resources are available to provide appropriate staff supervision.

(d) Social work administrators should take reasonable steps to ensure that the working environment for which they are responsible is consistent with and encourages compliance with the NASW code of ethics. Social work administrators should take reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the code.

3.08 continuing education and staff development

Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for which they are responsible. Continuing education and staff development should address

current knowledge and emerging developments related to social work practice and ethics.

3.09 commitments to employers

(a) Social workers generally should adhere to commitments made to employers and employing organizations.

(b) Social workers should work to improve employing agencies' policies and procedures and the efficiency and effectiveness of their services.

(c) Social workers should take reasonable steps to ensure that employers are aware of social workers' ethical obligations as set forth in the NASW code of ethics and of the implications of those obligations for social work practice.

(d) Social workers should not allow an employing organization's policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Social workers should take reasonable steps to ensure that their employing organizations' practices are consistent with the NASW code of ethics.

(e) Social workers should act to prevent and eliminate discrimination in the employing organization's work assignments and in its employment policies and practices.

(f) Social workers should accept employment or arrange student field placements only in organizations that exercise fair personnel practices.

(g) Social workers should be diligent stewards of the resources of their employing organizations, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes.

3.10 labor-management disputes

(a) Social workers may engage in organized action, including the formation of and participation in labor unions, to improve services to clients and working conditions.

(b) The actions of social workers who are involved in labor-management disputes, job actions, or labor strikes should be guided by the profession's values, ethical principles, and ethical standards. Reasonable differences of opinion exist among social workers concerning their primary obligation as professionals during an actual or threatened labor strike or job action. Social workers should carefully examine relevant issues and their possible impact on clients before deciding on a course of action.

4. Social workers' ethical responsibilities as professionals

4.01 competence

(a) Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.

(b) Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

(c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.

4.02 discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual

orientation, age, marital status, political belief, religion, or mental or physical disability.

4.03 private conduct

Social workers should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities.

4.04 dishonesty, fraud, and deception

Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception.

4.05 impairment

(a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.

(b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.

4.06 misrepresentation

(a) Social workers should make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the social work profession, a professional social work organization, or the social worker's employing agency.

(b) Social workers who speak on behalf of professional social work organizations should accurately represent the official and authorized positions of the organizations.

(c) Social workers should ensure that their representations to clients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, and services provided, or results to be achieved are accurate. Social workers should claim only those relevant professional credentials they actually possess and take steps to correct any inaccuracies or misrepresentations of their credentials by others.

4.07 solicitations

(a) Social workers should not engage in uninvited solicitation of potential clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

(b) Social workers should not engage in solicitation of testimonial endorsements (including solicitation of consent to use a client's prior statement as a testimonial endorsement) from current clients or from other people who, because of their particular circumstances, are vulnerable to undue influence.

4.08 acknowledging credit

(a) Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.

(b) Social workers should honestly acknowledge the work of and the contributions made by others.

5. Social workers' ethical responsibilities to the social work profession

5.01 integrity of the profession

(a) Social workers should work toward the maintenance and promotion of high standards of practice.

(b) Social workers should uphold and advance the values, ethics, knowledge, and mission of the profession. Social workers should protect, enhance, and improve the integrity of the profession through appropriate study and research, active discussion, and responsible criticism of the profession.

(c) Social workers should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the social work profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations.

(d) Social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek to con-tribute to the profession's literature and to share their knowledge at professional meetings and conferences.

(e) Social workers should act to prevent the unauthorized and unqualified practice of social work.

5.02 evaluation and research

(a) Social workers should monitor and evaluate policies, the implementation of programs, and practice interventions.

(b) Social workers should promote and facilitate evaluation and research to contribute to the development of knowledge.

(c) Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice.

(d) Social workers engaged in evaluation or research should carefully consider possible consequences and should follow guidelines developed for the protection of evaluation and research participants. Appropriate institutional review boards should be consulted.

(e) Social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants' well-being, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.

(f) When evaluation or research participants are incapable of giving informed consent, social workers should provide an appropriate explanation to the participants, obtain the participants' assent to the extent they are able, and obtain written consent from an appropriate proxy.

(g) social workers should never design or conduct evaluation or research that does not use consent procedures, such as certain forms of naturalistic observation and archival research, unless rigorous and responsible review of the research has found it to be justified because of its prospective scientific, educational, or applied value and

unless equally effective alternative procedures that do not involve waiver of consent are not feasible.

(h) Social workers should inform participants of their right to withdraw from evaluation and research at any time without penalty.

(I) social workers should take appropriate steps to ensure that participants in evaluation and research have access to appropriate supportive services.

(j) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.

(k) Social workers engaged in the evaluation of services should discuss collected information only for professional purposes and only with people professionally concerned with this information.

(l) Social workers engaged in evaluation or research should ensure the anonymity or confidentiality of participants and of the data obtained from them. Social workers should inform participants of any limits of confidentiality, the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed.

(m) Social workers who report evaluation and research results should protect participants' confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure.

(n) Social workers should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods.

(o) Social workers engaged in evaluation or research should be alert to and avoid conflicts of interest and dual relationships with participants, should inform participants when a real or potential conflict of interest arises, and should take steps to resolve the issue in a manner that makes participants' interests primary.

(p) Social workers should educate themselves, their students, and their colleagues about responsible research practices.

6. Social workers' ethical responsibilities to the broader society

6.01 social welfare

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

6.02 public participation

Social workers should facilitate informed participation by the public in shaping social policies and institutions.

6.03 public emergencies

Social workers should provide appropriate professional services in public emergencies to the greatest extent possible.

6.04 social and political action

(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice

and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.

(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.

ACA CODE of ETHICS

The American counseling association is an educational, scientific, and professional organization whose members are dedicated to the enhancement of human development throughout the life-span. Association members recognize diversity in our society and embrace a cross- cultural approach in support of the worth, dignity, potential, and uniqueness of each individual.

The specification of a code of ethics enables the association to clarify to current and future members, and to those served by members, the nature of the ethical responsibilities held in common by its members. As the code of ethics of the association, this document establishes principles that define the ethical behavior of association members. All members of the American counseling association are required to adhere to the code of ethics and the standards of practice. The code of ethics will serve as the basis for processing ethical complaints initiated against members of the association.

ACA code of ethics (eff. 1995)
Section a: the counseling relationship
Section b: confidentiality
Section c: professional responsibility
Section d: relationships with other professionals
Section e: evaluation, assessment, and interpretation
Section f: teaching, training, and supervision
Section g: research and publication
Section h: resolving ethical issues

Section a: the counseling relationship

A.1. Client welfare

Primary responsibility. The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.

Positive growth and development. Counselors encourage client growth and development in ways that foster the clients' interest and welfare; counselors avoid fostering dependent counseling relationships.

