



President's Column

Growth Through Struggle: Cultivating Strength and Resilience

- Victoria Kress, President

In October of 2001, one month after the terrorist attack on the World Trade Center, a severely damaged tree was discovered at Ground Zero. The tree had snapped roots, burned and broken branches, and was barely standing. The tree was removed

from the rubble and the New York City Department of Parks and Recreation aided in its recovery and rehabilitation. The tree was returned to the National 9/11 Memorial in 2010. Newly grown, smooth limbs extended from the deformed stumps, creating a visible distinction between the tree's past and present. The "Survivor Tree" stands as a living memorial of resilience, survival, and rebirth.

The human capacity for resilience is an idea that has always captivated me. How is it that people can endure so much and not only survive, but thrive? The book, *Man's Search for Meaning*, had a profound impact on me, as I am sure it did many of you. Frankl's focus on creating meaning and finding purpose in the most unfathomable situations is a timeless message. A belief in human resilience, the capacity to change, and the importance of responsibility and choice, is foundational to our work and has led us to become humanistic counselors.

Two years ago, when I was first elected AHC President, I knew I wanted to select a conference theme that related to this idea of growth through struggle. Having dedicated my career to advocating for and counseling those who have been victims of abuse and trauma, I have repeatedly witnessed the strength of the human spirit in the face of great adversity. In January of this year, I committed to the following conference theme: *Growth Through Struggle: Cultivating Strength and Resilience*.

At that time I couldn't have imagined what the year had in store for us and how prophetic this theme would be. Now, more than ever, I think this idea of change and growth in difficult times is an important concept to which counselors should aspire, both personally and professionally.

We are wrestling with so much right now - a global pandemic and all of the ensuing fallout, a revolution around systemic racial injustices, a politically polarized country - yet the struggles with which we wrestle can hold opportunities for positive change.

A quote I appreciate, follows: "Never be ashamed of a scar. It simply means you were stronger than whatever tried to hurt you." In other words, the struggles and threats we experience serve to grow us in ways we may not yet be able to imagine. Our challenge and responsibility is to determine how we will take these challenges, find and create meaning around them, and move forward in ways that serve ourselves and others. As humanistic counselors we are uniquely equipped to rise to that challenge.

Over the year, AHC will be providing a number of free webinars to support our members and decrease the sense of isolation we know so many of you are experiencing right now. We plan to double our webinar presence and we aim to provide two free member webinars each month. These webinars will address a

variety of contemporary topics which include counselor self-care during these difficult times, humanistic telemental health counseling, and conversations about systemic racial injustice, along with webinars that focus on humanistic counseling topics that can help you enhance your practice. If there are webinar topics that interest you or if you are interested in presenting a webinar, please reach out and let me know.

You might have noticed AHC has a new look. First, we have a new logo and we greatly appreciate the feedback and input our members provided around the development of this logo. Next, we hope you find our new website to be easy to navigate and helpful as you seek out information. Another development: the board voted to change the name of the newsletter from *Infochange* to *The Humanistic Counselor: The Association for Humanistic Counseling's Newsletter*, and we are grateful to Dr. Sarah Stewart-Spencer, who pioneered the development of our new e-newsletter format.

If there is anything we at AHC can do to support you, please reach out and let us know!

Warmly,

Victoria Kress, AHC President 2020-2021

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View the President's Welcome video: https://youtu.be/Vd7s_gCCgPs



AHC Emerging Leaders Program Call

The AHC Emerging Leaders Program was developed to allow students and new professional leaders to participate in AHC activities, receive regular mentorship, and connect with opportunities that help them grow as leaders.

Emerging Leaders will be selected to serve for the July, 2021-July, 2022 term. Master's level students, doctoral level students, and new professionals are encouraged to apply. More information about AHC and the program and the application process can be found on the AHC website at: www.humanisticcounseling.org

Specific information about the Emerging Leader program can be found here: <https://www.humanisticcounseling.org/emerging-leaders-program>

All application materials are due no later than December 1, 2020. For questions about the AHC Emerging leader program, please contact the Emerging Leader program chair, Christina Woloch, at ahcemergingleaders@gmail.com

AHC Updates

Take a look at our new logo.

