

Review Article

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Counselling Two Theories, Anxiety and Depression Immigrant Women in Australia: A Literature Review

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ABSTRACT

Aim: As Australia, a country experiencing continued migration, and the WHO guideline promoting person-centred counselling, the need for empathy in addressing the growing anxiety and depression among immigrant women becomes increasingly urgent. This article delves into the crucial role of empathy training in this context.

Method: This analysis integrates cultural training studies into human services, focusing on achieving equity outcomes. This article delves into the literature on psychological and bilingual counselling, particularly Rogerian theory, and employs a comprehensive search of various literature to identify specific training needs for counselling.

Discussion: There is importance in shifting the focus from modifying to understanding the issues in asking questions of content to support women's long-term depression.

Conclusion: The research findings underscore the importance of cognitive empathy, affective empathy, and perspective-taking in addressing the needs of diverse populations. The study also highlights the role of empathy training, which requires a collaborative approach. Thus, collaborative training for updated training programs to cater to the needs of heterogeneous populations in contemporary Australia.

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Introduction

The important thing is that breastfeeding rates are low globally and in Australia, which has a heterogeneous population that leads to many sociocultural groups [1]. A study claims lower risks of “breast and ovarian carcinomas” if exclusive breastfeeding occurs long-term breastfeeding creates protection [2]. Hence, as migration is a global view, there is a need to examine the literature on multiple empathies that have strategies to build upon counsellor training as migration grows [3]. In Australia, “it is recommended that infants have exclusively breastfed, until around six months of age when solid foods introduced, and recommendations are for continuing until twelve months and beyond” [4]. Others suggest considering cultural and social needs [5].

Mixed languages may hinder help-seeking, as diverse groups are heterogeneous in beliefs and experiences. Individuals' worldviews influence breastfeeding and mental health [6]. More counselling skills may be necessary for sensitive care, as acute care is essential to responding adequately to the diverse needs of immigrant individuals [7]. The World Health Organisation Guidelines, as counselling requirements, are for “training lay and health care professionals to gain counselling micro-skills, knowledge, and confidence” for breastfeeding women [8].

The WHO have taken Rogers' (1902-1987) dictums of having empathy, congruence, and unconditional positive regard for others [9]. Thus, to work appropriately with mothers, this model is humanistic, aiming for growth and development to complete individuals' full potential. The WHO Guideline is concerned that micro-skill guidelines promote people-centred counselling for breastfeeding. The counsellor and health care respond to the individual mother's needs to help her decide by helping her find an actualized position [10,11]. There is a need for equity methods for diverse women.

Methods

Therefore, this study takes cultural training studies within “human services suggesting equity outcomes” [12]. To understand various empathies developed for helping women, such as cultural accommodation and inclusiveness, as well as the search for grey literature to identify training needs for counselling. The psychological and empathy style studies are in the literature from Google Scholar, APA PsycNet, Springer, Sage, and Elsevier. It is argued from a social justice review that breastfeeding is in minority women [13]. Therefore, this article aims to further the understanding of empathy for helping women as cultural accommodation and inclusiveness in the literature and the scope of the studies, thus this review. The Rogerian concepts to review for new populations follow.

Literature Review Rogers Core Concepts

Thus, Rogers' (1951) third book, "Non-directive and Relational View for Counselling and Theory, is claimed to be from the quotes and lectures made 123 years previously by R. W. Emerson" [14], as these writings influenced the academic Carl Rogers. Many questions about cultural accommodation limitations have critiqued that person-centred counselling is contested and needs teasing out. The Rogerian counselling model processes of change need genuine caring and compassion. Congruence is self-acceptance or self-awareness, rejecting negative thoughts [15,16]. Rogerian counselling is person-centred and experiential, as is expressive therapy. The concepts for "experiential practices to new views of relationships, such as listening for feelings to gain understanding the client, attending to these feelings can help the client clarify and explore their feelings to grow new directions" [17].

Self-actualization and individual free will are the aims of Rogerian counselling. A study suggests that humanist Rogerian empathy can "empower clients as their experiences developed with the therapy as self-referencing" [18]. Therefore, according to Main et al. empathy is an interaction as the need for "curiosity-gaining knowledge appropriateness is a value of multiple contextual areas for multicultural counselling." Thus, being curious in counselling needs questioning styles.