Counseling plans. Counselors and their clients work jointly in devising integrated, individual counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review counseling plans to ensure their continued viability and effectiveness, respecting clients' freedom of choice. (See a.3.b.)

Family involvement. Counselors recognize that families are usually important in clients' lives and strive to enlist family understanding and involvement as a positive resource, when appropriate.

Career and employment needs. Counselors work with their clients in considering employment in jobs and circumstances that are consistent with the clients' overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs. Counselors neither place nor participate in placing clients in positions that will result in damaging the interest and the welfare of clients, employers, or the public.

A.2. Respecting diversity

Nondiscrimination. Counselors do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status. (See c.5.a., c.5.b., and d.1.i.)

Respecting differences. Counselors will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes, but is not limited to, learning how the counselor's own cultural/ethnic/racial identity impacts her or his values and beliefs about the counseling process. (See e.8. And f.2.i.)

A.3. Client rights

Disclosure to clients. When counseling is initiated, and throughout the counseling process as necessary, counselors inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to expect confidentiality and to be provided with an explanation of its limitations, including supervision and/or treatment team professionals; to obtain clear information about their case records; to participate in the ongoing counseling plans; and to refuse any recommended services and be advised of the consequences of such refusal. (See e.5.a. And g.2.)

Freedom of choice. Counselors offer clients the freedom to choose whether to enter into a counseling relationship and to determine which professional(s) will provide counseling. Restrictions that limit choices of clients are fully explained. (See a.1.c.)

Inability to give consent. When counseling minors or persons unable to give voluntary informed consent, counselors act in these clients' best interests. (See b.3.)

A.4. Clients served by others

If a client is receiving services from another mental health professional, counselors, with client consent, inform the professional persons already involved and develop clear agreements to avoid confusion and conflict for the client. (See c.6.c.)

A.5. Personal needs and values

Personal needs. In the counseling relationship, counselors are aware of the intimacy and responsibilities inherent in the counseling relationship, maintain respect for clients, and avoid actions that seek to meet their personal needs at the expense of clients.

Personal values. Counselors are aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoid imposing their values on clients. (See c.5.a.)

A.6. Dual relationships

Avoid when possible. Counselors are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of clients. Counselors make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, or close personal relationships with clients.) When a dual relationship cannot be avoided, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs. (See f.1.b.)

Superior/subordinate relationships. Counselors do not accept as clients superiors or subordinates with whom they have administrative, supervisory, or evaluative relationships.

A.7. Sexual intimacies with clients

Current clients. Counselors do not have any type of sexual intimacies with clients and do not counsel persons with whom they have had a sexual relationship.

Former clients. Counselors do not engage in sexual intimacies with former clients within a minimum of 2 years after terminating the counseling relationship. Counselors who engage in such relationship after 2 years following termination have the responsibility to examine and document thoroughly that such relations did not have an exploitative nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, adverse impact on the client, and actions by the counselor suggesting a plan to initiate a sexual relationship with the client after termination.

A.8. Multiple clients

When counselors agree to provide counseling services to two or more persons who have a relationship (such as husband and wife, or parents and children), counselors

clarify at the outset which person or persons are clients and the nature of the relationships they will have with each involved person. If it becomes apparent that counselors may be called upon to perform potentially conflicting roles, they clarify, adjust, or withdraw from roles appropriately. (See b.2. And b.4.d.)

A.9. Group work

Screening. Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

Protecting clients. In a group setting, counselors take reasonable precautions to protect clients from physical or psychological trauma.

A.10. Fees and bartering (see d.3.a. And d.3.b.)

Advance understanding. Counselors clearly explain to clients, prior to entering the counseling relationship, all financial arrangements related to professional services including the use of collection agencies or legal measures for nonpayment. (a.11.c.)

Establishing fees. In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, assistance is provided in attempting to find comparable services of acceptable cost. (See a.10.d. d.3.a., and d.3.b.)

Bartering discouraged. Counselors ordinarily refrain from accepting goods or services from clients in return for counseling services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. Counselors may participate in bartering only if the relationship is not exploitative, if the client requests it, if a clear written contract is established, and if such arrangements are an accepted practice among professionals in the community. (See a.6.a.)

Pro bono service. Counselors contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono).

A.11. Termination and referral

Abandonment prohibited. Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, and following termination.

Inability to assist clients. If counselors determine an inability to be of professional assistance to clients, they avoid entering or immediately terminate a counseling

relationship. Counselors are knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referral, counselors should discontinue the relationship.

Appropriate termination. Counselors terminate a counseling relationship, securing client agreement when possible, when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the client's needs or interests, when clients do not pay fees charged, or when agency or institution limits do not allow provision of further counseling services. (See a.10.b. And c.2.g.)

A.12. Computer technology

Use of computers. When computer applications are used in counseling services, counselors ensure that (1) the client is intellectually, emotionally, and physically capable of using the computer application; (2) the computer application is appropriate for the needs of the client; (3) the client understands the purpose and operation of the computer applications; and (4) a follow-up of client use of a computer application is provided to correct possible misconceptions, discover inappropriate use, and assess subsequent needs.

Explanation of limitations. Counselors ensure that clients are provided information as a part of the counseling relationship that adequately explains the limitations of computer technology.

C. Access to computer applications. Counselors provide for equal access to computer applications in counseling services. (See a.2.a.)

Section b: confidentiality

B.1. Right to privacy

Respect for privacy. Counselors respect their clients right to privacy and avoid illegal and unwarranted disclosures of confidential information. (See a.3.a. And b.6.a.)

Client waiver. The right to privacy may be waived by the client or his or her legally recognized representative.

Exceptions. The general requirement that counselors keep information confidential does not apply when disclosure is required to prevent clear and imminent danger to the client or others or when legal requirements demand that confidential information be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception.

Contagious, fatal diseases. A counselor who receives information confirming that a client has a disease commonly known to be both communicable and fatal is justified in disclosing information to an identifiable third party, who by his or her relationship with the client is at a high risk of contracting the disease. Prior to making a

disclosure the counselor should ascertain that the client has not already informed the third party about his or her disease and that the client is not intending to inform the third party in the immediate future. (See b.1.c and b.1.f.)

Court-ordered disclosure. When court ordered to release confidential information without a client's permission, counselors request to the court that the disclosure not be required due to potential harm to the client or counseling relationship. (See b.1.c.)

Minimal disclosure. When circumstances require the disclosure of confidential information, only essential information is revealed. To the extent possible, clients are informed before confidential information is disclosed.

Explanation of limitations. When counseling is initiated and throughout the counseling process as necessary, counselors inform clients of the limitations of confidentiality and identify foreseeable situations in which confidentiality must be breached. (See g.2.a.)