Thanks to all of our members who provided input and feedback on the development of the new logo.



Please follow us on our social media accounts.

[Twitter](#)

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Note that we have a new website: <https://www.humanisticcounseling.org/>

This year we are tripling our webinar presence. As an AHC member you have FREE access to all of our webinars. Please go to our events page to register for our webinars: <https://www.humanisticcounseling.org/events>

Upcoming Webinars

We are expanding our webinar program and we are excited to share news about upcoming webinars with you:

**[Humanistic Telemental Health Counseling:
Connecting From a Distance](#)**

October 8th from 3:00 pm- 5:00 pm EST
Dr. Nicole Stargel

**[Self-care in unprecedented times: Strategies to
promote present focus](#)**

November 6th from 1-3:00 pm
Dr. Elizabeth O'Brien:

Fostering Growth through the use of Native American Spiritual and Cultural Practices

October 15th from 1:00 pm-2:00 pm EST

Dr. Julie Smith

The Use and Exploration of Metaphors in Therapy for Therapeutic Connection

November 19th from 1:00 pm-2:00 pm EST

Drs. Sarah Stewart-Spencer, Andy Brown and Alyssa Weiss. Register Today!

Member Highlight



Christina Woloch is a past AHC Emerging Leader and the current chair of the AHC Emerging Leaders program. Next week she will be earning her Counselor Education and Supervision doctorate from the University of Akron in Ohio. Diversity issues, client advocacy, and service to the counseling profession are her passions. In her free time she enjoys bird watching and she is closely following a nest of bald eagles. She enjoys cooking and aspires to someday master the art of Thai cooking.

Photo: AHC Member, Christina Woloch, at her favorite Thai Restaurant

Achieving Personhood: One Counselor's Evolution into Humanistic Self

By Christina Woloch, M.A.Ed., LPC, LICDC

My passion for serving others, as an advocate for the unheard, is longstanding. However, it was not until a previous experience with a culturally diverse individual from a historically marginalized population, who was dealing with substance use disorder and major depressive disorder, that I was provided with an opportunity to gain profound insight and perspective into the humanistic counseling needs of diverse populations.

In learning of his experiences with unsuccessful counseling rehabilitation efforts, homelessness, imprisonment, suicide attempts, and treatment of his mental illness, I first became aware of the many disparities that exist for marginalized populations within modern day society. These include reduced access to affordable, culturally, and linguistically competent providers, having to combat mental health stigma, and the experience of bias and discrimination in treatment settings. This powerful experience served as a catalyst in my life, over a decade ago. The experience inspired me to change my career trajectory and seek out opportunities to address social injustices and causes of inequity that relate to counseling.

As I reflect on my humble beginnings in the profession as a humanistic counselor, I recall a pivotal moment I shared with a supervisor. During a discussion I was asked to identify the roles or more simply stated, the many 'hats' I wear. A vision of my crowded monthly planner flashed immediately in my mind. Now this was a question I could answer! Using my fingers to keep tally, I quickly rattled off the titles of counseling student, counselor, educator, researcher, supervisor in training, graduate assistant, social justice advocate, and committee member. I also mentioned more intimate roles, such as mother, sister, daughter, and clergy member. My supervisor remarked, "In all of these roles, are you the same person?" I paused. "When you can offer an affirmative response," he continued, "you have fully achieved personhood."

What does it truly mean to be human? How does one accomplish this across the vastness of life? Almost six years later, these thoughts still resonate in my mind. To uncover 'who I am' was to recognize the interconnectedness between my heart and my head (Friedersdorf, 2015). My head calls upon me to understand, develop, and to work collectively through things, while my heart asks that the complexities of humanity be addressed in a different way (Friedersdorf, 2015). My heart encourages me to show genuine care for the well-being of others by celebrating their individuality. It also inspires me to cultivate an environment where diversity can flourish. Echoing the call of Carl Rogers, I hold a steadfast belief that every individual possesses the resources for their own healing and personal growth. Therefore, my holistic efforts in various systemic platforms focus on the integration of the core conditions of congruence, empathic understanding, acceptance, authenticity, and unconditional positive regard. Guided by such humanistic principles, I endeavor to understand the unique experience of each individual; which I consider to be unequivocally multiculturally encapsulated. This includes working to understand how a person makes meaning of their life experiences and their perceptions of gender, race, ethnicity, and other aspects of their personal identity. While in my multifaceted roles in the counseling profession, I pledge to be an agent of social change, working to alleviate oppression, discrimination, and

privilege through activism, advocacy, and service. By embodying this sense of social responsibility, I seek to promote the dignity of human beings and furthermore, engage in the celebration of the richness of every individual experience as a humanistic counselor.

