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PECULIARITIES OF CLINICAL-PSYCHOLOGICAL COUNSELING

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The article is devoted to consideration of the characteristics and problems of the study of clinical-psychological and socio-psychological counseling as one of the key technologies of psychosocial work, including problem definition and development of a unified concept of clinical-psychological counseling, relationships with clinical-psychological, socio-psychological and age-psychological counseling. Discusses the main challenges and intentions of clinical-psychological counseling as a sphere of understanding relations, cooperation and help. Within social work it acts as an important component of counseling people who are in difficult situations in life. These situations, being often intolerable and incompatible with «normal life» and the normal (ordinary) forms of understanding ourselves and the world, led to the aggravation of already existing or occurrence of new psychosomatic and mental disorders («resomatization» and «psychotization»). Clinical and psychological counselling, therefore, is addressed to transordinary experiences of life and to the transordinary forms of understanding. These forms of thinking appear in the form of transordinary, atypical behavior and «abnormal» behavior , and the deformation of man's relationship with itself and the world. In the transordinary situations, peoples are often faced with traumatic experiences. In the transordinary situation hey are experiences the traumas and collision with a deadly dangerous disease or with death, with loss of loved ones, home and property, with the experience of captivity and prison, forced migration or loss of a job, etc. The Task of man to transform the experience so that it served the development, not degradation, including in the form of resomatization and diseases, disintegration of personality and its psychotitization.

Keywords: clinical-psychological counseling (clinical counseling), socio-psychological counseling (social counseling), edology, understanding.

ОСОБЕННОСТИ КЛИНИКО-ПСИХОЛОГИЧЕСКОГО КОНСУЛЬТИРОВАНИЯ

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Статья посвящена рассмотрению особенностей и проблем исследования клинико-психологического и социально-психологического консультирования как важных направлений психосоциальной работы. Рассматриваются проблемы определения и разработки единой концепции клинико-психологического консультирования, в том числе в контексте взаимоотношений клинико-психологического, социально-психологического и возрастно-психологического консультирования. Рассматриваются основные проблемы и тенденции развития клинико-психологического консультирования как вида межличностных отношений, одной из главных задач которых взаимопонимание, как отношений помощи и сотрудничества.

Отмечается, что в рамках медицинской помощи клинико-психологическое консультирование является, по сути, смысловым аналогом психотерапии. В рамках социальной работы оно выступает как важный компонент консультирования людей, попавших в трудные жизненные ситуации. Эти ситуации, будучи невыносимыми и подчас несовместимыми с «нормальной жизнью» и нормальными (ординарными) формами осмысления себя и мира, привели к

обострению уже имевшихся или возникновению новых психосоматических и психических нарушений («ресоматизации» и «психотизации»). Клинико-психологическое консультирование, таким образом, обращено к трансординарному опыту жизни и к трансординарным формам его осмысления. Данные формы осмысления проявляются в виде трансординарных, нетипичных поступков и «ненормального» поведения , а также в деформациях отношений человека с собой и миром. В транс-ординарных ситуациях человек часто сталкивается с травмирующим опытом: он переживает травму или травмы столкновения в трансординарной ситуации со смертельной опасной болезнью или со смертью, с потерей близких, дома и имущества, с опытом плена и тюрьмы, вынужденной миграцией или потерей работы и т.д. Задача человека - преобразовать полученный опыт так, чтобы он служил развитию, а не деградации, в том числе в виде ресоматизации и болезней, распада личности и ее психотизации. Клинико-психологическое консультирование помогает человеку найти психологические причины и последствия болезней тела, а также выявить их связь с транс-ординарной ситуацией, краткосрочным травмирующим инцидентом или более или менее постоянными травмирующими обстоятельствами жизни человека. Оно помогает выявить взаимосвязи болезни как формы страдания с конкретными событиями или обстоятельствами, а также найти способ трансформации страдания и/или обстоятельств. В рамках социальной работы важно не только трансформировать страдания, но изменить и сами обстоятельства, разомкнуть круг, в котором страдания и вызывающие их обстоятельства взаимно усиливают, поддерживают друг друга. Специалист и клиент ищут способы пассивного и активного совладания с трудностями жизни и связанными с ними болезнями: отдавая дань благодарности, уважения и любви себе и миру, человек исцеляется сам и исцеляет (трансформирует) обстоятельства своей жизни и жизни близких. И наоборот, трансформируя обстоятельства свой жизни и жизни других людей, помогая им и служа миру, человек исцеляется.

