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AUTHOR Allan, Susan D.
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ABSTRACT

Most counselors adopt a "clinical" role as opposed to an "environmental" one, seeking to make the individual adjust to existing social and educational conditions rather than trying to bring various aspects of the organization or social system into harmony with each other and with individual needs. To find out which role is actually adopted by counselors, the author sent questionnaires to 108 counselors in rural, urban, and suburban areas, and held extensive interviews with a subsample of 12 counselors. Items adjudged clinical received the three highest rankings, while the two most environmentally oriented items were ranked next to the bottom of the scale. The interview results indicated that the group considered the clinical role more appropriate than the environmental one. Counselors enjoy and feel more confident in the role of the clinician; moreover, counselors' perceptions of the expectations of others in the school, with the exception of students, also appear distinctly clinical. The author concludes that counselors are operating within a model that protects the status quo, fails to address change, and depends for its continuance on advocacy of the currently existing school system. (SE)

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Helping Roles in School Systems: Counselors as Maintainers of
the Status Quo

Susan Demirsky Allan

The University of Michigan

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An analysis of sociological role model theories of helping systems indicates that such systems operate in a clinical manner, thus serving as maintenance devices for the organizational status quo. The role of the school counselor was examined for evidence of a clinical orientation.

Four school districts with 108 counselors participated in a Counselor Role Survey, intensive interviews, and provided written documentary materials. The literature of the field was also analyzed for evidence of clinical orientation. All evidence supported counselors' lack of recognition of environmental problems, strong emphasis on clinical problems, tendency to view others as having clinical expectations of the counselor role, and to see those perceived as having the most exclusively clinical expectations as the most realistic about the counselor role.

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HELPING ROLES IN SCHOOL SYSTEMS:
COUNSELORS AS MAINTAINERS OF THE STATUS QUO

Susan Demirsky Allan
University of Michigan*

* mailing address: Department of Psychology
University of Maryland
College Park, Maryland 20742

An analysis of sociological role model theories of helping systems indicates that such systems operate in a primarily "clinical" manner which acts as a maintenance device for the organizational status quo (Glidewell, 1972; Levine and Levine, 1970; Cicourel and Kitsuse, 1963; Laing, 1967; Szasz, 1963). I contend that the role of counselor in a school setting (the prime helping role in most schools) is entrenched in this helping role mode and therefore acts to change individual students to accommodate to schools at the expense of seeking school change. I will present a continuum of possible helping role models as a conceptual framework for exploring the orientations of helping professionals, explore the various theoretical and research models for their implications and present evidence that the counseling profession as well as individual counselors embrace a model of individual accommodation to social systems.

A continuum of "clinical" versus "environmental" role models is proposed as a framework for exploring helping role orientations. I define a clinical role model as one characterized by a tendency to formulate problems as internal to individuals (intrapsychic) or in terms of the individual's interaction with a small number of other individuals. Change is required of the individual to accommodate to the social or political system. The terminology frequently employed (based on that of the medical fields) refers to pathologies and deviances. References to personality characteristics of the client and/or his/her family are also made. The emphasis is on helping the individual adjust to or accommodate to the social system. If the individual

fails to accept help or make adjustments in a reasonable amount of time so that he is no longer severely disruptive to the social system, he may be defined as so seriously pathological as to be virtually incurable and be removed from the system. Healthy versus non-healthy attitudes may be used synonymously with compliant versus non-compliant attitudes.

I define an environmental role model as one characterized by a tendency to formulate problems as external to the individual (although problems are sensed by individuals) and as a function of the social and/or political system. The terminology used is that of group and organizational dynamics, sociology and politics. Emphasis is on bringing various aspects of the organization or social system into harmony with each other and with individual needs. The system is required to accommodate not only to the majority of individuals within it, but also to a large degree of variance. This orientation does not see deviance from a norm as a problem in itself, but only as it produces conflicts with the wider social system. Non-compliance may be seen as a sign of mental health if the social system is judged to be incapable of meeting the needs of those for whom it exists.

The theory of the "helping dyad or triad" (Glidewell, 1972) is a useful starting point for examining the sociological structure and function of the "ideal" traditional helping role model. The helping dyad or triad consists of two or three people: an individual whose behavior is disruptive to the social system and one or two high-status "helpers" who possess special skills

thought necessary to aid the disruptive individual. The helping dyad or triad's basic nature is that of a "social order maintenance" device.

"Within itself the helping triad is not an instrument of social change. It evolved to change the individual, not the society" (Glidewell, 1972). Most of the intended effects of a helping triad are to keep the environment undisturbed and unchanged. In the process of carrying out its function it attempts to isolate the deviant, thus protecting the system from the spread of his ideas or behavior. When successful, it puts the deviant under stress to modify his behavior to accommodate to the system.