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Contemporary Tones

Maslow's Hierarchy of Needs and Racism During the COVID-19 Pandemic

By Justina Wong

The COVID-19 pandemic has changed the world and created a higher need for mental health professionals and healthcare professionals. When the mandatory shelter-in-place order first went out, I was in six and a half months into my internship during fieldwork and taking the second to last class I have to take in order to complete my program. I was excited regarding the prospect of implementing telebehavioral health services because it is a service, I am familiar with. However, I was worried. I was worried about my clients (military veterans and dependents), my health, if I would get enough hours to pass required courses, and how the job market would look once I graduate. It made me feel slightly more relieved that I was not alone. Yet it was also extremely unsettling that many other students were faced with similar challenges.

As the shelter-in-place order continued, I felt a great sense of responsibility towards my clients. Many of them were already isolated from their family, friends, and society and I was worried that the quarantine would make it worse. I drew my own version of Maslow's hierarchy of needs for self-accountability to keep track of my own needs. I knew that there would be a great need for mental health services so in

my attempt to prepare myself, I was trying my best to figure out what types of self-care worked best. Every week I would write down what needs were met and what needs were not met.

Maslow's hierarchy of needs has five tiers: physiological needs, safety, love and belonging, esteem, and self-actualization (Maslow, 1943). According to Stefan, Popa, and Albu (2020), individuals will try to meet the needs of higher tiers if those needs supersede the lower tier needs. I noticed throughout my documentation of what needs were met and unmet that I was fixated on the self-actualization and physiological needs tiers. I took on a mentality that I am personally responsible for my client's welfare. This took a lot of energy from me. I realized that at the end of the day, I was exhausted. I was reminded again that I cannot control what other people do, I can only control what I do.

I was fixated on the physiological needs tier because of the traumatic experiences that I experienced as an Asian American during the COVID-19 pandemic. I kept thinking about getting food at the grocery store and those thoughts would heighten my symptoms of anxiety. I would go days without sleep because I was so anxious and consumed with these destructive thoughts. The day right before the mandatory shelter-in-place order went into effect in California, I went to the grocery store to stock up on food. While I was perusing the aisles, I coughed because my throat was dry. There were two women in the same aisle and one of them looked at me with disgust and said, "oh my god she has corona" while the other woman told me to "go back to China." I felt attacked for no reason. I was only trying to pick out a loaf of bread for my family. This incident made me nervous about going to public places like grocery stores or post offices.

In May, I went to the grocery store to pick up ingredients for Mother's Day. When I was walking to my car with my cart of groceries, a white woman began calling me racial slurs like "you chink." She told me that I am a "stupid chink" and that I "was not an American." I was in disbelief. I have experienced several incidents when another individual told me to "go back to China," but this was the first time anyone has called me a racial slur. Every time after this incident, I take extra precautions when going to the store. I am always aware of my surroundings and I take more notice of who is walking around me. I specifically take note if someone is walking behind me like this woman was. Even though it was a traumatizing experience, I realized that I am still very privileged.

I am privileged due to a variety of different factors. These factors include the color of my skin, socioeconomic status, level of education, religious beliefs, sexual orientation, gender, and positive stereotypes about my ethnicity and race. It was almost like having an epiphany to realize that although I have experienced racism, I

am privileged. The idea of being privileged never occurred to me based on my upbringing. My parents drilled into me that we were at the bottom with no privilege and I believed it. I also concluded that I have a lot more privilege than my parents due to my socioeconomic status, level of education, and being able to speak English and Chinese fluently.