Subordinates. Counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates including employees, supervisees, clerical assistants, and volunteers. (See b.1.a.)

Treatment teams. If client treatment will involve a continued review by a treatment team, the client will be informed of the team's existence and composition.

B.2. Groups and families

Group work. In group work, counselors clearly define confidentiality and the parameters for the specific group being entered, explain its importance, and discuss the difficulties related to confidentiality involved in group work. The fact that confidentiality cannot be guaranteed is clearly communicated to group members.

Family counseling. In family counseling, information about one family member cannot be disclosed to another member without permission. Counselors protect the privacy rights of each family member. (See a.8., b.3., and b.4.d.)

B.3. Minor or incompetent clients

When counseling clients who are minors or individuals who are unable to give voluntary, informed consent, parents or guardians may be included in the counseling process as appropriate. Counselors act in the best interests of clients and take measures to safeguard confidentiality. (See a.3.c.)

B.4. Records

Requirement of records. Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures.

Confidentiality of records. Counselors are responsible for securing the safety and confidentiality of any counseling records they create, maintain, transfer, or destroy whether the records are written, taped, computerized, or stored in any other medium. (See b.1.a.)

Permission to record or observe. Counselors obtain permission from clients prior to electronically recording or observing sessions. (See a.3.a.)

Client access. Counselors recognize that counseling records are kept for the benefit of clients, and therefore provide access to records and copies of records when requested by competent clients, unless the records contain information that may be misleading and detrimental to the client. In situations involving multiple clients, access to records is limited to those parts of records that do not include confidential information related to another client. (See a.8., b.1.a., and b.2.b.)

Disclosure or transfer. Counselors obtain written permission from clients to disclose or transfer records to legitimate third parties unless exceptions to confidentiality exist as listed in section b.1. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature.

B.5. Research and training

Data disguise required. Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved. (See b.1.g. And g.3.d.)

Agreement for identification. Identification of a client in a presentation or publication is permissible only when the client has reviewed the material and has agreed to its presentation or publication. (See g.3.d.)

B.6. Consultation

Respect for privacy. Information obtained in a consulting relationship is discussed for professional purposes only with persons clearly concerned with the case. Written and oral reports present data germane to the purposes of the consultation, and every effort is made to protect client identity and avoid undue invasion of privacy.

Cooperating agencies. Before sharing information, counselors make efforts to ensure that there are defined policies in other agencies serving the counselor's clients that effectively protect the confidentiality of information.

Section c: professional responsibility

C.1. Standards knowledge

Counselors have a responsibility to read, understand, and follow the code of ethics and the standards of practice.

C.2. Professional competence

Boundaries of competence. Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population.

New specialty areas of practice. Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm.

Qualified for employment. Counselors accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent.

Monitor effectiveness. Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. Counselors in private practice take reasonable steps to seek out peer supervision to evaluate their efficacy as counselors.

Ethical issues consultation. Counselors take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice. (See h.1.)

Continuing education. Counselors recognize the need for continuing education to maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse and/or special populations with whom they work.

Impairment. Counselors refrain from offering or accepting professional services when their physical, mental, or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and, if necessary, limit, suspend, or terminate their professional responsibilities. (See a.11.c.)

C.3. Advertising and soliciting clients

Accurate advertising. There are no restrictions on advertising by counselors except those that can be specifically justified to protect the public from deceptive practices. Counselors advertise or represent their services to the public by identifying their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent. Counselors may only advertise the highest degree earned which is in

counseling or a closely related field from a college or university that was accredited when the degree was awarded by one of the regional accrediting bodies recognized by the council on postsecondary accreditation.

Testimonials. Counselors who use testimonials do not solicit them from clients or other persons who, because of their particular circumstances, may be vulnerable to undue influence.

Statements by others. Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate.

Recruiting through employment. Counselors do not use their places of employment or institutional affiliation to recruit or gain clients, supervisees, or consultees for their private practices. (See c.5.e.)

Products and training advertisements. Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices.

Promoting to those served. Counselors do not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. Counselors may adopt textbooks they have authored for instruction purposes.

Professional association involvement. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling.

C.4. Credentials

Credentials claimed. Counselors claim or imply only professional credentials possessed and are responsible for correcting any known misrepresentations of their credentials by others. Professional credentials include graduate degrees in counseling or closely related mental health fields, accreditation of graduate programs, national voluntary certifications, government-issued certifications or licenses, ACA professional membership, or any other credential that might indicate to the public specialized knowledge or expertise in counseling.

ACA professional membership. ACA professional members may announce to the public their membership status. Regular members may not announce their ACA membership in a manner that might imply they are credentialed counselors.

Credential guidelines. Counselors follow the guidelines for use of credentials that have been established by the entities that issue the credentials.

Misrepresentation of credentials. Counselors do not attribute more to their credentials than the credentials represent, and do not imply that other counselors are not qualified because they do not possess certain credentials.

Doctoral degrees from other fields. Counselors who hold a master's degree in counseling or a closely related mental health field, but hold a doctoral degree from other than counseling or a closely related field, do not use the title "Dr." in their practices and do not announce to the public in relation to their practice or status as a counselor that they hold a doctorate.

C.5. Public responsibility

Nondiscrimination. Counselors do not discriminate against clients, students, or supervisees in a manner that has a negative impact based on their age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status, or for any other reason. (See a.2.a.)

Sexual harassment. Counselors do not engage in sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either (1) is unwelcome, is offensive, or creates a hostile workplace environment, and counselors know or are told this; or (2) is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

Reports to third parties. Counselors are accurate, honest, and unbiased in reporting their professional activities and judgments to appropriate third parties including courts, health insurance companies, those who are the recipients of evaluation reports, and others. (See b.1.g.)

Media presentations. When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate professional counseling literature and practice; (2) the statements are otherwise consistent with the code of ethics and the standards of practice; and (3) the recipients of the information are not encouraged to infer that a professional counseling relationship has been established. (See c.6.b.)

Unjustified gains. Counselors do not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services. (See c.3.d.)

C.6. Responsibility to other professionals

Different approaches. Counselors are respectful of approaches to professional counseling that differ from their own. Counselors know and take into account the traditions and practices of other professional groups with which they work.

Personal public statements. When making personal statements in a public context, counselors clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all counselors or the profession. (See c.5.d.)

Clients served by others. When counselors learn that their clients are in a professional relationship with another mental health professional, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships. (See a.4.)

Section d: relationships with other professionals

D.1. Relationships with employers and employees

Role definition. Counselors define and describe for their employers and employees the parameters and levels of their professional roles.

Agreements. Counselors establish working agreements with supervisors, colleagues, and subordinates regarding counseling or clinical relationships, confidentiality, adherence to professional standards, distinction between public and private material, maintenance and dissemination of recorded information, work load, and accountability. Working agreements in each instance are specified and made known to those concerned.

