

# Ask Dr. Robertson (and Teela) 14 — Adlered with Eclecticism: A Confidence of Riches



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By [Scott Douglas Jacobsen](#)

*Dr. Lloyd Hawkeye Robertson is a [Registered Doctoral Psychologist](#) with expertise in Counselling Psychology, Educational Psychology, and Human Resource Development. He earned qualifications in Social Work too. Duly note, he has five postsecondary degrees, of which 3 are undergraduate level. His research interests include memes as applied to self-knowledge, the evolution of religion and spirituality, the aboriginal self's structure, residential school syndrome, prior learning recognition and assessment, and the treatment of attention deficit disorder and suicide ideation. In addition, he works in anxiety and trauma, addictions, and psycho-educational assessment, and relationship, family, and group counselling.*

*Our guest today is Teela Robertson, M.C., who earned a B.A. in Psychology from MacEwan University and an M.C. in Counselling Psychology from Athabasca University. She has been a Board Member of the Center to End All Sexual Exploitation (CEASE), and a Transitional Support Worker through the E4C Youth Housing Program. Now, she is a Registered Provisional Psychologist with a non-profit community agency.*

*Here we talk about religious and non-religious background in the context of counselling, a culture of one, secular and faith-based approaches, and men and women in counselling/being counselled.*

\*Listing of previous sessions with links at the end of the interview.\*

**Scott Douglas Jacobsen: What are the risks of personal religious or non-religious background influencing the professional work of a counselling psychologist while in session with a client — in general terms?**

**Dr. Lloyd Hawkeye Robertson:** I attended a cousin's wedding during the 1980s officiated by an Evangelical Christian minister. As part of the ceremony, the minister advised the happy couple that disagreements were part of marriage, and that if they had problems that they cannot resolve they should go see a pastor, a church elder, or a trusted family member. He advised them

to never see a psychologist. There is a tension between psychology and religion that is often not recognized and is even less often addressed, and that tension stems from conflicting worldviews. I make no apologies for expressing a worldview of client individuality, empowerment, and self-actualization. The imposition of my worldview beyond this fundamental understanding would be unethical.

Our worldview is a kind of map of our understandings and expectations that, in turn, colours and even distorts our perceptions of reality. Our worldview begins with our childhood experiences and our interpretations of those experiences. Psychology is premised on the view that humans are volitional individuals capable of discerning reality acting in the social interest, and as I have argued, psychology is largely about teaching those skills to our clients (see: [free will](#)). Religion is premised on the view that humans are not up to this task, and that we need external direction on questions such as good and evil, ultimate meaning, and transcendence. Religion is inherently directive, and while psychology is not always non-directive, client empowerment is its core objective. Psychotherapists must bracket other aspects of our worldviews that might interfere with client self-actualization. There are obvious limits to this approach. For example, it would be unethical for me to help a sociopath become more successful in systematically harming other people. Instead I should offer to help the client overcome whatever pathology presents with the hope of self-actualization within a socially useful frame. This places me in the role of the expert with respect to diagnoses.

**Teela Robertson, M.C.:** *One's cultural background influences their perceptions and meaning making of situations. This includes faith, ethnicity, local culture, family culture, and so on. Psychologists are not immune to the effects of how our personal perspective influences our perceptions of clients, the trick is to ensure we are self-aware and able to monitor when it is our beliefs coming through versus the clients. Ideally we work with a client based on their cultural background and beliefs regardless of how this fits with our personal beliefs. This is not always an easy task. When the beliefs of the psychologist and client do not align, we not only have to be aware of where our biases come in, but also the limits to our knowledge about the client's belief system. So to answer your question, the main risk I see is that the psychologist may start to impose their own beliefs upon the client.*

**Jacobsen:** **Dr. Robertson, you work with each client as a culture of one. How does this approach respect clients with unique versions of common and uncommon personal issues? Teela, in conversations with your father, how does one incorporate secular and faith-based approaches to suit the preferences and background of clientele in counselling sessions?**

**Dr. Lloyd Hawkey Robertson:** My “culture of one” approach assumes the uniqueness of each individual. By understanding individualized inner motivations, we will often find that behaviour that otherwise presents as abnormal is really a logical attempt to satisfy basic needs. Therapy then consists of brainstorming with the client alternative ways to meet these needs.