The biggest lesson I have learned during this pandemic as a counselor-in-training is to take care of myself and ensure I am mentally well. I used to talk about self-care all the time. It is so different to actively engage in self-care daily compared to talking about it. I must actively role model self-care and positive coping strategies because I know my clients can tell if I am having an off day. It is crucial to remember that maintaining my mental wellness is a priority because counselors are frontline workers. We are the last line of defense for everyone going through mental health turmoil and I cannot pour from an empty cup.

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Humanism in a Complex World

Person-Centered Social Justice

By Daniel Beton

The German philosopher and theologian, Paul Tillich (2014), eloquently stated the predicament which the 21st century people finds themselves in: "The man-created world of objects has drawn into itself him who created it and who now loses his subjectivity in it. He has sacrificed himself to his own productions" (p. 129). Tillich



illustrated the universal breakdown of meaning, the establishment of materialism, and more pertinent to psychotherapy, the loss of the individual.

Humanistic psychotherapy stands in opposition to a tyrannical objectivity of the likes laid out by Tillich. It values the subjectivity of experience and the irreducibility of human beings. Along with these values emanate themes such as agency, personhood, free will and self-actualization. These ideas are worth highlighting not only to provide a better contextual understanding of the philosophical underpinnings that govern humanistic modalities, but also, to lay the groundwork for the exploration of some of the practical challenges which come with reconciling them with modern psychotherapeutic requirements — specifically social justice and the primacy of individuality.

Person-centered therapy (PCT), being phenomenological in character, provides us with an apt avenue to explore the nature of individuality as it relates to psychotherapy. How we orient ourselves psychologically, how we derive meaning, and how we relate to ourselves and to others, all emanate from the central tenet that “truth” resides in one’s own experience. This idea is perhaps captured more directly by an early collaborator of Carl Rogers from the University of Chicago, Eugene Gendlin, who through his own work developed a phenomenological technique called Focusing. As Gendlin (1973, as cited in Sharma, 2011) argued, there is a difference between statements that are true, and statements that have an impact experientially. This position is rather controversial from a scientific perspective. It forces us to re-conceptualize truth as something externally established and explicitly validated, to something internally sensed and implicitly understood.

The phenomenological aspects of PCT perhaps also shed some light on the challenges the approach has faced in finding its footing amongst an increased demand for empirically validated therapies. The scientific world is typified by objectivity, meaning anything subjective is inherently biased and therefore invalid. However, applying this form of thinking too relentlessly to personal dimensions presents a real problem. — as we saw from Tillich’s dystopian narrative. People are all subjects, and subjective paradigm has real therapeutic value.

The humanistic approach can be described as affirmations of the individual experience. In Rogers’ own words: “Experience is, for me, the highest authority” (Rogers, 1995, p. 23). The use of the word “authority” is telling, as with much of what Rogers says, there is often more being implied than is immediately obvious. Beyond stating the value of personal experience, by Rogers establishing experience as the ultimate source of authority. Perhaps in other words, truth. He is also alluding to the primacy of individuality. The connection between experience

and individuality may not be immediately obvious; however, it can become more clear in the context of conversations about intersectionality.

Intersectionality contends that social categories (e.g., race, gender, religion, disability) intersect in such a way as to create unique modes of discrimination. For instance, it is not the same to be African American and Catholic, as it is to be African American and Muslim. It would be wrong to assume that by virtue of two people being African American, their experienced lives are the same. To reduce either person to their race, religion, or any one group identity, would be to ignore the totality of the person.

Intersectionality is further complicated by the fact that beyond social categories, there are an infinite number of ways in which people can be advantaged or disadvantaged in life. Height, intelligence, age, attractiveness, trauma, mental health, quality of relationships, illness, tragedy, and an infinite number of ways exemplified in a way factors can fractionate and intersect. Perhaps put differently, the ultimate resolution by which to understand, empathize, and encounter people resides at the level of the individual.

A person-centered perspective emphasizes the importance of clients' worldview. By empathizing with a disenfranchised member of a society and simultaneously wanting to facilitate self-actualization, the person-centered counselor is, in a manner, compelled towards social justice in order to "to remain congruent and not deny a part of their valuing system" (Swan & Ceballos, 2020, p. 11). Social justice, its role in therapy, and how counselors more generally can facilitate positive change in the world, is becoming more and more a feature of counseling.