Negative conditions. Counselors alert their employers to conditions that may be potentially disruptive or damaging to the counselor's professional responsibilities or that may limit their effectiveness.

Evaluation. Counselors submit regularly to professional review and evaluation by their supervisor or the appropriate representative of the employer.

In-service. Counselors are responsible for in-service development of self and staff.

Goals. Counselors inform their staff of goals and programs.

Practices. Counselors provide personnel and agency practices that respect and enhance the rights and welfare of each employee and recipient of agency services. Counselors strive to maintain the highest levels of professional services.

Personnel selection and assignment. Counselors select competent staff and assign responsibilities compatible with their skills and experiences.

Discrimination. Counselors, as either employers or employees, do not engage in or condone practices that are inhumane, illegal, or unjustifiable (such as considerations based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status) in hiring, promotion, or training. (See a.2.a. And c.5.b.)

Professional conduct. Counselors have a responsibility both to clients and to the agency or institution within which services are performed to maintain high standards of professional conduct.

Exploitative relationships. Counselors do not engage in exploitative relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority. L. Employer policies. The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in institutional policy conducive to the growth and development of clients.

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D.2. Consultation (see b.6.)

Consultation as an option. Counselors may choose to consult with any other professionally competent persons about their clients. In choosing consultants, counselors avoid placing the consultant in a conflict of interest situation that would preclude the consultant being a proper party to the counselor's efforts to help the client. Should counselors be engaged in a work setting that compromises this consultation standard, they consult with other professionals whenever possible to consider justifiable alternatives.

Consultant competency. Counselors are reasonably certain that they have or the organization represented has the necessary competencies and resources for giving the kind of consulting services needed and that appropriate referral resources are available.

Understanding with clients. When providing consultation, counselors attempt to develop with their clients a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected. D. Consultant goals. The consulting relationship is one in which client adaptability and growth toward self-direction are consistently encouraged and cultivated. (See a.1.b.)

Consultant goals. The consulting relationship is one in which client adaptability and growth toward self-direction are consistently encouraged and cultivated. (See a.1.b)

D.3. Fees for referral

Accepting fees from agency clients. Counselors refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the counselor's employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive counseling services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private counseling services. (See a.10.a. a.11.b., and c.3.d.)

Referral fees. Counselors do not accept a referral fee from other professionals.

D.4. Subcontractor arrangements

When counselors work as subcontractors for counseling services for a third party, they have a duty to inform clients of the limitations of confidentiality that the organization may place on counselors in providing counseling services to clients. The limits of such confidentiality ordinarily are discussed as part of the intake session. (See b.1.e. And b.1.f.)

Section e: evaluation, assessment, and interpretation

E.1. General

Appraisal techniques. The primary purpose of educational and psychological assessment is to provide measures that are objective and interpretable in either comparative or absolute terms. Counselors recognize the need to interpret the statements in this section as applying to the whole range of appraisal techniques, including test and non-test data.

Client welfare. Counselors promote the welfare and best interests of the client in the development, publication, and utilization of educational and psychological assessment techniques. They do not misuse assessment results and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. They respect the client's right to know the results, the interpretations made, and the bases for their conclusions and recommendations.

E.2. Competence to use and interpret tests

Limits of competence. Counselors recognize the limits of their competence and perform only those testing and assessment services for which they have been trained. They are familiar with reliability, validity, related standardization, error of measurement, and proper application of any technique utilized. Counselors using computer-based test interpretations are trained in the construct being measured and the specific instrument being used prior to using this type of computer

application. Counselors take reasonable measures to ensure the proper use of psychological assessment techniques by persons under their supervision.

Appropriate use. Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use computerized or other services.

Decisions based on results. Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of educational and psychological measurement, including validation criteria, test research, and guidelines for test development and use.

Accurate information. Counselors provide accurate information and avoid false claims or misconceptions when making statements about assessment instruments or techniques. Special efforts are made to avoid unwarranted connotations of such terms as IQ and grade equivalent scores. (See c.5.c.)

E.3. Informed consent

Explanation to clients. Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results in language the client (or other legally authorized person on behalf of the client) can understand, unless an explicit exception to this right has been agreed upon in advance. Regardless of whether scoring and interpretation are completed by counselors, by assistants, or by computer or other outside services, counselors take reasonable steps to ensure that appropriate explanations are given to the client.

Recipients of results. The examinee's welfare, explicit understanding, and prior agreement determine the recipients of test results. Counselors include accurate and appropriate interpretations with any release of individual or group test results. (See b.1.a. And c.5.c.)

E.4. Release of information to competent professionals

Misuse of results. Counselors do not misuse assessment results, including test results, and interpretations, and take reasonable steps to prevent the misuse of such by others. (See c.5.c.)

Release of raw data. Counselors ordinarily release data (e.g., protocols, counseling or interview notes, or questionnaires) in which the client is identified only with the consent of the client or the client's legal representative. Such data are usually released only to persons recognized by counselors as competent to interpret the data. (See b.1.a.)

E.5. Proper diagnosis of mental disorders

Proper diagnosis. Counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interview) used to

determine client care (e.g., locus of treatment, type of treatment, or recommended follow-up) are carefully selected and appropriately used. (See a.3.a. And c.5.c.)

Cultural sensitivity. Counselors recognize that culture affects the manner in which clients' problems are defined. Clients' socioeconomic and cultural experience is considered when diagnosing mental disorders.
E.6. Test selection

Appropriateness of instruments. Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting tests for use in a given situation or with a particular client.

Culturally diverse populations. Counselors are cautious when selecting tests for culturally diverse populations to avoid inappropriateness of testing that may be outside of socialized behavioral or cognitive patterns.
E.7. Conditions of test administration

Administration conditions. Counselors administer tests under the same conditions that were established in their standardization. When tests are not administered under standard conditions or when unusual behavior or irregularities occur during the testing session, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

Computer administration. Counselors are responsible for ensuring that administration programs function properly to provide clients with accurate results when a computer or other electronic methods are used for test administration. (See a.12.b.)

Unsupervised test taking. Counselors do not permit unsupervised or inadequately supervised use of tests or assessments unless the tests or assessments are designed, intended, and validated for self-administration and/or scoring.

Disclosure of favorable conditions. Prior to test administration, conditions that produce most favorable test results are made known to the examinee.
E.8. Diversity in testing

Counselors are cautious in using assessment techniques, making evaluations, and interpreting the performance of populations not represented in the norm group on which an instrument was standardized. They recognize the effects of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, and socioeconomic status on test administration and interpretation and place test results in proper perspective with other relevant factors. (See a.2.a.)
E.9. Test scoring and interpretation

Reporting reservations. In reporting assessment results, counselors indicate any reservations that exist regarding validity or reliability because of the

circumstances of the assessment or the inappropriateness of the norms for the person tested.