Ключевые слова: клинико-психологическое консультирование, социально-психологическое консультирование, эдология, понимание.

Counseling psychology includes in modern world a number of areas: socio-psychological counseling exists alongside age-psychological and clinical-psychological counselling, counselling in social work [2; 6; 9; 13; 20]. Age-psychological counselling involves psychological help to people about the problems that arise in the course of age development and learning, using in the process of helping clients patterns and psycho-technologies, activating the mechanisms of development of age. Clinical-psychological counseling (clinical counseling), largely identified with the psychotherapy involves the psychological help in connection with serious violations of the development of mental functions and personality, uses in the process of helping clients patterns and technologies, catalytic regenerative (rehabilitation) processes. Age-related psychological counseling and clinical counseling pay special attention to the role of biological processes and foundations of development (biological aspects of norm and pathology). Counselling in social work often changes focus and includes a number of tricks, considering pedagogical, psychological, legal, economic, medical aspects of clients' problems [5; 13; 20; 22; 36]. Socio-psychological counseling (social counseling), focuses on the problems of man's relationship with itself and the world, examining these relationships as a source of problems, and as a way to overcome them. Counseling in social work and socio-psychological counseling, pay attention to the role of social processes and human development (social aspects of norm and pathology).

However, on the one hand, because of a violation of the relationship established in the case of age-related crises in the case of mental disorders, so far, we cannot just talk about the socio-psychological counseling, but we can talk about the social-psychological approach to counseling. On the other hand, psychosomatic strain and mental disorders are also inevitably accompany by violations of socio-psychological, including violations of the moral and violations of their own social level. Therefore, counseling in different fields and about different types of problems can be considered as a process of building and developing relationships.

However, the actual socio-psychological counselling as edological (help) practice, the scope of professional activities, forming a junction between the other two areas: medical care and psychotherapy and social work. Socio-psychological counseling is a complex phenomenon. This phenomenon associated with different groups of customers in solving the problems of their relationship with themselves and the world: intrapersonal and interpersonal problems, intragroup and intergroup problems functioning and development, the habilitation and rehabilitation problems. In contrast to the clinical and psychological counseling and psychotherapy, clients of the socio-psychological counseling were not considere as patients suffering from dysfunction of the mental processes (activities) or even organic causes of disorders requiring the assistance of a psychotherapist. They were considered as the seeking to fix more or less distinct, conscious, extensive and profound, problems of social and psychological functioning and development which are manifested in relation to individual and group actors by themselves and/or to the surrounding entities the world as a whole (internal or external to the individual or group levels). Thus, clients may seek to reduce the dissonance or deformation, to restore harmony and to develop himself and his relationship with the world, realizing itself and giving the opportunity to others [2; 4; 6; 12; 15; 17].

On the one hand, clinical counseling - sphere intersections of health and social care (work). In the framework of medical assistance, clinical counseling is essentially the semantic counterpart of psychotherapy. Within social work it acts as an important component of counseling people who are in difficult life situations. These situations, being often intolerable and incompatible with «normal life» and the normal (ordinary) forms of understanding ourselves and the world, led to the aggravation of already existing or occurrence of new psychosomatic and mental disorders («resomatization» and «psychotization»). Clinical and psychological counselling, therefore, is addressed to transordinary experiences of life and to the transordinary forms of understanding. These forms of thinking appear in the form of transordinary, atypical behavior and «abnormal» behavior , and the deformation of man's relationship with itself and the world. In the transordinary situations, peoples are often faced with traumatic experiences. In the transordinary situation hey are experiences the traumas and collision with a deadly dangerous disease or with death, with loss of loved ones, home and property, with the experience of captivity and prison, forced migration or loss of a job, etc. The Task of man to transform the experience so that it served the development, not degradation, including in the form of resomatization and diseases, disintegration of personality and its psychotitization.