Ratts et al. (2016) emphasized the necessity for counsellors to take a contextual approach to therapy, viewing clients as part of a larger ecosystem. A person-centered perspective presents a unique challenge. The counselor has to simultaneously encounter a person as an individual entirely unique and irreducible. At the same time, reducing the person to a set of sociocultural traits in order to acknowledge the very real impediments to agency and self-actualization.

However, the degree to which person-centered principles can be extrapolated in this manner is not obvious. Perhaps more importantly, to what degree it is helpful to do so within the context of psychotherapy is not obvious, as the more a person-centered counselor views the world, others and themselves through the lens of groups or categories, the further they drift from the principles of individuality and irreducibility which the approach is founded upon. In describing "Rogerian Empathy", distinguishing it from empathy more generally, Cheung (2014) stated: "we have to learn how to see people not from the outside, but from the inside" (p.

319). Reconciling this position with an increased demand to factor social justice into therapy presents a unique challenge for the person-centered counselor.

The words “how can I be of help” denote the opening to a section discussing the elements of the therapeutic relationship and personal growth in Rogers’ classic text, *On Becoming a Person*. The question is deceptively simple, but captures the good nature and humanity found throughout Rogers works. With the additional context of social justice, this question becomes twofold: How do I provide a therapeutic relationship that facilitates an individual’s agency and self-actualization? How do I play a role in shaping a society that promotes an individual’s agency and self-actualization? The degree to which the latter can be integrated into the counselling relationship from a person-centered perspective is not obvious.

One could ask whether that integration is valuable as long as the therapist is honoring the totality of the person. All experiences of injustice and societal inequity live within a person embrace the totality of the person. Perhaps the fear of not directly acknowledging social justice issues in some explicit manner is perceived as indifference on the counselor's behalf, but if the Core Conditions set out by Rogers’ are in place, indifference is not possible. Empathy disrupts indifference, and as previously stated, the tenet of congruence arguably places upon the person-centered therapist a demand to act at the level of society in order to remain genuine within the relationship.

Meaningfully incorporating social justice into the person-centered perspective presents a unique challenge for practitioners. One could argue that it is precisely because the person-centered counselor encounters people as individuals viewing them not through the lens of society, but simply as a fellow person, that this approach is effective.

With social justice comes a new landscape of concepts, language, and philosophies. It forces us to consider not only what the role and responsibility of counseling is within society, but also what it means to “help.” Perhaps it is by being in service of the individual, that counseling works to serve the society at large.

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Humanism in Education & Supervision

Practicing What We Teach and Teaching What We Practice: Reflections on Theory-Driven Counselor Education

By Julia L. Whisenhunt, Ph.D., LPC, NCC, CPCS

As counselor educators, we simultaneously serve as mentors and role models for the next generation of professional counselors. We teach about counseling theory and intervention but, in our roles as educators and supervisors, do we practice what we teach?

During my doctoral studies, I was immensely fortunate to study under one of the key leaders in our field—Dr. Catherine Y. Chang of Georgia State University. Dr. Chang is renowned for her work in multicultural counseling and her leadership in CSI and various ACA divisions, such as AARC and AMCD. Dr. Chang has had a lasting influence on my life and continues to enrich my professional development through her selfless mentorship. Among the countless lessons I learned from Dr. Chang, theory-driven counseling, supervision, and teaching is most notable. Not only did Dr. Chang stress the importance of consistent application of counseling theory across the multiple domains of professional practice—she modeled it. Dr. Chang exemplified what it means to teach and supervise from a constructivist orientation, and she showed me the power of intentional, theoretically-based practice.

Over these past eight years as a counselor educator, I have stressed to my counselor-trainees the importance of operating from a unified counseling theory. I truly believe that the most effective professional counselors are those who consistently utilize a counseling theory to conceptualize the sources of human suffering, human capacity for growth, the counselor's role, the client's role, and the

necessary conditions to promote healing. It is through our own unique synthesis or interpretation of theory that we can practice with intentionality to meet client needs with some consistency. In the absence of theory, we are likely to randomly use counseling interventions that may or may not be appropriate to meet client needs and address therapeutic goals. The latter approach is not likely to result in consistent therapeutic gains. Most counselor educators I know would agree with this interpretation of the role of theory in counseling practice, but I wonder how often counselor educators teach and supervise from their theoretical model. If theory places a central role in consistent and efficacious counseling intervention, could the same be true for teaching and supervision?