In an application study of the sociological function of counseling, Cicourel and Kitsuse (1963) call attention to the process of deflecting change that results from a clinical helping model. They document the use of clinical terminology by counselors and the interpretation of problems in psychological and clinical terms. The counseling vocabulary interprets problems in terms of the students' "motivation", "family situation", "peer adjustment" etc. The more professional the counselor, the more clinical the interpretation was likely to be. Cicourel and Kitsuse also point out the consequence of such an orientation of "help" is to deflect school administration from examining the school system or the activities of the counselor, teachers or administrators as sources of problems.

The labelling of an individual by clinical terminology is both a social and political as well as a psychological event. Some psychiatrists (Laing, 1967; Szasz, 1963) have emphasized that the finding of mental illness is made by "establishing a deviance in behavior from certain psychosocial, ethical or legal norms" (Szasz, 1963). As do members of the psychiatric profession, counselors have a vested interest by substantiating their possession of "unique" therapeutic skills. Further, for a student to be labelled as mentally ill or deviant is a political event that affects the students' rights and privileges. While a counselor's label alone may not commit an individual student to institutionalization, the counselor's recommendation may affect adjudication of custody and institutional commitment. More usually, the counselor's opinion may label a student within the school as a "sick person" who is not to be taken seriously. Repercussions of this judgement may affect employment, college, social relations and one's political position in the school.

The political dilemma of the mental health field in relationship to social control is also explored by Levine and Levine (1970). In this attempt to place the role of the mental health professions in a historical and political context the conclusion emerges that mental health professionals "must be viewed as agents of deviance control". "Not only is the mental health professional the one who identifies the deviant; in the very doing he confirms the validity of the social norm violatedin periods of acute social change, the mental health

professional may contribute to the exacerbation of the dislocations people endure by becoming part of the process which induces and maintains cultural lag." (emphasis theirs, Levine and Levine, 1970).

The philosophical orientation of a field or individual is seen by Levine and Levine (1970) as a direct expression of a political viewpoint. Aligning oneself with environmental or individual change may be parallel to aligning oneself with reform and conservative viewpoints. This viewpoint may in part be dependent upon the dominant social and political ethos of the society.

Being a clinical or an environmental helping professional is more than a choice of theory. It is an expression of the individual's, the field's and the society's current philosophy about the nature of human beings. The choice that I will attempt to show has been made in the school counseling field--that of the clinician--clarifies the counselor as a political being and as an agent of the presiding social system. A counselor is not a detached objective professional above the political storms and changing times as much of the school counseling literature would have one believe (Allan, 1974), but a consequence and a function of that social and political milieu. An understanding of counseling in that perspective is a necessary prerequisite to the consideration of alternate helping roles.

Methods

The first technique used was a review of the school counseling literature to assess the orientation reflected by articles in the field. Articles were grouped as to clinical or environmental orientation as well as finer distinctions within each category.

Questionnaires were distributed to 108 counselors in four school systems. One of the systems was urban, one rural and two suburban. Sixty-eight usable responses were received yielding a return rate of 63%. One of the questionnaires, the Counselor Role Survey, consisted of a list of twenty-two possible counselor functions separable into environmental, clinical and mechanical categories. The counselor was asked to rate each function as being of major importance, of minor importance, not important or not counselor role. They were also asked to rank order the three functions that they considered most important in the counseling role. Space for writing in other functions was provided.

Intensive interviews were conducted with a smaller subsample of 12 counselors distributed over all four target districts. These interviews were taped, transcribed and coded by an independent coder as well as by the investigator (agreement rate = 88%) for evidence of clinical or environmental orientations.

Finally, counselor statements and workshop summaries regarding counseling goals were collected from schools in the sample where such information was available, in order to provide

written confirmation of the formal goals and philosophy of counseling departments in the sample.

Results and Discussion

The bulk of debate in the counseling literature reviewed centered around which clinical view of the counseling role is best, rather than being a clinical versus environmental debate. There were relatively few articles indicating an environmental perspective and those that did exist occasioned little comment from those advocating clinical points of view (Allan, 1974). While the details of the review are far too lengthy for this paper, some of the roles advocated were that of psychotherapist, facilitator, developmentalist, eclectic, behaviorist or contingency manager (for the schools goals not for the clients), and some combinations of the above. In some cases there was tremendous emphasis on deviance and the use of the medical model; A listing of terms from just one page in an article advocating psychotherapy as the counselor role illustrates the emphasis on deviance: the use of the word "normal" in quotation marks, "disabling", "emotional cripple", "illnesses", "treated", "mental hygiene", "aberration", "abnormal psychology", "diagnostics", "so-called normals", and the expression that "so-called normals" and "abnormals" and usually the same population (Albert, 1966). The point, however, is that while actual counselor functions may not duplicate these theoretical perspectives, the counseling literature revealed an individual focus; one which defined as internal to individuals and required individual change as a solution.