Research instruments. Counselors exercise caution when interpreting the results of research instruments possessing insufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee.

Testing services. Counselors who provide test scoring and test interpretation services to support the assessment process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. The public offering of an automated test interpretations service is considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee, but the ultimate and overriding responsibility is to the client.

E.10. Test security

Counselors maintain the integrity and security of tests and other assessment techniques consistent with legal and contractual obligations. Counselors do not appropriate, reproduce, or modify published tests or parts thereof without acknowledgment and permission from the publisher.

E.11. Obsolete tests and outdated test results

Counselors do not use data or test results that are obsolete or outdated for the current purpose. Counselors make every effort to prevent the misuse of obsolete measures and test data by others.

E.12. Test construction

Counselors use established scientific procedures, relevant standards, and current professional knowledge for test design in the development, publication, and utilization of educational and psychological assessment techniques.

Section f: teaching, training, and supervision

F.1. Counselor educators and trainers

Educators as teachers and practitioners. Counselors who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession, are skilled in applying that knowledge, and make students and supervisees aware of their responsibilities. Counselors conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior. Counselor educators should make an effort to infuse material related to human diversity into all courses and/or workshops that are designed to promote the development of professional counselors.

Relationship boundaries with students and supervisees. Counselors clearly define and maintain ethical, professional, and social relationship boundaries with their students and supervisees. They are aware of the differential in power that exists and the student's or supervisee's possible incomprehension of that power differential. Counselors explain to students and supervisees the potential for the relationship to become exploitive.

Sexual relationships. Counselors do not engage in sexual relationships with students or supervisees and do not subject them to sexual harassment. (See a.6. And c.5.b)

Contributions to research. Counselors give credit to students or supervisees for their contributions to research and scholarly projects. Credit is given through coauthorship, acknowledgment, footnote statement, or other appropriate means, in accordance with such contributions. (See g.4.b. And g.4.c.)

Close relatives. Counselors do not accept close relatives as students or supervisees.

Supervision preparation. Counselors who offer clinical supervision services are adequately prepared in supervision methods and techniques. Counselors who are doctoral students serving as practicum or internship supervisors to master's level students are adequately prepared and supervised by the training program.

Responsibility for services to clients. Counselors who supervise the counseling services of others take reasonable measures to ensure that counseling services provided to clients are professional.

Endorsement. Counselors do not endorse students or supervisees for certification, licensure, employment, or completion of an academic or training program if they believe students or supervisees are not qualified for the endorsement. Counselors take reasonable steps to assist students or supervisees who are not qualified for endorsement to become qualified.

F.2. Counselor education and training programs

Orientation. Prior to admission, counselors orient prospective students to the counselor education or training program's expectations, including but not limited to the following: (1) the type and level of skill acquisition required for successful completion of the training, (2) subject matter to be covered, (3) basis for evaluation, (4) training components that encourage self-growth or self-disclosure as part of the training process, (5) the type of supervision settings and requirements of the sites for required clinical field experiences, (6) student and supervisee evaluation and dismissal policies and procedures, and (7) up-to-date employment prospects for graduates.

Integration of study and practice. Counselors establish counselor education and training programs that integrate academic study and supervised practice.

Evaluation. Counselors clearly state to students and supervisees, in advance of training, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and experiential components. Counselors provide students and supervisees with periodic performance appraisal and evaluation feedback throughout the training program.

Teaching ethics. Counselors make students and supervisees aware of the ethical responsibilities and standards of the profession and the students' and supervisees' ethical responsibilities to the profession. (See c.1. And f.3.e.)

Peer relationships. When students or supervisees are assigned to lead counseling groups or provide clinical supervision for their peers, counselors take steps to ensure that students and supervisees placed in these roles do not have personal or adverse relationships with peers and that they understand they have the same ethical obligations as counselor educators, trainers, and supervisors. Counselors make every effort to ensure that the rights of peers are not compromised when students or supervisees are assigned to lead counseling groups or provide clinical supervision.

Varied theoretical positions. Counselors present varied theoretical positions so that students and supervisees may make comparisons and have opportunities to develop their own positions. Counselors provide information concerning the scientific bases of professional practice. (See c.6.a.)

Field placements. Counselors develop clear policies within their training program regarding field placement and other clinical experiences. Counselors provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision and are informed of their professional and ethical responsibilities in this role.

Dual relationships as supervisors. Counselors avoid dual relationships such as performing the role of site supervisor and training program supervisor in the student's or supervisee's training program. Counselors do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisee placement.

Diversity in programs. Counselors are responsive to their institution's and program's recruitment and retention needs for training program administrators, faculty, and students with diverse backgrounds and special needs. (See a.2.a.)

F.3. Students and supervisees

Limitations. Counselors, through ongoing evaluation and appraisal, are aware of the academic and personal limitations of students and supervisees that might impede performance. Counselors assist students and supervisees in securing remedial assistance when needed, and dismiss from the training program supervisees who

are unable to provide competent service due to academic or personal limitations. Counselors seek professional consultation and document their decision to dismiss or refer students or supervisees for assistance. Counselors ensure that students and supervisees have recourse to address decisions made to require them to seek assistance or to dismiss them.

Self-growth experiences. Counselors use professional judgment when designing training experiences conducted by the counselors themselves that require student and supervisee self-growth or self-disclosure. Safeguards are provided so that students and supervisees are aware of the ramifications their self-disclosure may have on counselors whose primary role as teacher, trainer, or supervisor requires acting on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and do not depend on the student's level of self-disclosure. (See a.6.)

Counseling for students and supervisees. If students or supervisees request counseling, supervisors or counselor educators provide them with acceptable referrals. Supervisors or counselor educators do not serve as counselor to students or supervisees over whom they hold administrative, teaching, or evaluative roles unless this is a brief role associated with a training experience. (See a.6.b.)

Clients of students and supervisees. Counselors make every effort to ensure that the clients at field placements are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Clients receive professional disclosure information and are informed of the limits of confidentiality. Client permission is obtained in order for the students and supervisees to use any information concerning the counseling relationship in the training process. (See b.1.e.)

Standards for students and supervisees. Students and supervisees preparing to become counselors adhere to the code of ethics and the standards of practice. Students and supervisees have the same obligations to clients as those required of counselors. (See h.1.)

Section g: research and publication

G.1. Research responsibilities

Use of human subjects. Counselors plan, design, conduct, and report research in a manner consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research with human subjects. Counselors design and conduct research that reflects cultural sensitivity appropriateness.

Deviation from standard practices. Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard acceptable practices. (See b.6.)