As a member of AHC, it probably comes as no surprise that my theoretical orientation is person-centered, integrated with psychosocial development theory. Above all else, I value the therapeutic relationship and understand the central roles of genuineness, unconditional positive regard, and empathy (see Rogers, 1961) in promoting client healing and growth. I firmly believe that, if clients cannot trust me and feel truly accepted and understood, and if I cannot provide honest and sincere (but appropriate) feedback, clients are not likely to make significant improvements. Rogers (1961) explained the necessity of the therapeutic relationship when he stated, "If I can provide a certain type of relationship, the other person will discover within himself the capacity to use that relationship for growth, and change and personal development will occur" (p. 33). Further, I believe that, although I bear a responsibility to my clients, their healing and growth is ultimately their responsibility; I can seek to establish a therapeutic environment conducive to healing and growth, but I cannot be responsible for their changes or take credit for their improvement. I describe this to my students as being responsible to clients, but not for clients (with some specific exceptions).

As a counselor educator, I attempt to teach and supervise in a way that demonstrates the value I place on the professional relationship while helping students to feel respected, valued, understood, and empowered to be vulnerable in their learning. I do not always succeed in this monumental feat, but I imperatively make my best attempt to create a learning environment conducive to growth and change. In so doing, I have learned some valuable lessons.

I have often heard the adage that respect is earned, not given. It seems to me that, if educators and/or supervisors wish to be respected, they must begin by respecting their students and/or supervisees. In counseling, we talk about the importance of nonjudgment and accepting our clients. As Rogers (1961) stated, acceptance means that we experience the client as "a person of unconditional self-worth—of value no matter what his condition, his behavior, or his feelings" (p. 34). The same should be true of our work with students and/or supervisees. Counselor educators may not

always agree with students and/or supervisees or hold the same values, but we should never diminish or invalidate their perspective. Rather, we should value the contributions our students and/or supervisees make through sharing their thoughts, beliefs, and values. Granted, there may be times in which, as gatekeepers of the profession, we must work to help students and/or supervisees explore the impact of their thoughts, beliefs, and values on the therapeutic relationship. Often, counselor educators and supervisors work to help students and/or supervisees develop awareness and skill in compartmentalizing their personal beliefs and values. In this sense, nonjudgement does not preclude gatekeepers from helping to remediate student and/or supervisee dispositions that conflict with the ethics codes that uphold our profession. Rather, we can remain open and appreciative of different perspectives while upholding the standards of the counseling profession. Indeed, with each passing day, I continue to evolve as a counselor educator because of the enriching interactions I have with students and supervisees.

Second, students and/or supervisees cannot learn at their optimal level if they do not feel safe. In this context, I am largely referring to emotional and interpersonal safety. The learning environment should be one that reflects a valuing of diversity while allowing forgiveness for unintentional trespasses. Rather than shaming and blaming students and/or supervisees when they make an oversight or say or do something that may be insensitive or inappropriate, we can create a teachable moment that empowers students and/or supervisees to grow as counselors and serve as advocates for inclusion and acceptance. In my opinion, the learning environment should be one in which students and/or supervisees can make mistakes and grow from those mistakes. I am imperfect, and I choose not to hold my students and supervisees to standards I cannot attain.

Similarly, I believe it is important to promote vulnerability that allows students and supervisees to make their best attempt with the possibility of not succeeding. Brown (2012) defines vulnerability as “uncertainty, risk, and emotional exposure” (p.40). Vulnerability can be intimidating for students and supervisees because of the perceived and/or real threats to their professional practice and their sense of professional self-worth (Papaux, 2016). The premise of counselor education and provisional licensure is that trainees are learning how to be effective practitioners, though. This means that, at times, students and/or supervisees will excel and, other times, they will struggle to intervene effectively. When we create an environment in which students and/or supervisees feel as if they can acknowledge their growth edges and therapeutic shortcomings, they can also be open and honest about the internal processes that influence their professional conduct. However, I truly believe that we cannot expect vulnerability from students and/or supervisees unless we model appropriate vulnerability ourselves.