It may be that the client most at-risk for culturally inappropriate counselling has a therapist who is a member of the same racial, cultural, or religious group. The risk here lies in the therapist assuming an understanding of the client's personal culture. If that happens, the client will likely feel compelled to “go along with” the therapist's assumptions for fear of being labelled a

deficient member. The second biggest risk might be for clients of culturally sensitive counsellors who have taken a workshop on the culture of the client. Let me use the example of a hypothetical non-aboriginal therapist counselling a person with ancestry that is indigenous to Canada.

Such a therapist will likely have learned about sweat lodges, a ceremony indigenous to most aboriginal cultures in northern North America. The sweat lodge ceremony may be used to connect to a transcendent power, heal certain ailments, or bond with fellow community members. Asking an aboriginal client whether they attend sweat lodges might be off-putting to those aboriginal people who view such ceremonies to be witchcraft. Such people might be particularly sensitive to such a question because some Aboriginal Spiritualists have referred to them as “apples” for not following their traditions. Asking a woman if she attends sweats might be an insult if she is from a more traditional community that practises male only sweats. It is better to understand the personal culture of the individual before exploring behavioural alternatives, and it is safer to come from a perspective of “not knowing” where the client is considered to be the expert on him or herself.

**Teela Robertson, M.C.:** *Whether one is religious or not I try to match the counselling tools to the client's needs and beliefs, I believe my dad does the same. One way we have discussed incorporating faith into counselling is through the tools they already have that they find helpful, a common one is prayer. I think the trick is to ensure that the client is using tools in a healthy way. For instance, if a client were to tell me that they pray to God to take away all their negative emotions, we will need to modify the expectation that they can stop feeling any negative emotion and engage in psycho-education about emotion. Something like prayer can be quite healing in providing people with a sense of hope that positive change can happen.*

**Jacobsen: Speaking of differences in background, in general, do men and women require different counselling methodologies based on different needs? If so, how, and why?**

**Dr. Lloyd Hawkeye Robertson:** There are statistically significant differences between men and women for a number of behaviours, but the range is such that you cannot predict the values, attitudes, and behaviours of any one individual based on their sex or gender. Again, I would recommend that each client's personal culture be explored without presuppositions. Following exploration of the client's worldview and agreement of presenting issues, I like to offer the client a range of possible interventions drawn from Cognitive Behavioural Therapy, Adlerian Psychotherapy, and Narrative methods, and then have the client co-construct a treatment plan.

**Teela Robertson, M.C.:** *In my opinion the differences in approach I take lie more with personality. I find a greater proportion of my male clients than female clients have been taught not to show “weak” emotions such as sadness, and anxiety, instead they may show these as anger or a lack of emotion. To combat this I often find I spend more time with males working on the basics of learning to identify and name emotions, as well as creating a supportive relationship where it is safe for them to share these emotions with me. I commonly explore how they learned about emotions and what they were taught about how to deal with them, as well as how they were treated when they showed emotions. As a whole I don't find a great deal of difference between treating men and women.*

**Jacobsen: Thank you for the opportunity and your time, Dr. Robertson and Teela.**

**Teela Robertson, M.C.: Thank you.**

*For previous sessions, please see:* Ask Dr. Robertson 1 — Counselling and Psychology, Ask Dr. Robertson 2 — Psychotherapy, Ask Dr. Robertson 3 — Social and Psychological Sciences Gone Wrong, Ask Dr. Robertson 4 — Just You and Me, One-on-One Counselling, Ask Dr. Robertson 5 — Self-Actualization, Boys, and Young Males: Solution:Problem::Hammer:Nail, Ask Dr. Robertson 6 — It's All About Me, Me, Meme, and the Self: From First Nations to Second Nations, Building Third Culture Counselling, Ask Dr. Robertson (and Teela) 7 — Elate, Hawkeye on Roberts: A Happy Counselling Psychology Family Affair, Ask Dr. Robertson 8 — A Social Work Betrayal of Male, Ask Dr. Robertson 9 — The Age of Psychology, Low Self-Esteem, Crazy Making, Schizophrenia, Racism, and Religious Fundamentalism, Ask Dr. Robertson 10 — Real Life Effects of Fantasy Categories, Ask Dr. Robertson 11 — Smells Like Teen Spirit: Hell Hath No Fury Like a Youth Scorned, Ask Dr. Robertson 12 — Fault and Responsibility: If You Pass the Sentence, Then You Should Swing the Sword, and Ask Dr. Robertson 13 — A Hawk's Eye on Counsellors' Professional Ethics and Morals.

**Image Credit: Dr. Lloyd Hawkeye Robertson.**