

Probing the Panacea: Is Self-Care Regulation a Cure-All to Counselors in Distress?

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ABSTRACT:- Mental Health Act gave Guidance Practitioners the utmost responsibility of promoting health and wellness to the students. The upsurge burden intensified the need to consider the wellness of the guidance practitioners who might be at risk of mental health issues, thus the conduct of this study was necessitated. This evaluated the distress manifestations and self-care measures of the guidance practitioners in Cebu. It looked into the distress manifestations and self-care measures, using a modified questionnaire, and determined whether these variables are significantly related. Results unveiled that the 53 guidance practitioners from eight (8) schools in Cebu, that distress manifestations appear seldom except for emotional pain and the evident use of Psycho-spiritual approach as self-care measures. Statistical analyses disclosed that there is no significant relationship between distress manifestations and self-care measures. Therefore, the guidance practitioners were not at risk for any mental health problems except for an issue on emotional distress exhibited that has to be addressed through a proposed occupational wellness initiative. Cultural beliefs, sociocultural viewpoints, personality types and job satisfaction were among the other factors that could be of influence to the results. Implicated recommendations for strengthening emotional competence, support psycho-spiritual self-care measures and further explorations of similar studies.

Keywords:- counselling, distress, guidance practitioners, mental health, self-care regulation, well-being

I. INTRODUCTION

The serial stride of suicide in the Philippines among the youth and celebrities resonates the varying responses and attention of the public to understand more about mental health. In the Philippines, the World Health Organization (WHO) reported that in 2012, there are about 2,559 cases of suicide (Ballesteros, 2018). Cebu, one of the provinces in the Philippines, has the highest number of suicide cases in the country as disclosed by an official of a government-controlled hospital. In fact, the number is alarming based from the regular charting and records said the psychiatric chief in such hospital. The latter medical institution treats someone who attempted suicide almost every day, the psychiatric chief shared in a one of those media fora (Sunstar, 2016). The passage of the new law on the 20th day of June 2018, the Republic Act 11036 also known as "Mental Health Act" yields a timely way out because Filipinos will no longer hide in shame and lurk due to societal stigma thus pointed out by a senator who was the proponent of Philippine Mental Health Law. This law provides the equal rights of every Filipino to deserve any plan or program for therapy or treatment on a nondiscriminatory basis (Official Gazette Philippines, 2018).

Counselors are a vital part of the educational team. In an ideal world, children can have adequate access to the services of the school counselors. Counselors must also help in the operations that is based on the mental health services available in their communities. Nonetheless, not all of them are equally prepared to handle mental health concerns. When needs are left unmet, students mental health can pose barriers to social and educational development (Adams, 2013). Counselors are a necessary part of the educational system as a worker. They have the unique qualifications required to provide education, intervention, and referral services to children, parents, and teachers as well. Although, school counselors typically do not act as long-term

therapists but they help foster an environment where mental health stigma is erased. They help bridge the gap between student and community resources. Finally, they make sure the developmental needs of all students are met (Brown, 2013).

The degree of the responsibility that the counselor shall carry at work could be one of the reasons that there is a shortage of counseling manpower in the Philippines. A number of registered guidance counselors in the country falls far below the sheer number of schools that require and institutions are mandated to hire them, as reported in a national television company (Valdez, 2018). There could be many possible reasons for this. What if the counselors themselves are apprehensive because they felt they are the ones who are in need of mental health service? Since they are the front liners in school to deliver the required services for mental wellness, they are the most susceptible of becoming victims or patients of mental health issues. In times like these, who counsel the counselors? Who can they turn to? What measures or interventions they go through when they are bombarded with certain stressors? Who do they call when the counselors are in distress? Given these staggering bafflements, the researchers pondered upon the possibilities. With the foregoing, the researchers are intrigued to do this scientific investigation.