Precautions to avoid injury. Counselors who conduct research with human subjects are responsible for the subjects' welfare throughout the experiment and take reasonable precautions to avoid causing injurious psychological, physical, or social effects to their subjects.

Principal researcher responsibility. The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and full responsibility for their own actions.

Minimal interference. Counselors take reasonable precautions to avoid causing disruptions in subjects' lives due to participation in research. F. Diversity. Counselors are sensitive to diversity and research issues with special populations. They seek consultation when appropriate. (See a.2.a. And b.6.)
G.2. Informed consent

Topics disclosed. In obtaining informed consent for research, counselors use language that is understandable to research participants and that (1) accurately explains the purpose and procedures to be followed; (2) identifies any procedures that are experimental or relatively untried; (3) describes the attendant discomforts and risks; (4) describes the benefits or changes in individuals or organizations that might be reasonably expected; (5) discloses appropriate alternative procedures that would be advantageous for subjects; (6) offers to answer any inquiries concerning the procedures; (7) describes any limitations on confidentiality; and (8) instructs that subjects are free to withdraw their consent and to discontinue participation in the project at any time. (See b.1.f.)

Deception. Counselors do not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. When the methodological requirements of a study necessitate concealment or deception, the investigator is required to explain clearly the reasons for this action as soon as possible.

Voluntary participation. Participation in research is typically voluntary and without any penalty for refusal to participate. Involuntary participation is appropriate only when it can be demonstrated that participation will have no harmful effects on subjects and is essential to the investigation.

Confidentiality of information. Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be

explained to participants as a part of the procedure for obtaining informed consent. (See b.1.e.)

Persons incapable of giving informed consent. When a person is incapable of giving informed consent, counselors provide an appropriate explanation, obtain agreement for participation, and obtain appropriate consent from a legally authorized person.

Commitments to participants. Counselors take reasonable measures to honor all commitments to research participants.

Explanations after data collection. After data are collected, counselors provide participants with full clarification of the nature of the study to remove any misconceptions. Where scientific or human values justify delaying or withholding information, counselors take reasonable measures to avoid causing harm.

Agreements to cooperate. Counselors who agree to cooperate with another individual in research or publication incur an obligation to cooperate as promised in terms of punctuality of performance and with regard to the completeness and accuracy of the information required.

Informed consent for sponsors. In the pursuit of research, counselors give sponsors, institutions, and publication channels the same respect and opportunity for giving informed consent that they accord to individual research participants. Counselors are aware of their obligation to future research workers and ensure that host institutions are given feedback information and proper acknowledgment.

G.3. Reporting results

Information affecting outcome. When reporting research results, counselors explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data.

Accurate results. Counselors plan, conduct, and report research accurately and in a manner that minimizes the possibility that results will be misleading. They provide thorough discussions of the limitations of their data and alternative hypotheses. Counselors do not engage in fraudulent research, distort data, misrepresent data, or deliberately bias their results.

Obligation to report unfavorable results. Counselors communicate to other counselors the results of any research judged to be of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

Identity of subjects. Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise

the identity of respective subjects in the absence of specific authorization from the subjects to do otherwise. (See b.1.g. And b.5.a.)

Replication studies. Counselors are obligated to make available sufficient original research data to qualified professionals who may wish to replicate the study.

G.4. Publication

Recognition of others. When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due. (See f.1.d. And g.4.c.)

Contributors. Counselors give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.

Student research. For an article that is substantially based on a student's dissertation or thesis, the student is listed as the principal author. (See f.1.d. And g.4.a.)

Duplicate submission. Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or published work are not submitted for publication without acknowledgment and permission from the previous publication.

Professional review. Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it.

Section h: resolving ethical issues

H.1. Knowledge of standards

Counselors are familiar with the code of ethics and the standards of practice and other applicable ethics codes from other professional organizations of which they are member, or from certification and licensure bodies. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct. (See f.3.e.)

H.2. Suspected violations

Ethical behavior expected. Counselors expect professional associates to adhere to the code of ethics. When counselors possess reasonable cause that raises doubts as to whether a counselor is acting in an ethical manner, they take appropriate action. (See h.2.d. And h.2.e.)

Consultation. When uncertain as to whether a particular situation or course of action may be in violation of the code of ethics, counselors consult with other counselors who are knowledgeable about ethics, with colleagues, or with appropriate authorities.

Organization conflicts. If the demands of an organization with which counselors are affiliated pose a conflict with the code of ethics, counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the code of ethics. When possible, counselors work toward change within the organization to allow full adherence to the code of ethics.

Informal resolution. When counselors have reasonable cause to believe that another counselor is violating an ethical standard, they attempt to first resolve the issue informally with the other counselor if feasible, providing that such action does not violate confidentiality rights that may be involved.

Reporting suspected violations. When an informal resolution is not appropriate or feasible, counselors, upon reasonable cause, take action such as reporting the suspected ethical violation to state or national ethics committees, unless this action conflicts with confidentiality rights that cannot be resolved.

Unwarranted complaints. Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intend to harm a counselor rather than to protect clients or the public.

H.3. Cooperation with ethics committees

Counselors assist in the process of enforcing the code of ethics. Counselors cooperate with investigations, proceedings, and requirements of the ACA ethics committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. Counselors are familiar with the ACA policies and procedures and use it as a reference in assisting the enforcement of the code of ethics.

ACA standards of practice

All members of the American Counseling Association (ACA) are required to adhere to the standards of practice and the code of ethics. The standards of practice represent minimal behavioral statements of the code of ethics. Members should refer to the applicable section of the code of ethics for further interpretation and amplification of the applicable standard of practice.

Section a: the counseling relationship
Section b: confidentiality
Section c: professional responsibility
Section d: relationship with other professionals
Section e: evaluation, assessment and interpretation
Section f: teaching, training, and supervision

Section g: research and publication
Section h: resolving ethical issues

Section a: the counseling relationship

Standard of practice one (sp-1):
Nondiscrimination. Counselors respect diversity and must not discriminate against clients
because of age, color, culture, disability, ethnic group, gender, race, religion,
sexual orientation, marital status, or socioeconomic status. (See a.2.a.)

Standard of practice two (sp-2):
Disclosure to clients. Counselors must adequately inform clients, preferably in writing,
regarding the counseling process and counseling relationship at or before the time
it begins and throughout the relationship. (See a.3.a.)

Standard of practice three (sp-3):
Dual relationships. Counselors must make every effort to avoid dual relationships with
clients that could impair their professional judgment or increase the risk of harm
to clients. When a dual relationship cannot be avoided, counselors must take
appropriate steps to ensure that judgment is not impaired and that no exploitation
occurs. (See a.6.a. And a.6.b.)

