

## Career Counselling Agoraphobic Clients

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### Résumé

Cette article décrit une méthode d'orientation professionnelle mise en pratique avec une section représentative des clientes phobiques.

Chaque étape du processus est décrite et résumée en tant que: (1) exploration, (2) counseling, (3) action. Les tests et les procédures sont identifiés. Les conclusions des tests sont présentées aussi que des implications et des recommandations aux praticiens.

### Abstract

This article describes a career counselling approach used with a sample of female clients suffering from severe phobia. Each step in the process is described and summarized as (1) exploration, (2) counselling, (3) action. Tests and procedures used are identified. The results of testing are reported as well as some implications and recommendations for practitioners.

### INTRODUCTION

This paper is an attempt to share the experience of career counselling twenty female clients who were previously diagnosed as possessing a severe phobic condition. More precisely, these women suffered from a condition known as agoraphobia. Not a great deal is yet known about agoraphobia but a simple definition (Mavissakalian & Barlow, 1981) describes it as a fear of open and public places. More specifically, it is a disorder whose victims exhibit an unusual fear of leaving the safety of their homes. Agoraphobics often avoid any public place which is characterized by crowds such as streets, stores, buses, and restaurants. In its least severe form it involves a mild fear of travel and/or closed spaces; at the other extreme there are those who experience panic attacks, find it impossible to leave their homes unaccompanied, and experience associated feelings of depression, loss of self-esteem, and fears that they are losing their mind.

Previous research indicates that many agoraphobics initially seek help for their phobic symptoms from their family physician (Weekes, 1976). The apparent inexplicable nature of the syndrome and the physical symptoms associated with panic attacks (e.g., palpitating heart, sweating, dizziness, nausea, muscle weakness, tightness in the chest, blurred vision) make it difficult for sufferers to describe their problems beyond reporting the above symptoms to their doctor. However, agoraphobics may also seek help from, or come to the attention of, various community agencies and counsellors.

An article by Fodor (1979) indicates that the problem is predominantly found in married women in their mid-thirties. The syndrome is further characterized by personalities which are dependent, non-assertive, and given to avoidance-reaction. Recent theorizing suggests that agoraphobia has its roots in the socialization process of our culture where a great deal of sex-role stereotyping takes place very early in life. For example, a survey of elementary school readers indicates that while boys are doing brave adventurous things, girls are often depicted behind windows and fences in an immobilized condition, watching (Lockheed, Finklestein, & Harris, 1979).

In addition to the stereotyping in the socialization process, it seems that many women who are otherwise capable and self-sufficient begin to develop phobias after several years of marriage. It is possible that it is not being married per se which is responsible, but the external reinforcement for submissive behaviour and general homemaking (Lazarus, 1966). After years of such reinforcement a woman is literally jailed in her own home until a crisis develops. It is at this point that some form of therapy often begins as a possible treatment intervention. Although the interpretive insight approach to counselling is considered as a possible technique, the most popular approaches tend to be those classed as behavioural. No matter which approach is used in therapy to attack the primary problems, a career orientated counsellor appears to have an extremely important role to play in the rehabilitative process. If the assumption is made that the client suffers from an incomplete and often negative self-concept and if the further assumption is made that these persons fear and hesitate to enter into new interpersonal relationships, then the approach to career counselling must be done over time with great sensitivity.

#### CAREER COUNSELLING

Career counselling has been misunderstood by the public and also by many professionals in the field. Traditionally, an individual who had available some psychological tests and inventories was often a self-professed expert in the field. The notion that the tests did the work without the necessity of a long drawn-out relationship was a key concept in the practice of career counselling. Recently, it is widely held that career counselling is not unlike most other forms of counselling in that it is a process which attempts to help the individual with the solution to life problems. Many individuals continue to perceive career counselling as form of employment counselling. One of the reasons for this problem is tied to the language we use and to the meanings of various words.

A career is a course or a passage through life characterized by consecutive and progressive achievements. It is the primary activity to which an individual devotes their time and energy. Many persons in our culture would have a great deal of trouble identifying a career for

themselves. It seems to be the case however, that most of us spend a great deal of time and energy rearing children.

An occupation or vocation is a label one attaches to themselves which identifies a range of activities by which we may get remunerative positions or tasks. An individual may be a teacher by vocation but this alone does not define his job or place of employment.

A job is a task which may be shortlived or last a long time. It is the activity one may engage in to earn rewards such as money. Our example of a teacher, for instance, might indicate that the individual worked daily in a specific school teaching a specific curriculum for five days a week.

Employment would seem to be the state of acquiring a job or of being gainfully engaged in one. Employment counselling would be directed to the specific task of finding a job.