1.1 Instrument and Methods

This study used a descriptive correlational method which intends to evaluate the extent of distress manifestations and the measures to regulate self-care of the Guidance practitioners in Cebu City. Verily, it tried to look also into the relationship between the two variables mentioned and the individual characteristics identified of the Guidance practitioners involved in this item, Pearson r correlation coefficient was utilized. Moreover, 53 Guidance practitioners from the selected universities in Cebu and Mandaue Cities were purposively invited as respondents to this empirical study. The schools/universities selected have a significant number of reported cases of suicide ideation, attempts and accomplished. The tool in gathering the data in this research was an adapted instrument from various tools consisting of 50 items in all (Statistics Solutions, 2016; Haes et al., 2012). These were scales drawn from an openly accessible source in the web, namely; the Rotterdam Physical Distress Symptom, Robertson Emotional Distress Scale, Overstreet Behavioral Distress Tolerance Scale, and Kessler Psychological Distress scales. To foster ethical considerations, the researcher ensured that informed consent was procured prior to the gathering. Respect for human dignity was observed as required and mandated during the data collection.

II. RESULTS AND DISCUSSIONS

2.1 Extent of Distress Manifestations of the Respondents

TABLE 1. Extent of Distress Manifestations

Distress in terms of:	Weighted Mean (WM)	Interpretation
A. Physical		
1. I felt I lack the energy	2.2	Seldom applied
2. I experienced trembling (e.g. in the hands)	1.4	Rarely applied
3. I had headaches or migraines.	2.0	Seldom applied
4. I was aware of the dryness of my mouth	1.9	Seldom applied
5. I experienced heartburn belching	1.8	Seldom applied
B. Emotional		
6. I noticed some feeling of pains	2.5	Often applied
7. I was always worried, and nervous	2.3	Seldom applied
8. I felt quite irritable or agitated	2.1	Seldom applied
9. I no longer enjoy activities I previously found pleasurable	1.8	Seldom applied
10. I experienced being embarrassed or shy	1.9	Seldom applied
C. Behavioral		
11. I had problems concentrating	2.1	Seldom applied
12. I felt downhearted and sad	2.0	Seldom applied
13. I tend not to go out of the house alone	1.8	Seldom applied
14. I tend to have irrational compulsive behaviors	1.7	Rarely applied
15. I had sleep disturbance because of caring for the client	1.7	Rarely applied
D. Mental		
16. I tend to over-react to situations	1.9	Seldom applied
17. I panicked when something goes wrong	1.8	Seldom applied
18. I noticed I was rather touchy	1.8	Seldom applied

19. I believe it's hopeless for no good reason	1.8	Seldom applied
20. I think life was meaningless	1.8	Seldom applied
E. Psychological		
21. I felt so restless that I could not hold myself still	1.8	Seldom applied
22. I don't want to look forward to happenings every day	2.0	Seldom applied
23. It seemed everything I have to do was an effort	2.0	Seldom applied
24. I got dizzy when I'm in open space	1.9	Seldom applied
25. I felt uneasy when people are watching or talking about something or someone	1.9	Seldom applied

Table 1 shows that most of the indicators of physical distress among the guidance practitioners appeared seldom. This signifies that headache, migraine, heartburn belching, trembling and the lack of energy is manifested only about 4-5 times in a month. The result means that indicators of physical distress may be present but not at all times *except for a particular indicator which is about emotional pains*. It is regarded further that nervousness, worries, agitation, irritability, embarrassment and lack of enjoyment in some work-related activities. This particular indication may have resonated to a specific experience by the concerned researchers. There are instances, after two or three cases have been encountered, both female researchers are more likely to get irritated attending to an administrative task. The left behind clerical jobs unfulfilled for the day has them her guilt-stricken. That feeling is inevitably causing malady at the end of the day. Thus, it can be inferred that there is no indicator of alarming mental distress among the guidance practitioners in Cebu but only in the emotional aspect despite that it is relatively low.

The table also shows that there is no indicator of alarming mental distress among the guidance practitioners in Cebu because the situations like overreacting to situations, panicking, being touchy, the feeling that life is meaningless and hopeless appears seldom only. This implies that behavioral distress among the guidance practitioners is not inherently visible at the moment. Further implications of these results that the consequence of possible adverse effects of distress is less likely to happen unless the distress manifestations are prolonged. However, it showed that most of the indicators either from physical, mental, behavioral, emotional and psychological seldom appeared in them. This suggests that the guidance practitioners of Cebu are not at risk of mental health conditions and that they are fit to do their jobs and their clients are handled by service providers who are at the best of health mentally, physically and psychologically.