The Counselor Role Survey was analyzed by averaging the counselor rankings for each item by each of the three major school districts (one of the suburban districts was too small to be included in this portion of the study) and compiling the average for the entire population of 68 counselors. A rank-ordering was developed reflecting an average counselor rating of

 Insert Table 1 about here

various questions. Items adjudged clinical (counseling individual students about personal problems, advising on individual vocational problems, and group counseling students about personal problems) received the three highest rankings. The most environmental items, developing school governance and policy and developing discipline policy, were two of the lowest three ranked. Two more environmental items (designing in-service training for teachers and master schedule planning and advising) were among the lowest ranked making four of the lowest ranked five items environmental.

Two of the items intended as environmental could not be rated as clinical or environmental due to double meanings of the wording. These differing interpretations were revealed through conversations with counselors during the subsample interviews and through the high correlation of the two items with the clinical items. When these two items are eliminated a trend emerges for the counselors to rank clinical items as more important than environmental items. Also, in the two cases where more than one interpretation of an item was possible, counselors chose the clinical interpretation, thus strengthening



the evidence for a clinical orientation.

Further evidence for a clinical orientation on the part of counselors results from the intensive interview subsample. Counselors were chosen who appeared to reflect either a strong clinical or a strong environmental viewpoint on the Counselor Role Survey (and an accompanying background questionnaire) from each school district. The interview results, which will be only partially dealt with here, showed strong agreement with the questionnaire results.

When asked to name the major responsibilities of their job as a counselor some 66% of the functions mentioned by the entire interview subsample (both clinical and environmental counselors) were clinical in nature. All of these clinical responses fell within one of the following categories: information resource to individual students, resource for teachers, parents and administrators to give information on or change the behavior of individual students, and counseling individual students or small groups about personal (family, emotional or academic) problems with the goal of individual understanding or change. Only 13% of the responses fell within environmental categories [information resource to groups of students; resource for teachers to improve instructions; mediator between students on the one hand and teachers, parents and/or administrators on the other; organizational change (including curriculum innovation, school governance and policy, liaison to administration etc.); and social projects]. The remaining 21% of responses indicated mechanical work (i.e. clerical, attendance etc.).

While counselors who the Counselor Role Survey indicated would be "environmentalists" did mention significantly more environmental responsibilities than did counselors predicted to be clinical ($\chi^2_{1df} = 4.69, p < .05$). However, it is also significant that even in the non-representative subsample which is far more heavily weighted for environmentalists, clinical functions received such heavy emphasis.

Counselors also enjoy and feel the most confident in the role of the clinician. When asked which responsibilities they most enjoy performing all 16 responses were within clinical categories with 14 indicating counseling individual students. When asked which responsibilities they feel they do best, 14 out of 15 responses were in clinical categories with 12 of these in individual counseling.

Counselors perceptions of the expectations of others in the school were also distinctly clinical. The counselors were asked how principals, teachers, parents and student saw the role

 Insert Table 2 about here

of counselor, what their expectations were, and whether their expectations were realistic. Principals were seen as having the most positive attitude, no environmental expectations and the most realistic expectations of the counselor. Students were seen as having a mixed attitude, the most environmental expectations and the least realistic expectations of the counselor role. Teachers were seen as almost as negative as students and parent attitudes appeared to be largely unknown to most counselors.

While there were no significant differences between the clinical and environmental counselors on these points, it is worth noting that the three counselors who did assess student expectations as realistic were all environmental and the three counselors who assessed student attitudes as negative were clinical. The trend for all counselors, however, is to see groups of people believed to hold environmental or mixed expectations as unrealistic and to see those believed to hold clinical expectations as realistic. There is also evidence of self-admitted ignorance of community attitudes toward counselor functions.

Finally, the written guidelines distributed by counseling departments in high schools or districts also shed light on the counselors' orientations and goals. This material was not available in many schools (information was obtained from only three), however, what is available reveals useful information about the accepted counseling philosophy.

The rural school district had produced a goals statement that was intended to be county-wide. The counselor, who provided this statement (an environmentalist) expressed some dissatisfaction with the survey but said it was "the best we have". The general statement was oriented toward the accountability of the school counselor toward his/her various clients.

Accountability of the School Counselor to Pupils

COUNSELING - through the counseling relationship, he helps each student to understand himself in relation to the world in which he lives; to resolve special problems; and to develop competence in making decisions....

Two of the schools in the urban district had written statements. One was a statement of philosophy. The other was a format and sampled results of a workshop on directions in guidance.

The philosophy statement was as follows:

This we believe: Since a great number of our students are 'educationally deprived', the Guidance Department of _____ Senior High School should be and is dedicated to help the counselee seek knowledge of himself, to assist him in the development of self-discipline, encourage him in the thinking of his values and in making decisions based on true beliefs.