Career counselling, as has already been suggested, is a process of helping an individual with their overall plan for life. This process often involves an appraisal or re-appraisal of one's strengths and weaknesses in the areas of intellectual skills, aptitude, interests, and values. The counsellor is central in entering into an interpretive relationship so as to provide information to the client.

## METHODS

### *Sample*

For this investigation 20 female clients in career counselling served as the sample for the procedure which followed. They were referred for career counselling by another counsellor whose primary aim was the treatment of the condition and symptoms surrounding agoraphobia. They ranged in age from 20 to 50 years with the average being 32. The career counselling lasted approximately two months in each case.

### *Procedure*

The process of any engagement was a problem for these clients and the career counselling was no exception. They were both frightened and excited at the thought of pursuing this novel experience. The steps involved in the process included (a) exploration, (b) counselling, and (c) action. Exploration was divided up into initial contact, self-exploration, and testing. Initial meetings with each client took place as soon as possible after contact was made with the counselling office. Each client was seen for approximately 15 minutes. The nature of career counselling was carefully explained and as accurately as possible they were informed about the "process" into which they were entering. The initial meeting was purposely kept very brief since a part of the problem for these women was a fear of interpersonal relationships, especially outside of the secure home environment. Gradual immersion was a key factor in the

approach to career counselling used with this sample. Toward the end of the first session all clients were given a self-directed type of career exploration package to take away with them. They were to work on it with a friend, alone, or with a member of the family. The possible insights and the contact made with others in the intervening week was the strategy behind this "homework assignment." They were to return this booklet when they came for their second session. The following two sessions (the second and third) were essentially testing sessions at which times the following tests were administered:

Wechsler Adult Intelligence Scale (WAIS)  
 Career Ability Placement Survey (CAPS)  
 COP System Interest Inventory (COPS)  
 California Personality Inventory (CPI)

The Wechsler Scale was administered by a Registered Psychologist while the remainder of the tests were done by a trained psychometrician. Gradually, the client was being introduced to others in the counselling process. Once all tests were completed the interpretive counselling sessions began. On average there were 3 additional sessions (the fourth, fifth, and sixth). The first of the interpretive sessions focused on the career planning manual which had been given to them earlier as a homework assignment. This session purposely dealt with a wide range of topics surrounding the client's life. The next session began specifically to look at the COPS and if time permitted the CAPS was also introduced. The advantage of using these particular inventories in combination is that they have identical profile categories so that some interesting comparisons and matches between interest and aptitude are possible. The final session dealt with the CPI and the WAIS.

Personality characteristics can help the counsellor in the interpretation of interest and aptitude. Normally, personality should not make a great deal of difference but on occasion it has added rich information to the data already explored. The client's ability is a much more relevant variable since it gives an indication of the person's academic potential. Most of the clients wish to pursue post secondary studies of some kind so it is imperative that a realistic appraisal of intelligence be added to the data pool. Counsellors using this approach should be cautious in interpretation at this point since the clients are still extremely sensitive to criticism and any indication of a less than average performance on the WAIS is immediately taken as a criticism or weakness. Clients have wept openly when they learned that their abilities in this area were in the "average range."

The next step in the procedure was called "action." This was the phase of counselling in which the client was encouraged to engage in some concrete, positive task. The actual tasks vary in their intensity and

commitment. For most, the steps are manageable. Following are some examples of the steps taken by the clients in this study:

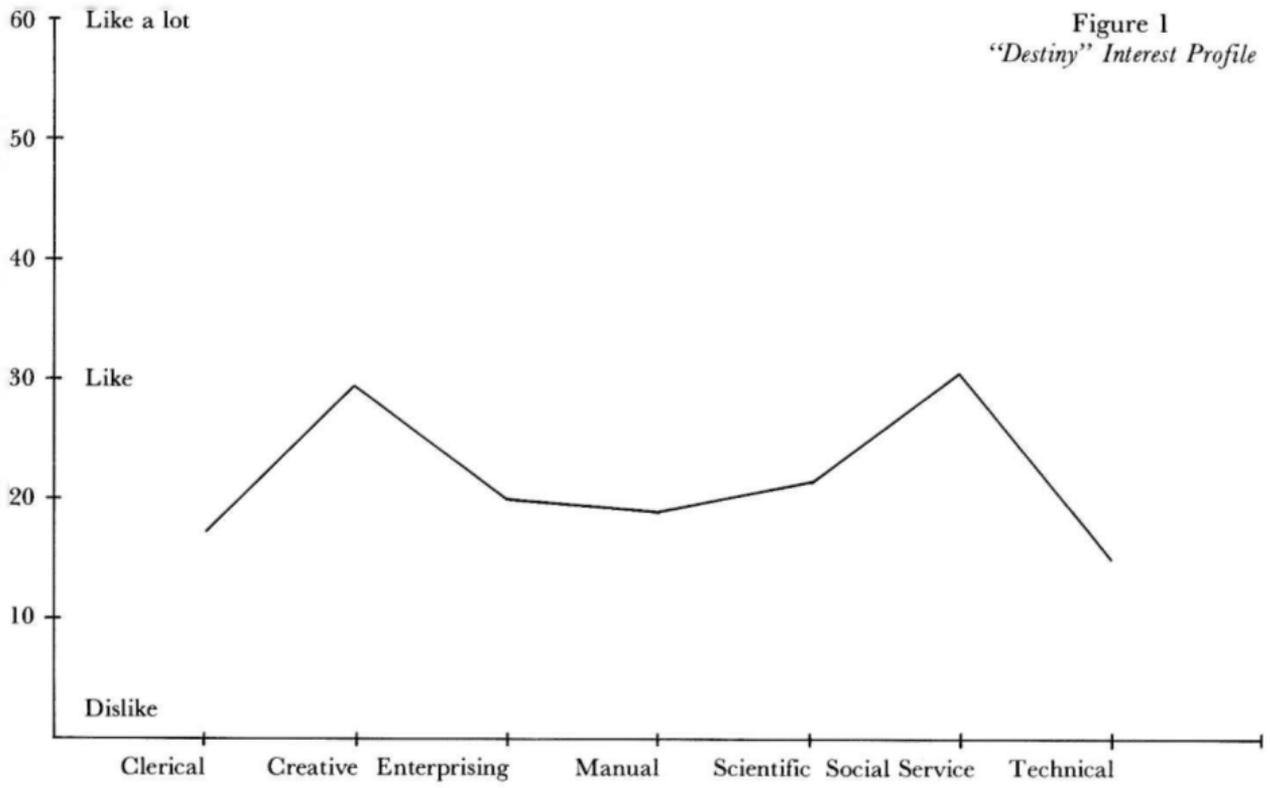
- making (a) phone call(s)
- making appointments
- talking to others
- reading about various occupations/programs
- preparation of a personal resume
- resigning from present employment
- responding to job opportunities
- obtaining information from colleges/universities
- enrolling in courses/programs
- changing courses/programs