The relatively low manifestations of distress also manifest that these practitioners are regulating themselves with more or less effective coping strategies for self-care. Whatever this regulatory measure is, the succeeding table will show the findings. However, the presence of a slightly high emotional distress particularly characterized by the "feeling of pain" suggests that distress is not exhibited physically, mentally nor behaviorally but rather present in the affect construct of the individuals.

Emotional exhaustion is central in burnout syndrome for it involves depletion of mental energy and resources (Harris, 2015). A study made by Ausserhofer, De Geest, Dhaini, Kunz, Schwendimann, Simon, & Zúñiga (2015) found out that emotional exhaustion were the most frequent self-reported than the physical and mental health conditions and that it was associated with increased workload, lack of job preparation, conflict with other health professionals and lack of recognition and inversely associated with leadership. Emotional exhaustion is also common among general practitioners and it was associated with a long working history, having committed mistakes, and intermittent feelings of loneliness at work (Kuikka, Nevalainen, Pitkälä, & Torppa, 2015). The researchers agree on the claim posited by Ausserhofer et al. (2015) because based on the dialogue conducted with the Guidance practitioners, they confirmed that when emotional outburst sets in due to piled up workloads, the whole day routine is affected. More so when relationships between workers are involved.

Counseling is considered as one of the professions with high levels of emotional engagement (Cho, Kissinger, Lee & Ogle, 2010) and several types of research (Briet, Brouwers, & Naring, 2006) have reported that increased degree of emotional engagement is directly related to burnout symptoms. Burnout means the failure to perform clinical tasks appropriately because of personal discouragement, apathy, and emotional and physical drain in the perspective of a counselor (Lee, Baker, Cho, Heckathorn, Holland, Newgent, & Wallace, 2007). It was also discovered that guidance counselors/facilitators experienced emotional exhaustion.

The researchers who are counselors themselves also have personally encountered situations like what Lee has described. Everyday there are clients they have to deal with. Once the clients step in the counseling

room the guidance practitioners assume the responsibility to empathize and be with them emotionally. The baggage that the clients are carrying are unloaded to the practitioners eventually, both of them share the burdens to bear. In times like these, it will be susceptible for countertransference and usually resulted into burn out. Apart from the risk of putting the client in hazard, simultaneously, counselors have an ethical responsibility to monitor their own risk for impairment. By doing so, they can realize when the need to change services they provide to clients accordingly if necessary (American Counseling Association, 2014). Counselors need to possess self-regulation (SR) knowledge to use during counselling sessions or after to regulate themselves which may influence their work competence. They may be benefitted from learning about SR in order to help them cope with reactions of counter transference, it helps also increase one's emotional intelligence, and may enhance individual's well-being (Quoidbach, Berry, Hansene & Mikolajezak, 2001).

2.2 Self-regulatory measures Of the Respondents

TABLE 2. Self-care Regulation

Regulatory Measures	Weighted Mean (WM)	Interpretation
A. Social Support	2.8	
1. I usually go to my family	3.0	Agree
2. I call my friends for a date out	3.0	Agree
3. I run to my partner when having troubles	2.8	Agree
4. I prefer to keep my problems with me	2.6	Agree
5. I usually do not share my work concerns with anyone	2.2	Disagree
B. Wellness practices	2.6	
6. I join yoga sessions	1.5	Strongly Disagree
7. I have a daily exercise routine every morning or yoga	2.2	Disagree
8. I eat a well-balanced meal	2.8	Agree
9. I keep a positive attitude	3.4	Strongly agree
10. I resort to sleeping to ease my discomfort	3.1	Agree
C. Medical Treatment	2.1	
11. I tend to see a doctor for a checkup	2.3	Disagree
12. I take medicines when feeling sick	2.6	Agree
13. I usually intake sedatives when fidgety	1.5	Strongly disagree
14. I believe drug therapy is the best care	1.5	Strongly disagree
15. I believe physicians can be more helpful	2.9	Agree
D. Psychological Interventions	3.0	
16. I seek for a psychological help	2.2	Disagree
17. I apply therapy I've learned to myself	3.2	Agree
18. I attend psychosocial training	3.1	Agree
19. I get involved with stress management seminars	3.0	Agree
20. I believe mindfulness training improves mental health	3.5	Strongly agree
E. Spiritual healing	3.4	
21. I seek God's providence by going to church	3.5	Strongly agree
22. I go to church for help	3.3	Strongly agree
23. I trust a spiritual counselor when needed	3.1	Agree
24. I believe that the divine power intercede in my problems	3.6	Strongly agree
25. I pray more often when problems come	3.6	Strongly agree