Fourth, the role of empowerment stands out as a core factor in my work as a counselor educator. Rogers (1961) and Maslow (1998) spoke extensively about the innate capacity for human growth, given the right environment and opportunity for growth to occur. Stoltenberg and McNeill (1997) describe the novice practitioner (level one in the Integrated Developmental Model) as dependent upon the supervisor for guidance and support, anxious, and focused on skill acquisition. They further describe the entry-level practitioner (level two in the Integrated Developmental Model) as acutely aware of weaknesses or areas for growth with vacillating degrees of professional confidence and dependence on the supervisor (Stoltenberg & McNeill, 1997). In consideration of their developmental needs, rather than focusing on deficiencies with trainees, I attempt to work in ways that draw upon their strengths and talents to help them maximize their capacity for professional counseling practice. Granted, there are certain prerequisite skill and knowledge requirements that must be satisfied. Generally speaking, though, I find it far more productive to work towards empowerment through using a strengths-based approach to counselor education and supervision than to focus on deficiencies. This approach is consistent with the ACA consensus definition of counseling, which states that “Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (American Counseling Association, n.d., para. 1).

These four lessons learned represent only a portion of what I have grown to understand thus far in my career. As Dr. Chang says, this truly is the best career. I would like to close with a final message to my mentor and my students. Dr. Chang, I hope these reflections help you to realize the exponential effect you have had on countless lives through your role as a counselor educator. I remain eternally grateful for your mentorship and for the example of excellence you set for each person who comes into your life. To my students and supervisees, it has been a privilege and honor to know each of you. I continue to remain impressed by and appreciative of the countless ways my students and supervisees enrich my practice and challenge me to become a better person.

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Existential Conversations in Cancerland: Facing Mortality While Celebrating Legacy

By Lisa A. Rainwater, PhD

As a counseling intern at Wake Forest Baptist Health's Cancer Patient Support Program (CPSP), I walked out of my client's room one day, pulled antibacterial glob from the dispenser, and asked myself, "What am I actually doing?" I had just provided inpatient psychosocial oncological counseling to a client recovering from a laryngectomy—a grueling, disfiguring surgery that, in its immediacy, impedes manifest human life fundamentals: Swallowing, drinking, eating, talking, laughing. My client's brother had dominated our session by sharing family history and his

opinions about his sister's physical and psychological frailties. My client, determined to participate through her tracheostomy, a white board, and hand gestures, exemplified her resilience: "I am alive! Don't talk around me! I am here!"

I experience this phenomenon often at CPSP. A push-me-pull-you of needs, emotions, and fears struggling to straddle cancer's fissure between patient and caregiver. It is understandable: Studies indicate that caregivers often experience higher distress than the cancer patient (Longacre et al., 2014; McQuellon & Duckworth, 2009). Caregivers' emotions can feel like a volcano eruption when given a chance to ventilate. In such times, the words of my supervisor, Dr. Richard M. McQuellon, echo in my mind: First do no harm; then do some good. Indeed, managing client needs concurrently with caregiver needs is nimble work.

Through various modes of communication, my client shared her desire to gulp down an entire jug of water and to eat her daughter's turkey noodle soup and venison shepherd's pie—opening up a conversation about pie bakeoffs, knitting, and gardening. At the end of the session, she extended both hands, looked directly into my eyes, and said, "Thank you. I bless you for being here with me." I left feeling that I had done something, but I could not help but wonder if I had merely been engaging in kitchen table conversations rather than actual counseling. What had I done that would be considered, in the academic sense, humanistic counseling? Had I made an impact? If so, how and for whom? A few days later comfort food was the least of her concerns. We were identifying her post-discharge social support, and then, frantically, she wrote on her white board, "My daughter died." Her fallen head shook back-and-forth, as tears welled.

This isn't uncommon in Cancerland.