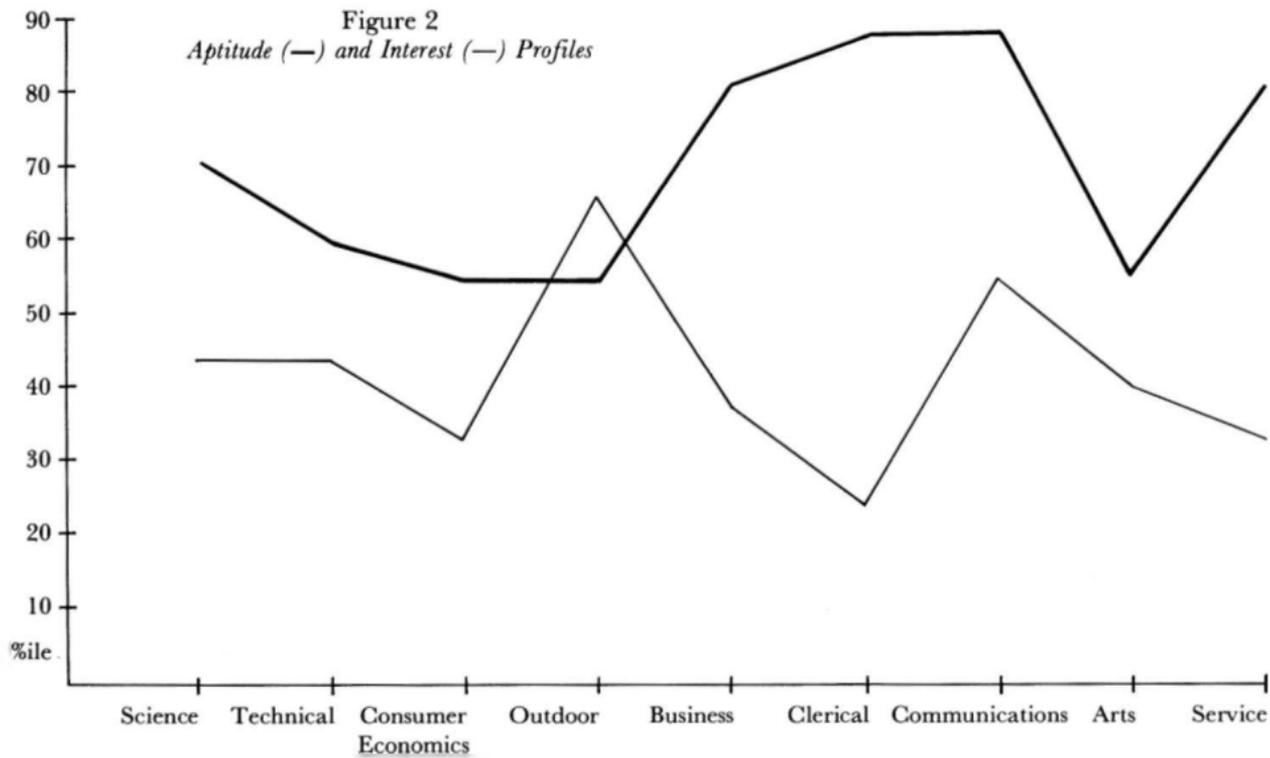
## RESULTS

After testing and counselling this particular sample of 20 women a number of results emerged which are worthwhile sharing. The testing and counselling was done over a period of time of approximately one year. Each client was seen over a period of approximately two months. The average age of these clients was 32 years. As was reported earlier three separate methods of assessing interests were utilized: a self report, the "Destiny" inventory, and the COPS Interest Inventory. Similarity of results were sought. On both inventories the average scores were generally below the 50th percentile. Self report results were similar in that very little enthusiasm was expressed for any particular occupational interest. All results pointed towards what might be termed an apathetic interest pattern. From "Destiny" it was obvious that the creative and social service areas were higher than the other areas. The COPS indicated higher percentile ranks on outdoor and communication areas. There was a lack of consistency of results which seemed to confirm the fact that indecision, confusion, and generally low self-esteem was affecting choices for these clients. This "down" feeling among this population is a serious problem for the potential counsellor and must be taken into consideration when attempting to help make career goals for these women.

Scores on paper-pencil ability and aptitude tests appeared to be above average thereby creating a more elevated profile on the Career Ability Placement Survey, which depends on aptitude scores for elevation of occupational areas. All aptitudes were above average with the two highest being Language Usage and Word Knowledge. This finding tends to confirm the generally held view that adults retain their language skills over time while the arithmetic skills are the ones that tend to deteriorate. Scores on the WAIS were also above average (VIQ 113, PIQ 109). The full scale score of 112 puts the group into what the manual calls the "bright-normal range" of intellectual ability. The combined aptitude and intelligence test results suggest that as a group agoraphobic women who seek counselling are brighter than average.

Figure 1  
*"Destiny" Interest Profile*





This may be one reason why they seem so intent on seeking further education at a postsecondary level. Because of higher ability scores occupational profiles are elevated, meaning that this group is able to academically cope with almost all areas in terms of careers.

There is an obvious discrepancy in the ability and interest profiles. One of the differences is the overall elevation which tends to suggest that this group of clients does not appear too interested in anything but can, from a strict aptitude point of view, cope with everything. Their highest areas of aptitude are Business, Clerical, Communication, and Service. This result is not surprising when one considers that their best retained and developed aptitudes are ones which involve language usage in either an oral or written form.

As expected the results of personality testing yielded low profiles on the California Psychological Inventory indicating a general lack of good feelings about themselves and the world around them. Scores on measures of confidence and well being were equally depressed. The only areas which approximated average scores were motivation, flexibility and intellectual efficiency. On the whole however, the dependency, non-assertive syndrome postulated in the literature was supported by these results.

#### DISCUSSION

Judging from the results, one would be forced to describe the sample as a group of bright, young women, who, unsure of themselves and their futures possess no specific strong areas of occupational interest but have the aptitude to achieve well in a number of areas.

Prior to the counselling process four of the women had already completed a university degree but the remainder had not pursued any university education. Motivation to begin further studies was, however, strongly expressed by all involved in the study. The testing phase of counselling was probably the highlight for most of the women. They indicated a real eagerness to learn the results almost as if it would give them the permission needed to carry on with their lives. The results which most interested the group were the scores on the intelligence test. This factor was the most important. During actual therapy for the treatment of their phobia an attempt is made to boost their confidence with the implication that they could accomplish anything they tried. Their attempt to seek career counselling is an extension of that confidence. At this point in their therapy it is assumed that they are able to see themselves as completely adequate people. As a result they expected to do well on the intelligence test and when some found out that their scores were only average or, in some cases, below average they literally broke down in the counselling office as if their self esteem had been taken completely away. It would seem that the use of ability tests at this point

in the rehabilitation of phobic persons may be somewhat premature. In fact, it may be that career counselling for persons who suffer from such phobias is a process only to be entered into after the primary problem has been treated to everyone's satisfaction.

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