Among the self-care regulatory measures shown in Table 2 that stood out from the five measures identified is the Spiritual healing. It is seconded by Psychological interventions and next is Social support. The wellness practice and medical treatment were less likely used by the respondents. The top 3 self-care regulation is preferred, favored and often used by the guidance practitioners. On a personal note, guidance practitioner expressed that the act of faith is a powerful healer during downtimes. This manner is a culture generated from

forefathers down to their ancestors. Such faith of healing is translated into an actual physical experience. By maintaining a spiritual connection will make them sane and well, as they claimed. The other two (wellness practice and psychological interventions) entails a feeling of dislike towards the use of it. In a recent study in Harvard University conducted by the Harvard T.H. Chan School of Public Health, it revealed that people who had a religious upbringing are likely to be healthier and have a higher degree of well-being in early adulthood than those who did not. There is strong link between a religious upbringing and better mental health among the respondents such when people who attended religious services weekly or who practiced prayer or meditation daily in their youth reported having a higher life satisfaction and positivity in their lives (Justice, 2019).

This link between spiritual inclination with health and wellbeing supports the findings of this study and may also explain relatively low distress manifestations of the guidance practitioners. As it is also cited in the theory of Dr. Montilla called the GINHAWA theory, a modified perspective of Seligman's PERMA theory which has accentuated an emblem of the Filipino culture. Dr. Montilla derived an inclusion of spirituality as a prime mover for Filipinos to obtain holistic wellbeing. Such character is unique to the Filipinos in coping with stressors in life (Montilla, 2018). At times of distress, the Filipinos readily hang on to Divine Providence. When all the measures are exhausted to help oneself, Filipinos believed that someone more powerful than human cures all. From PERMA to PERMAS but he called it **Ginhawa Theory**, referring a Filipino term for wellbeing (Watin, 2018). Culturally, Filipinos are known to have a deep sense of faith in God. Such religiosity is a great source of strength for them in times of distress. One instance of encounter by one of the researchers is when a client emanated suicidal ideations and tendencies. An inkling of such is a heavy burden to endure. The initial intuition of the researcher is to seek for God's refuge for guidance and clear thinking. Praying for wisdom so that she will be guided on the action plans to be taken further. Consequently, this move will usually provide her the confidence to help the client.

The other underlying factor contributing to minimal distress manifestations of the respondents is social support. Once more, the choice evidently had an inkling to cultural implications. The collectivistic attitude of the Filipinos gives some sense of security that is characterized by dependence on interpersonal relationships (Andres, 2012). The thought of an assurance that mutual assistance is always at hand. As Fr. Bulatao (2010) cited that Filipinos are open to others and feel one with others regard others with dignity and respect. Thus, it spawned the belief that when times of distress call, someone is there to respond.

In 2010, Cohen argued that social support has beneficial effects in the presence of stressful events. The perceived support can intervene between the occurrence of a potentially stressful event and the experience of psychological and physiological stress reactions or manifestation by influencing appraisals of how stressful the events are. Here, perceived support may enhance individuals' perceptions about their ability to cope with the demands imposed by an event and such negative event may be seen as less stressful and less potentially harmful. Thus, in this model, social support can buffer against the negative impact of stressful events (Cohen, 2010). Filipinos are proven to be collectivistic in many ways. Verily, both female researchers are actively involved with a group of counselors who shares daily thoughts, feelings, learning and challenges through a social media. The group scaffolds each and everyone who encounter difficulties and a learning platform for possible suggestions when one is uncertain on what steps to make. The social media group resembles the social support that each guidance practitioner needs when in distress. Apart from it, the researchers maintains a healthy lifestyle as well to support wellbeing.