Facing one's own mortality seems to resuscitate the lives of those already dead: Parents, spouses, friends, war buddies, siblings, grandparents, and, yes, even children. Holding a conversation in Cancerland is always, even if elusively, about death: Not just the potential death of the client but all those who left this world before and those they will leave behind (McQuellon & Cowan, 2010).

Yalom's ultimate concerns emerge in a multitude of ways in Cancerland (Yalom, 1980). As a psychosocial oncologist-in-training, I quickly learned that death anxiety lurks around every corner and in every hospital room. And why wouldn't it? The challenge for the humanistic counselor is to help a client "gather meaning and value from a situation in which they find only despair" (McQuellon & Cowan, 2010, p. 50). I was not prepared to touch death at each encounter. Nor was I prepared to touch the prospects of my own death and the future deaths of my parents, spouse, sibling, and friends. Physician Rachel Naomi Remen (2006) wrote:

The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet. This sort of denial is no small matter. The way we deal with loss shapes our capacity to be present to life more than anything else. The way we protect ourselves from loss may be the way in which we distance ourselves from life (p. 52).

Cancerland forced me to dive headfirst into the water I had avoided for years in fear of getting wet (or drowning). And a bit of drowning I did.

One day I was reviewing charts, and there it was. Not one. But two. Two clients had died within days of each other. The first—a male octogenarian who had found purpose and meaning in life as a teacher and coach—had succumbed to cancer-related organ failure. In his last days, he had shared his life's work with me. My role: To witness and confirm his legacy and contributing existence on earth. It did not escape me that his storyline was quite similar to my father's.

My second client was a raw, witty, and tender (although she would never have admitted the latter) woman diagnosed with stage IV ovarian cancer and just a few years older than I. Three weeks earlier, I was bedside as her oncologist told her they had run out of options. Tears pooled in her large blue eyes, as she shared her relief at receiving closure. We sat for a while discussing what she wanted to accomplish before she died: Visiting her aging parents, contacting her long-lost son, finding a home for her beloved cat. She reached out to hug me, and I hugged her back. As I walked toward the door and said goodbye, I felt a heavy sadness that I would probably never see her again. If resilience were a proper noun, it could have been her middle name.

The recognition that these two human beings were gone hit me in innumerable ways. How could I experience such grief for people I had known such a short time? Was it weakness? Was this textbook countertransference? Remen (2010) explained:

The bottom line is that grieving is not meant to be of help to any particular patient. You grieve because it's of help to you. It enables you to go forward after loss. 'On to the next' is a denial of a common humanity, an assertion that someone can die in front of us without touching us. It is a rejection of wholeness, of a human connection that is fundamental (p. 54).

I cannot deny it. These two people touched me. As do all my clients—many of whom go home and enter survivorship. But a fair share of them do not.

The humanistic Gestalt-leaning therapist in me recognizes I am part of the whole, and my clients become figures in a moment of time. Important figures who arise in time of need, only to retreat to the background and reemerge with the whole. The

humanistic, existential therapist in me recognizes that I am present with them in the here-and-now, bearing witness to their human joys, sorrows, achievements, and struggles. Because they have allowed me to join them on their journey, they will ever remain part of my entire human experience. But they also cannot remain figures forever, because there will be others who emerge and can benefit from similar conversations in Cancerland. If I don't learn how to grieve their deaths, I will be unable to help anyone else who appears in my foreground.

As a humanistic counselor, my intention is to embrace the grief I feel while embracing my own fears intertwined in their deaths. As Yalom (2009) noted:

We must demonstrate our willingness to enter into a deep intimacy with our patient, a process that requires us to be adept at mining the best source of reliable data about our patient—our own feelings ... It was only when I began working extensively with dying patients (in my fourth decade) that I experienced considerable explicit death anxiety. No one enjoys anxiety—and certainly not I—but I welcomed the opportunity to explore this inner domain with a good therapist (p. 40, 42).

Cancerland conversations take on many forms. The practiced humanistic psychosocial oncologist recognizes which storyline to follow. It's an intricate dance, that begs the question: "What am I actually doing?" It's an ongoing invitation to engage and readjust as to meet each new cancer client and caregiver wherever they are in the here-and-now.

*N.B.: Clients' personally identifiable information has been altered to protect their confidentiality.

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