Standard of practice four (sp-4):
Sexual intimacies with clients. Counselors must not engage in any type of sexual
intimacies with current clients and must not engage in sexual intimacies with
former clients within a minimum of 2 years after terminating the counseling
relationship. Counselors who engage in such relationship after 2 years following
termination have the responsibility to examine and document thoroughly that such
relations did not have an exploitative nature.

Standard of practice five (sp-5):
Protecting clients during group work. Counselors must take steps to protect clients from
physical or psychological trauma resulting from interactions during group work.
(See a.9.b.)

Standard of practice six (sp-6):
Advance understanding of fees. Counselors must explain to clients, prior to their entering
the counseling relationship, financial arrangements related to professional
services. (See a.10. A.-d. And a.11.c.)

Standard of practice seven (sp-7):
Termination. Counselors must assist in making appropriate arrangements for the
continuation of treatment of clients, when necessary, following termination of
counseling relationships. (See a.11.a.)

Standard of practice eight (sp-8):
Inability to assist clients. Counselors must avoid entering or immediately terminate a counseling relationship if it is determined that they are unable to be of professional assistance to a client. The counselor may assist in making an appropriate referral for the client. (See a.11.b.)

Section b: confidentiality

Standard of practice nine (sp-9):
Confidentiality requirement. Counselors must keep information related to counseling services confidential unless disclosure is in the best interest of clients, is required for the welfare of others, or is required by law. When disclosure is required, only information that is essential is revealed and the client is informed of such disclosure. (See b.1. A.+f.)

Standard of practice ten (sp-10):
Confidentiality requirements for subordinates. Counselors must take measures to ensure that privacy and confidentiality of clients are maintained by subordinates. (See b.1.h.)

Standard of practice eleven (sp-11):
Confidentiality in group work. Counselors must clearly communicate to group members that confidentiality cannot be guaranteed in group work. (See b.2.a.)

Standard of practice twelve (sp-12):
Confidentiality in family counseling. Counselors must not disclose information about one family member in counseling to another family member without prior consent. (See b.2.b.)

Standard of practice thirteen (sp-13):
Confidentiality of records. Counselors must maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of counseling records. (See b.4.b.)

Standard of practice fourteen (sp-14):
Permission to record or observe. Counselors must obtain prior consent from clients in order to record electronically or observe sessions. (See b.4.c.)

Standard of practice fifteen (sp-15):
Disclosure or transfer of records. Counselors must obtain client consent to disclose or transfer records to third parties, unless exceptions listed in sp-9 exist. (See b.4.e.)

Standard of practice sixteen (sp-16):
Data disguise required. Counselors must disguise the identity of the client when using data for training, research, or publication. (See b.5.a.)

Section c: professional responsibility

Standard of practice seventeen (sp-17):
Boundaries of competence. Counselors must practice only within the boundaries of their
          competence. (See c.2.a.)

Standard of practice eighteen (sp-18):
Continuing education. Counselors must engage in continuing education to maintain their
          professional competence. (See c.2.f.)

Standard of practice nineteen (sp-19):
Impairment of professionals. Counselors must refrain from offering professional services
          when their personal problems or conflicts may cause harm to a client or others.
          (See c.2.g.)

Standard of practice twenty (sp-20):
Accurate advertising. Counselors must accurately represent their credentials and services
          when advertising. (See c.3.a.)

Standard of practice twenty-one (sp-21):
Recruiting through employment. Counselors must not use their place of employment or
          institutional affiliation to recruit clients for their private practices. (See c.3.d.)

Standard of practice twenty-two (sp-22):
Credentials claimed. Counselors must claim or imply only professional credentials
          possessed and must correct any known misrepresentations of their credentials by
          others. (See c.4.a.)

Standard of practice twenty-three (sp-23):
Sexual harassment. Counselors must not engage in sexual harassment. (See c.5.b.)

Standard of practice twenty-four (sp-24):
Unjustified gains. Counselors must not use their professional positions to seek or receive
          unjustified personal gains, sexual favors, unfair advantage, or unearned goods or
          services. (See c.5.e.)

Standard of practice twenty-five (sp-25):
Clients served by others. With the consent of the client, counselors must inform other
          mental health professionals serving the same client that a counseling relationship
          between the counselor and client exists. (See c.6.c.)

Standard of practice twenty-six (sp-26):
Negative employment conditions. Counselors must alert their employers to institutional
          policy or conditions that may be potentially disruptive or damaging to the

counselor's professional responsibilities, or that may limit their effectiveness or deny clients' rights. (See d.1.c.)

Standard of practice twenty-seven (sp-27):
Personnel selection and assignment. Counselors must select competent staff and must assign responsibilities compatible with staff skills and experiences. (See d.1.h.)

Standard of practice twenty-eight (sp-28):
Exploitative relationships with subordinates. Counselors must not engage in exploitative relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority. (See d.1.k.)

Section d: relationship with other professionals

Standard of practice twenty-nine (sp-29):
Accepting fees from agency clients. Counselors must not accept fees or other remuneration for consultation with persons entitled to such services through the counselor's employing agency or institution. (See d.3.a.)

Standard of practice thirty (sp-30):
Referral fees. Counselors must not accept referral fees. (See d.3.b.)

Section e: evaluation, assessment and interpretation

Standard of practice thirty-one (sp-31):
Limits of competence. Counselors must perform only testing and assessment services for which they are competent. Counselors must not allow the use of psychological assessment techniques by unqualified persons under their supervision. (See e.2.a.)

Standard of practice thirty-two (sp-32):
Appropriate use of assessment instruments. Counselors must use assessment instruments in the manner for which they were intended. (See e.2.b.)

Standard of practice thirty-three (sp-33):
Assessment explanations to clients. Counselors must provide explanations to clients prior to assessment about the nature and purposes of assessment and the specific uses of results. (See e.3.a.)

Standard of practice thirty-four (sp-34):
Recipients of test results. Counselors must ensure that accurate and appropriate interpretations accompany any release of testing and assessment information. (See e.3.b.)

Standard of practice thirty-five (sp-35):

Obsolete tests and outdated test results. Counselors must not base their assessment or intervention decisions or recommendations on data or test results that are obsolete or outdated for the current purpose. (See e.11.)

Section f: teaching, training, and supervision

Standard of practice thirty-six (sp-36):
Sexual relationships with students or supervisees. Counselors must not engage in sexual relationships with their students and supervisees. (See f.1.c.)

Standard of practice thirty-seven (sp-37):
Credit for contributions to research. Counselors must give credit to students or supervisees for their contributions to research and scholarly projects. (See f.1.d.)

Standard of practice thirty-eight (sp-38):
Supervision preparation. Counselors who offer clinical supervision services must be trained and prepared in supervision methods and techniques. (See f.1.f.)