So low are the aspirations of many and so void are they of a worthwhile image, that we as counselors have a definite responsibility in assisting them:

1. In adjustment
2. In solving problems
3. In maturing
4. In developing an open-mindedness toward diversity and change.

It is difficult to understand how counselee's knowledge of themselves or for that matter any individual and personal changes, will change the situation of educational deprivation in that high school. Nor is it clear why educational deprivation should make individual self-knowledge, discipline or thinking of values and making decisions based on true beliefs more important than in an educationally advantaged situation. The

counseling staff at this school appears to have given very little consideration to the nature of the problems they are confronting and logical, much less effective, solutions. Little connection is apparent between their definition of an environmental problem and their proposal of clinical solutions.

The workshop for Directions in Guidance illustrated more teacher than counselor views. However, the majority of suggestions were clearly of a clinical or clerical nature. The only workshop session that appeared to promise an environmental response was one on social counseling. However the suggestions from this workshop were that referrals be provided for nurses, vocational rehabilitation, speech therapy, reading clinics and "special services". The thrust here is surely on individual solutions to individual problems. Speech therapy, while worthwhile, can hardly be seen as an attempt at social change.

Three separate lines of evidence (survey, interview and documentary data) indicate a strongly clinical orientation on the part of members of the counseling profession. Counselors do not appear to recognize environmental problems as a part of their professional role, nor do they perceive others (with the partial exception of students) as holding this expectation of their role.

Conclusion

Counselors are operating within a model that protects the status quo, fails to address change and depends for its continuance on advocacy of the currently existing school system.

During times of school disruption and dissatisfaction a need exists for school personnel to have an orientation that permits openness to environmental change and skills in bringing needed changes about. An environmental orientation is not a sufficient condition for a counselor to adopt an activist or change-oriented strategy; however, it is certainly a necessary condition. If counselors are unable to recognize the environmental problems that exist they certainly will not be able to adequately meet the challenge of these problems. I contend that this is the situation of the counseling profession at the current time, and as a result of this orientation counselors may be one force preventing schools from recognizing needed changes.

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Table 1. Rank Order of Responses of 68 Counselors to the Counselor Role Survey

<u>Rank</u>	<u>Item</u>	<u>C/E</u> ¹	<u>Score</u> ²
1.	Counseling individual students about personal problems	C	3.91
2.	Advising on individual vocational problems	C	3.85
3.5	Group counseling students about personal problems	C	3.81
3.5	Group counseling students about school problems	-	3.81
5.	Developing a pool of vocational information	E	3.60
6.	Advising and determining individual student schedules	C	3.59
7.	School-community relations	E	3.44
8.	Consulting on group dynamics	E	3.29
9.	Counseling teachers on classroom problems	-	3.22
10.	Family counseling	C	3.18
11.	Curriculum design	E	2.91
12.	Achievement testing	C	2.75
13.	Developing drug programs	E	2.59
14.	Personality testing	C	2.53
15.	IQ testing	C	2.43
16.	Attendance	C	2.29

Rank Order of Responses of 68 Counselors to the Counselor
Role Survey. (cont.)

<u>Rank</u>	<u>Item</u>	<u>C/E</u>	<u>Score</u>
17.	Counseling teachers on personal problems	C	2.24
18.	Designing in-service training for teachers	E	2.18
19.	Master schedule planning and advising	E	2.10
20.	Developing school governance and policy	E	1.82
21.	Developing discipline policy	E	1.72
22.	Administering discipline	C	1.07

¹ C= clinical item, E= environmental item

--= indeterminate (see text)

² Scores are on a scale of 1 to 4.

1= not counselor role

2= unimportant

3= minor importance

4= major importance

Table 2. Data from Counselor Interviews on the Counselor's perception of the attitudes, role expectations, and realism of expectations of principals, teachers, parents, and students toward the counselor's job.

	<u>Attitude</u>			<u>Expectations</u>			<u>Realism</u>		
	+1 ¹	-2 ²	0 ³	C ⁴	M ⁵	E ⁶	+7 ⁷	-8 ⁸	0 ⁹
Principals	9	2	3	15	10	0	9	3	2
Teachers	3	2	9	14	6	4	3	7	4
Parents	4	0	10	15	2	4	6	5	3
Students	3	3	8	17	1	15	3	11	0

- 1 Positive attitude
- 2 Negative attitude
- 3 Counselor doesn't know or thinks it is mixed.
- 4 Functions designated as clinical
- 5 Functions designated as mechanical
- 6 Functions designated as environmental
- 7 Expectations are realistic
- 8 Expectations are unrealistic
- 9 Counselor doesn't know whether expectations are realistic or unrealistic