On the other hand, the clinical-psychological counseling and medical, psychotherapeutical care is a historical «source» socio-psychological counseling. However, we should be note increasing the separation socio-psychological approach and practice and other types of counseling. There is the trend towards the expansion of socio-psychological approach to the theory and practice of clinical, psychiatric and psychotherapeutic interaction, and it's expansion of social work, in the theory and practice of medicine and social work in General [4; 6; 12; 215; 17; 30; 34]. There is the trend of formation of psycho-socio-medical work (short-term or long-term). Performing their own tasks, socio-psychological counselling to overcome reductionism in diagnosis and care (treatment) in medical psychotherapy and psychiatry: the typical clinical reductionism is ignoring the socio-psychological factors of the disorders. And, analogically, social reductionism is ignoring the clinical factors of the disorders [1; 11; 15; 17; 23; 24; 25; 27; 28; 30; 37].

The consideration mental and psychosomatic diseases, disorders, and socio-psychological difficulties (total or partial socio-psychological incompetence) in relations with society, people, themselves, is very important. About that, say many modern concepts of psychosomatic medicine, «anti-psychiatry» and healing. These concepts are versus «objective» approach to the man, his limitations and mistakes, transformative dialogue. This opinion greatly expands the range of issues and clients that could be help changing the context, the semantic accents, consideration of customer issues. Socio-psychological counseling is characterize a broad orientation: groups of problems and clients, paradigms of assistance and their underlying epistemological bases. Consideration of various problems and work with a variety of client groups requires going beyond the situation of individual life, its consideration in the broader social context. From a socio-psychological point of view, difficult situations become reasons for suffering clients include intrapersonal, interpersonal and intergroup social-psychological conflicts and violations. These situations arise in connection with a number of problems [2; 14; 31]:

1) macro-stress crisis situations related to disasters, terrorist attacks, wars, stimulating the emergence of transitionary violations type of survivor's guilt, Stockholm syndrome, post-traumatic stress disorders;

2) social violence, the human encounter with the private and public crime, activating disorders associated with experiences of social cannibalism, helplessness and lack of control, the experience of slavery and victimization;

3) the problems and conflicts of religious, moral and intercultural relations, activating a disorders associated with feelings of alienation, aggression, injustice, racial, national and religious discrimination,

4) deviant behavior, crime and offences, activating an existential crisis, and the violations associated with aggressive feelings of dissatisfaction with himself, the world, the desire to take revenge on the world and people, «take everything from life»;

5) terminal illness and related condition (coma, insulation, etc.), experience losses of loved ones, activating disorders understand themselves and the world, the mechanisms of compensation or recovery, over reversible, and pity party - about irreversible losses;

6) disability, chronic psychosomatic and mental illness, alcoholism and drug addiction, activating disorders

intrapersonal and interpersonal functioning, contributing to various kinds of distortions of development, including, involutional resomatization, psychopathy, etc., putting the task of finding a productive defense and strategies of coping with diseases, research needs and transform desires;

7) socio-economic poverty, unemployment and vocational exclusion that activates feelings associated with the deprivation of access to implement their own resources, conscious or unconscious rejection of ties with the society and the professional relationship, including the phenomena of «downshifting», the creation of simulacra, exclusion;

8) sexism gender discrimination and violence, distortion of gender and gender roles and activity that activates the problems and feelings of dissatisfaction in family and professional life, the necessity of a revision of the family and generic scenarios and experience of relationships;

9) the loneliness of children, adults, seniors, their homelessness, lack of family or family relationship problems, divorce, etc., activating feelings about the impossibility of confirmation and separation associated with the lack of intimacy and isolation, the impossibility of understanding, assistance and changes in themselves and important (family) other, incite the search and review of the internal bases of life;

10) problems of the age crises, personal and spiritual development, «existential frustration», inter-age interaction, «ageism», the interaction of groups of differing spiritual and moral orientations;

11) professional counseling, including academic advising and counseling in different professional contexts, e.g. political, managerial, etc. – about career choices, training, working and development in the organization and outside of it, violation of interaction of professionals with the organization, customers,

12) reorganization and management problems, coaching innovations and crisis management, educational programs, support of the processes of career management and personnel in the organization, etc..