Standard of practice thirty-nine (sp-39):
Evaluation information. Counselors must clearly state to students and supervisees in advance of training the levels of competency expected, appraisal methods, and timing of evaluations. Counselors must provide students and supervisees with periodic performance appraisal and evaluation feedback throughout the training program. (See f.2.c.)

Standard of practice forty (sp-40):
Peer relationships in training. Counselors must make every effort to ensure that the rights of peers are not violated when students and supervisees are assigned to lead counseling groups or provide clinical supervision. (See f.2.e.)

Standard of practice forty-one (sp-41):
Limitations of students and supervisees. Counselors must assist students and supervisees in securing remedial assistance, when needed, and must dismiss from the training program students and supervisees who are unable to provide competent service due to academic or personal limitations. (See f.3.a.)

Standard of practice forty-two (sp-42):
Self-growth experiences. Counselors who conduct experiences for students or supervisees that include self-growth or self-disclosure must inform participants of counselors' ethical obligations to the profession and must not grade participants based on their nonacademic performance. (See f.3.b.)

Standard of practice forty-three (sp-43):

Standards for students and supervisees. Students and supervisees preparing to become counselors must adhere to the code of ethics and the standards of practice of counselors. (See f.3.e.)

Section g: research and publication

Standard of practice forty-four (sp-44):
Precautions to avoid injury in research. Counselors must avoid causing physical, social, or psychological harm or injury to subjects in research. (See g.1.c.)

Standard of practice forty-five (sp-45):
Confidentiality of research information. Counselors must keep confidential information obtained about research participants. (See g.2.d.)

Standard of practice forty-six (sp-46):
Information affecting research outcome. Counselors must report all variables and conditions known to the investigator that may have affected research data or outcomes. (See g.3.a.)

Standard of practice forty-seven (sp-47):
Accurate research results. Counselors must not distort or misrepresent research data, nor fabricate or intentionally bias research results. (See g.3.b.)

Standard of practice forty-eight (sp-48):
Publication contributors. Counselors must give appropriate credit to those who have contributed to research. (See g.4.a. And g.4.b.)

Section h: resolving ethical issues

Standard of practice forty-nine (sp-49):
Ethical behavior expected. Counselors must take appropriate action when they possess reasonable cause that raises doubts as to whether counselors or other mental health professionals are acting in an ethical manner. (See h.2.a.)

Standard of practice fifty (sp-50):
Unwarranted complaints. Counselors must not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intended to harm a mental health professional rather than to protect clients or the public. (See h.2.f.)

Standard of practice fifty-one (sp-51):
Cooperation with ethics committees. Counselors must cooperate with investigations, proceedings, and requirements of the ACA ethics committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. (See h.3.)

References

The Following Documents Are Available to Counselors as Resources to Guide Them in Their Practices. These Resources Are Not A Part of The Code of Ethics and The Standards of Practice.

American Association for Counseling and Development/Association for Measurement and Evaluation in Counseling and Development. (1989). The Responsibilities of Users of Standardized Tests (Rev.). Washington, DC: Author.

American Counseling Association. (1995) (Note: This Is ACA's Previous Edition of Its Ethics Code). Ethical Standards. Alexandria, VA: Author.

American Psychological Association. (1985). Standards for Educational and Psychological Testing (Rev.). Washington, DC: Author.

Joint Committee on Testing Practices. (1988). Code of Fair Testing Practices in Education. Washington, DC: Author.

National Board for Certified Counselors. (1989). National Board for Certified Counselors Code of Ethics. Alexandria, VA: Author.

Prediger, D. J. (Ed.). (1993, March). Multicultural Assessment Standards. Alexandria, VA: Association for Assessment in Counseling.

VITA

Christina Marie Myers

Candidate for the Degree of

Doctor of Philosophy

Thesis: And How Do You Feel about That?:
         Counseling and Emotion Work in a University Setting

Major Field: Sociology

Biographical:

  Education: graduated from Union High School, Tulsa, OK in May 1975,
        Received Bachelor of Science degree in sociology from Oklahoma State
        University, Stillwater, Oklahoma in 1997. Completed the requirements for the
        Doctor of Philosophy degree from Oklahoma State University, Stillwater,
        Oklahoma July, 2004.

  Experience: research assistant at a social services information systems software
        Development grant in Oklahoma 1997-1998; research assistant, departmental
        Assessment Oklahoma State University; research assistant office of university
        Assessment at Oklahoma State University; functional analyst social services
        Information systems software development state of Oklahoma; two years as a
        Teaching assistant oat Oklahoma State University; two years as a teaching
        Associate at Oklahoma State University.

  Professional Membership: American Sociological Association; Mid South
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        Sociological Association; American Association of Higher Education-
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Name: Christina Marie Myers   Date of Degree: July, 2004

Institution: Oklahoma State University   Location: Stillwater, Oklahoma

Title of Study: And How Do You Feel about That?: Counseling and Emotion Work in A
            University Setting
Pages in Study: 342   Candidate for the Degree of Doctor of Philosophy

Major Field: Sociology

Scope and method of study: this study examines the emotion work of university counselors
        within the context of everyday counseling situations. Fourteen interviews served as the
        primary data to (1) determine how counseling staff maneuver everyday counseling
        encounters (2) explore the counseling process in terms of emotion work and
        emotional/emotive dissonance, and; (3) illustrate the impact of organizational and
        professional phenomena on counseling processes in a post secondary setting. This is
        exploratory and qualitative and involved the use of a triangulation strategy. Online,
        telephone, and face-to-face-interviews, and the analyses of professional documents and
        counseling center mission statements were employed to conduct this study. Further, the
        concepts of Goffman's impression management, and Hochschild's emotion management
        were used as sensitizing concepts to guide the research. Counselors share their stories of
        "doing" emotion and emotion work, discuss techniques of self, other, joint, and reciprocal
        emotion work, and relate both the challenges and rewards of practicing in a post
        secondary setting.

Findings and conclusions: The findings suggest that counseling work is essentially emotion work
        that is impacted by organizational display rules and professional feeling norms, and both
        impacts and is impacted by personal feelings. There is evidence that the changing
        organizational structure of higher education (from a collegial model to a more
        hierarchical and bureaucratic model) is a substantial factor in identity disruption among
        counselors and therefore plays a significant part in counselor stress and accompanying
        "compassion fatigue" or "burnout."

        Counselors use self-, other-, and joint-emotion work when interacting with clients and
        illustrate how each of these is undertaken to the therapeutic benefit of the client.
        Counselors were also forthcoming about the rewards of their work, as well as the
        challenges.

        Further research is indicated on counseling emotion work using face-to-face interviewing
        to supplement computer mediated interviewing, emotion work during critical incidents,
        and the ideology and values inherent in counseling work metaphors.

Adviser's Approval:_ Jean VanDelinder_____