2.3 Relationship between Manifestations of Distress and Self-care Regulatory Measures

TABLE 3. Relationship between Distress Manifestations and Self-care regulation

Variables	Ave. Weighted Mean	Computed Rho-value	Computed p-value	Result	Decision
Manifestation of Distress & Self-care Measures	1.9	- 0.18664	0.37168	No significant relationship	Accept Null Hypothesis
	2.8				

*No significant relationship at p -value > 0.05 level.

The result shows that there is no significant relationship between the distress manifestations and the self-care regulatory measures which suggest that it negated previous claims of the theories. It may be perceived that self-care is not necessarily being in response to the distress manifestations because it showed relatively low. In a study conducted by Pandit, Bailey, and Curtis (2013), it highlighted that participants of the study who were found to be moderately distressed were less adherent to any medical intervention or any self care. Thus, the self care is not the answer to the distress manifestations but it is an independent variable which may exist apart from any distressful conditions. In return, the lesser distress manifestations are not due to any self-care regulation (Hwang, 2015). Pearlin's Psychological Distress Theory has the basic premise that when humans are in a state of change of their lives, these changes are drawn from life's events may lead to any psychological distress. Considering that the practitioners are at an early stage of life circumstances, then, common patterns can be predicted that consequences for mental health through the manifestations of certain distressed behaviors may not be substantially high (Pearlin & Bierman, 2013).

Similarly, in the experiences of the researchers there were instances that they do not regulate self-care as a response to distress but rather as a way of life. The practice of any self-regulation is part of their system considering that dictum, prevention is better than cure. Before the symptoms emerge, they practice preventive measures already such as attending yoga sessions, watching movie with friends or family and recreational activities like travel adventures. Since the researchers who are counselors are well aware of the consequences of distress so they have armed and conditioned themselves to be stronger than anyone else. Counselors are similarly the health promoters. They are in the ideal position to promote wellness. Practicing it is more believable to the clients. Bezner (2015) posited that the role of health and wellness helpers like a guidance practitioner should be taken in a more active role by supporting programs through involving or actively participating behaviors or activities which can regulate distress manifestations.

A recent study suggested that changes in personality can also affect the well-being of an individual. A paper issued in Journal of Personality and Social Psychology in August 2019 by Velichko Fetvadjev and Jia He explored longitudinal data from a survey of 10,000 people. Results showed that people with high agreeableness, conscientiousness and openness tend to show higher measures of well-being while being high in neuroticism was linked to decreased measures of well-being (Markman, 2019). This factor could be one of the strong reasons for the insignificance of the profile to the distress vulnerability of the respondents.

In this juncture, the researchers strongly agree because personally one experience can be recalled based on a client's sharing. One client is wondering that a person he hated much does not retaliate when provoked to anger. The other guy will simply smile and walk away no matter how he incited to become irritated. He realized that there are people who are by themselves happy and open. Scott (2019) cited the concept of "hedonic adaptation" also known as hedonic treadmill phenomenon. It was defined in positive psychology that when an individual who focus on happiness and wellbeing that despite of life's ups and downs, they have the tendency to return to a set level of happiness. Say for example, those who have an accident and loss of use of legs. The changes of inability can be devastating at first but for these types of people they generally return to their state of happiness prior to the accident after a certain period of habituation. Thus, personality types which are innately delightful and agreeable hardly become susceptible to manifest distress symptoms.

III. CONCLUSION

The guidance practitioners are not at risk for any mental health problems because the manifestations of distress are considerably low and it only appeared seldom. However, an issue on emotional distress is exhibited among them and this has to be addressed. The seldom appearance of distress manifestations could also mean that job satisfaction is considerably high and these practitioners are happy at their workplace. Cebuano guidance practitioners have deep sense of faith and this primarily the self-care regulation commonly used. As guidance practitioners, they adhere to psycho-spiritual self-care regulation in times of distress.

Correlational data showed that the manifestation of distress is not significantly related to the self-care measures. These variables co-exist without necessarily being dependent or associated to each other. Therefore, there is a high probability that there could be other factors that might affect the variables and it speculated that it could be the cultural beliefs, sociocultural viewpoints, job satisfaction and personality types of the respondents are attributed to the results of the study. The results of the study will be the basis of a proposed wellness action plan for the guidance practitioners.

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