The problems faced by clients can be described as a problem associated primarily with disorders and difficulties understanding social situations, yourself or others in intimate and personal, business and other types of relations, localized on the value and role, meaning and directly interactive levels of life [3; 19; 21; 22; 29; 33; 34]..

This is true for clinical and psychological counseling, basic groups of problems, which centered around the following points:

1) the underdevelopment of mental and somatic,

2) dysfunction of mental and somatic,

3) disorders and diseases of mental and somatic.

All these points accompany by lead and/or initiated, as noted, the problems of socio-psychological level. In the end, different types of counseling contain more similarities than differences: we can talk about socio-psychological, clinical-psychological and personal-psychological perspectives on business, the allocation of practitioners and theorists from different sides of consulting. However, the counseling is one.

The goal of counseling is to help clients understand what is happening in their environment and intelligently to reach the goal based on informed choice in the resolution of life problems and their psychological aspects of personal and interpersonal nature [7; 26; 36].

The counseling includes a number of typical situations:

1) informing, carried out at the customer's request about a particular issue or part of social reality, reflecting the search of the client's directions and measures conversion difficult situations or fragment (at the stage of orientation in the problem);

2) situation awareness, which bears periodic nature carried out in support of the client experiencing a difficult situation in an active mode of coping with it (at the stage of coping with the problem);

3) a consultation situation, the nature of long-term engagement, including as a leading component in long support clients at different stages of correctional-developing work, including the phases of orientation, coping and resolving the problem;

4) counseling situation about the release, from time to time arise in the practice of interaction with the client at the stage of solving the problem, the client may need more or less prolonged counselling on the phenomenology of withdrawal from difficult situations (crisis) and of the Advisory request as such.

The achievement and consolidation of counseling is one of the most important problems of the theory and practice of the helping interaction. The result of counseling is assesse by two parameters: efficiency and productivity. Efficiency related to the achievement of the maximum

results (changes) for the minimum amount of time and using the minimum amount of other costs. Productivity linked to the achievement of constructive for the client and his life, of society as a whole changes: crisis situations resolution, enabling the customer and society to function at a higher than before the crisis and during the crisis level.

Typically, this level is described as the state in which the client is able to assist not only himself, but other people. Often, in this level, scientists and practices say about the formation of self-help groups and mutual aid, part of which is advising clients undergoing similar changes in the life. This level is associated with the ability to avoid the recurrence of problems that have been the source of the crisis, as well as some other problems, potentially threatening the normal development of the subject. As for efficiency, it is external to the counseling situation indicator can be assessed according to criteria related to worsening and deepening crisis and its completion. This parameter as the deferred results of the consultation more important, if we evaluate its productivity. The deferred results of the consultation is another option productivity aid: by him with a sufficient degree of confidence, it is possible to evaluate whether changes.

