

Education and Counseling

Frank Thomas

Thinking is more interesting than knowing, but less interesting than looking.

– Johann Wolfgang von Goethe

The task of the modern educator is not to cut down jungles, but to irrigate deserts.

– C. S. Lewis

Every profession has “roots” or traceable origins. My own specialty, marriage and family therapy, is perhaps the only amalgamation, as it arose from several sources both within and outside mental health. Influences on family therapy included biology (von Bertalanffy), cybernetics (Wiener), and anthropology (Bateson), to name but a few. Psychology for the most part grew out of philosophy while psychiatry evolved from medicine, and social work emerged from the social welfare movements in the UK and US. The counseling profession in the US has a different ancestry, developing from the compulsory education movement of the late 19th century. At least in the US, counseling was first known as the vocational guidance movement and only later began to incorporate theories from psychology. Since I teach in a university school counseling program within a college of education, my bias is to train counselors who can be effective in their contexts...and educators certainly value the education process!

There are many metaphors you can adopt to understand your work as a counselor: healer, advisor, therapist, problem-solver, solution-builder, and conversational expert are a few. But I continually find that a portion of my counseling practice also assumes the role of educator. A few examples may illustrate how this simultaneously fits with the ideas that “clients are experts in their experience” and “counselors have expertise, too”.

Rod and Linda came to me complaining of “sexual problems”. Since I believe clients are the experts on their experiences, I began by asking what they would like to be different in this area of their lives. Rod was convinced that his level of sexual desire was “normal” for a 60-year-old man, and Linda was quite sure that her own level was “below normal” for a 63-year-old woman. I asked them a few questions: “What are your ideas of ‘normal’? Where did you get those

ideas?, and, Is having a ‘normal’ sex life important to either of you?” Most of our discussion focused on Rod’s insistence that he knew what “normal” sexual desire was “for men my age”, and both of their ideas of “normal” were tied to what they thought was the American population norm. But their confusion was clear: neither Rod nor Linda had any idea where they got their ideas about the American norm of sexual frequency. As we completed the first session, they both said that they would be satisfied with their frequency of intercourse if they could ascertain the normal range for people their age. So, I proposed that I do a little research on “normal American sexual frequency for older Americans” and meet with them the following week. That week I found a few well-designed surveys reported in reputable sociology and medical journals that reported the frequency of intercourse among older American couples and brought them along to the session, having highlighted the tables that showed the mean and standard deviations for their age group. Since their current frequency of intercourse fell within the “normal” range (within one standard deviation of the mean), Rod changed his ideas of “normal” on the spot!, and Linda was immediately satisfied with the information as well. After conferring, they mutually decided they no longer had a problem and left very satisfied with counseling experience.

Another example: I used to supervise an early childhood laboratory school at a university as a part of my teaching assistantship. The father of one of my three-year-old boys came to pick him up, and Dad was carrying his six-month-old daughter. The son was quite demanding of his father’s attention as they gathered up his belongings to head home, and the little girl was screaming like a banshee. “She’s colicky – I just can’t calm her down!” Dad said to me, looking distressed. I asked him if he would allow me to hold his daughter while he attended to his son, and he quickly handed her off to me and headed for the coat closet. I placed her in a football hold¹ position, and within a few minutes she was breathing more normally and the screaming had stopped. When Dad returned, he was amazed! “What did you DO?” he asked, with his mouth open in astonishment. I just pointed to his daughter’s position on my arm and asked, “Have you ever tried this?” With 30 seconds of coaching, he had mastered the transfer from an upright to a

¹ The baby is placed face down along your forearm with her head near your elbow, taking great care to support her head and neck both during the transfer as well as while she is being held. In this position, she cannot get a complete breath of air to scream but she can breathe normally, and the systemic response is for the baby to calm when the breathing is slowed down. View a good video demonstrating this tried and tested technique at <http://video.about.com/babyparenting/The-Football-Hold-for-Babies.htm>.

face-down position and was smiling from ear to ear. His final words to me were, “I’m going to show this to my wife as soon as I get home – I wish we’d known this months ago!”

Even though the Internet gives us access to more data than we can imagine, we can benefit from the knowledge of others when we need trustworthy information. And people in industrialized cultures may not have the local family contact that allows for knowledge about child-rearing practices to be handed down or modeled by previous generations. These are but two of many reasons why counseling will always have an educational component for me. Clients are the experts on their experience, but we have valuable expertise as well. When opportunities for education arise, the educator gently offers.

Always learning,

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