The counselling has a very non-obvious effect of productivity: what seems significant the counselor may not be perceive as such by the client. Discrepancies in the assessment of the value of aid, however, does not hinder analysis of changes, especially in the long term. However, long-term results estimation of the consultation itself confronted with the fact that during the life of the client there are many other events. These events are not directly connect with the counselling, but is able to provide no less at least influence. Therefore, the counselling is as one of the factors changes the life of the client. It is also important to note that, although counselling does not claim to be the change itself, rather providing information and psychological support of activity of the client. It is aim at transformation and expressed the productive transformation of client's life. In addition, this conversion format ideas psychological help should be productive both for the client and for the surrounding community. The consultant acts as a double agent: helping to match the interests of the client and society. Thus, the consultant is able to consider the interests of the client and society model of productive transformation. Implicit and inherently existing conflict of interest of the subject and the surrounding community in a consultation situation is finding a productive compromise means a productive confrontation between these interests and behind them the semantic positions. Information and psychological support to the client clarifies the position of participating in a difficult life situation of the parties and helps to find productive contexts for the consideration and reconciliation of contradictions between individual and social interests. Reconciliation and agreement help to make new as in counseling practice and in the practice of the relationship between man and society. Modern researchers shows how to create a culture where, rather than "just following orders," people hold themselves accountable to do the right thing, always. They shows the necessity of creating a culture of consultation and activity in which the client and consultant is not "just following orders" of society and other people, but make a conscious choice, trying to harmonize relations between people.

The need for interrelated and mutually supporting each other internal and external changes – the key to productivity of any kind of support. Internal change to ensure stability and unfolding all of the new changes outside. External changes and help confirm the implementation of changes within. Their harmonious unity is the goal of the advice in social work: both at the stage of prevention and the stages of coping and the final understanding what is happening with the subject, experiencing a difficult life situation.

Many internal to the subject results of the consultation can be classify as follows:

1) changes in the relationship of the subject to the world and problem situations in General, changes of outlook and understanding of the situation;

2) changes in the relationship of the subject to others (specific) subjects; changes in the understanding of important (in life in General or in a particular situation) of others;

3) change the relationship of the subject to itself, the change of self-understanding.

In turn, these three areas of change can be divide to:

1) the changes, that associated with the expansion and deepening understanding of relations or, on the contrary, with the truncated understanding,

2) changes, that associated with more or less pronounced relationship re-centration and understanding, including the rethinking of life and its components and assessed as more or less radical and productive);

3) change bearing a pronounced practical character associated with more or less conversion of the internal, personal, or external, social life of the subject (and assessed as intra - and extra - guided),

4. changes with more or less delayed effects, larger or smaller range and stability of these effects was generally (and evaluated as a system, partial and fragmented or local, and stable or unstable).

Ideal counselling g, as it seems, is associated with the radical constructive (productive) system and stable internally and externally focused transformation of the understanding of the subjects themselves, other people, problem situations and the world in General: accompanied by understanding re-centration, expanding and deepening. These parameters, however, does not have to characterize any change, no any counselling. However, they can act as its criteria: the more criteria this list is identify, the more generally can be considered effective assisted and more meaningful - associated change [3; 19; 21; 22; 29; 33; 34].

Productive counselling are usually aim at broadening and deepening understanding and relations aware of objects. But, in some cases, as a more or less permanent effect, experience the loss of the subject of a voluminous vision of what is happening with him and with other people significant narrowing of the categories and aspects of comprehension to understand. This may be result of the destructive trends in the counselling, including traumas and conflicts in the process of communication, incorrect, unprofessional consultant, and the essential effect connected with re-centration and de-focus: by cutting off the excess, «cluttering» understanding aspects. This is especially noticeable when coming to a consultation client «overreacting», exaggerating threats emanating from the person or situation, over-generalizes, sees their suffering as a completely unique and extremely deep, extensive, and also explores, after someone in his entourage, that doesn't matter to him and his as irrelevant .

Changes, wearing a pronounced practical character, are usually the obvious task of the consultant, however, on the one hand, the rush to achieve «effectiveness» of counseling threat. Significant intra-personal and interpersonal changes, including their manifestation in behavior and communication are often the result of a long and comprehensive semantic processing of the problem situation in the dialogue of the consultant and the client with its surroundings. This kind of dialogue can be and in

the process, and at the end of counselling. On the other hand, the absence of behavioral changes and changes in the client's communication with others is usually a sign of a serious lack of change within him, his understanding of himself and the world. The changes that occur in the understanding of clients are more or less delayed effects, as well as larger or smaller range and stability. To say that local and partial changes are less significant than those that can be attribute to the system, is unlawful. Every client in their search for new meanings of life moving at your own pace and on their own road: the consultant-facilitator to help him, but not force changes. Erratic changes may indicate moments of transitions, including to a more meaningful and more sustainable transformation of outer and inner life of the client. This is especially true when we are talking about the «negative» partial short-term changes [2; 14; 31]. The meaning of which changes can be understand only in the context of a complete process of value-semantic transformation of a person, in association with a particular change in her life. Evaluation of aid effectiveness through the list of selected criteria in connection with the above-described aspects of the ambiguity in the understanding of what is happening in the counselling and in consideration of its results is not, therefore, absolute [2; 8; 10; 12; 16; 31; 32]. In any case, it constitutes in each case a specific practical task solved by the experts during the consultation, as well as in the monitoring process of common problems and results of the consultation.

Clinical counselling helps people to find the psychological causes and consequences of the disease, and to identify their relationship to the transordinary situation, short-term a traumatic incident or more or less permanent traumatic circumstances of a person's life. It helps to identify the relationship of the disease as a form of suffering to particular events or circumstances and find a way of transforming suffering and/or circumstances. Within social work it is important not only to transform suffering, but to change the circumstances to break the cycle of suffering and causing their circumstances mutually reinforce and support each other. Professionals and clients looking for ways of passive and active coping with the difficulties of life and associated diseases: a tribute of gratitude, respect and love yourself and the world that a person is healed and heals himself (transformed) the circumstances of his life and the lives of loved ones. And

Vice versa, transforming the circumstances of your life and the lives of others, helping them and serving the world, the person is healed.

The healing power of healthy relations , sincere, accepting and understanding relationship, devoid of falsehood, helps to overcome the negative effects of trauma, the bulk of which is connected with fictions and «anti-fiction» of human life. Illness - physical or mental - acts as a method of survival, and as a lesson and as an attempt of human transformation of themselves and their world.

The main violations of the relationship, including «pathogenic conflicts» and «pathology role» are violations of the moral pillars of the relations as well as their psychological causes and effects: pride, jealousy, envy, anger, feelings of self-importance/overvalued or inferiority, shame and guilt, etc.(See Table 1).

Analysis of modern and traditional studies of the psychological causes and effects of diseases can provide some of the «universal» clusters of disturbed relations. Each of them, being intensely expressed and long-term reproducible, leads to diseases of body and soul. Each of them have gone to other, reinforcing the disease and preventing the individual to make the decision to change. Clinical counseling helps people decide to change.

Table 1. Moral and psychological components of the physical and mental health

Primary factors	1 - Generic aspects, life-denying generic moral and psychological program	2 – Distress, activating generic and personal life-denial	3 - Personal life- denial: moral choice of the person /couple
Moral and psychological causes /triggers	Generic /scenario – the presence of the family experience is not healed of disease, betrayal of love and pride Moral and spiritual problems of the relations to itself and the world from the descendants and/or ancestors, pending the initiation	Intensive and prolonged stress – the loss of loved ones, professional life and the «blows of fate»	The rejection of the themselves and the world understanding of, insincerity is the congruence and fear of the experience of life-death
Accompanying conditions /secondary causes	Stress treatment, trauma experiences associated with the diagnosis and treatment of diseases, death of family illusions	Violations of bioethics – the ethics of relations of the patient and the doctor, intentional or unintentional trauma to the patient or doctor during the treatment, stigmatization of patients, self-stigmatization	Passive and negative coping, life-denial, and the denial of the effectiveness and benefits of treatment, self-punishment
Psychological conditions healing	The transformation of the life scenario and treatment recapitulation generic scenarios and actions of their (Grand)parents, children and grandchildren (descendants), the experience of initiation as an experience of the dance of life - death»	The release of stress through his transformation and the transformation of attitudes towards it, releasing negative emotions, overcoming stigma	Active coping, vitality, acceptance of fate in General, her research and willingness to change and to change, congruence, sincerity, acceptance of the dance of life - death, birth and dying

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