Counselling can be a philosophical perspective that asks if searching for "help may be 'why not' (question) looking for new opportunities" [19]. However, some may avoid "looking inward to an emotional life, and others may be internally focused" [17]. People interpret experiences differently [20]. Thus, "questions are necessary to understand the meaning of a felt sense" [17].

However, asking questions is "misunderstood in Rogerian counselling as formulated in the Rogerian theory" [21]. Furthermore, suppose it is the client's expressions of their experiences. In this case, "the aim is to articulate rather than interpret the meaning, bringing clients to the knowledge of self-perpetuating destructive cycles for new understandings" [22]. However, "non-directivity is the principle at the context level rather than the process"; thus, "avoiding asking questions is misunderstood in Rogerian counselling as formulated in the Rogerian theory" [22]. The review versions of personal-centred therapy offer two areas: "focused-oriented practice and the other is emotional-focused practice" [17]. Congruence is the focus of counselling practice follows.

Congruence

Congruence in the core concepts, such as making for a realist therapist as authenticity in the therapist means accepting a human being's struggle toward more incredible realness, as 'self-actualization' and 'individual free will' are the aim of Rogerian counselling. Therefore, "Counseling is a practice process of developing a follow-up scenario rather than a ready-made scenario" [19]. The focused model is congruent and based on here-and-now situations as "emotional practice is like switching chairs for the inner critical and anxious self, which has a questioning perspective that may bring about knowing the meaning of felt sense more fully" [17].

Others suggest humanist Rogerian empathy may bring issues for counselling that need empathy, which has a contested history, "Freud stated that without this empathic stance and transference connection theory, there would be a kinship relationship [23]." Later developments, such as an "automatic somatic view, are

bottom-up responses rather than a top-down cognitive process" [23].

"Rogers too on several reviews to develop his theory sense of the hurt or pleasure of another as a process without judgements" thus "neural underpinnings of empathy lean to a hardwired neurobiological ability that may lead to burnout under intensive working places [23]." In contrast, a "pen-and-paper test well developed for neural testing is cross-cultural as religious training may influence cognitive and psychological differences between populations" [24]. It shows that the brain can experience the thoughts and feelings of others, whereas training is needed to lose oneself in spiritual transcendence. Others argue that "cultural neuroscience is interested in mutual constituted of brain and experience however where experience is a good guide" [25]. Further developments of empathy are defined.

Empathy as Defined

Therefore, others suggest that "collaboration is essential to empathy, which is self-acceptance by a counsellor and the client through their relationship as needing warmth is emotional, as being interested in and accepting of the other" [26]. Taking person-centred counselling in the Rogerian view is to make "personal the conditions of congruous, empathy and unconditional personal regard by careful listening, asking open questions and reframing the client's issues as Rogers believes values change continually over time" [27]. Thus, others who wish for empathy need an "accurate understanding of the person's internal frame of reference or the subjective emotional experience of the counselled person." This accuracy is not limited to the "meaning of the emotional experience of the other but also involves matching the depth, energy, and intensity and exists on a continuum, from minimal understanding to profound empathic connection" [26].

Some mistakenly believe empathy is sympathy and compassion, as empathy can define others' subjective story-taking. However, empathy as emotional consideration or perspective-taking requires motivational training over time [28]. Others suggest empathy can process a triggering situation as "awareness of one's separateness from the observed person" [29], as is interpersonal and contextual, aiming to identify cultural empathy and discuss if it is possessed or achieved. Therefore, recognizing that it is "interwoven with other individuals or environmental factors and is not a solo psychological construct" [29].

Others suggest that "ingroups and outgroups as a feedback loop should aim to synchronize interactions as inter-individuals for action rather than empathizing, suggesting cultural awareness is an embodied state of understanding others" [30]. Other suggestions are ongoing role-based training as reflection rather than awareness to overcome burnout [28]. Thus, the new turn for counselling needs new interdisciplinary perspectives [19]. Therefore, there is a need to understand how Rogerian counselling can help women with anxiety and depressive symptoms by building two or more theories together.

Anxiety and Depression

There is a need to debate the view of anxiety and depression, using Bush et al.'s "symptoms and problems [31]." as "narcissistic vulnerability, conflict anger, severe superego experiences, idealized and devalued expectations that can be unipolar major depression may need a year of treatment." Others suggest Autism and depression [32]. "Double empathy is the cross-neurological theory of the mind first noted by Milton as gaining an understanding of

non-autistic social interactions” [32]. Further, developing “triple empathy to overcome communication difficulties between health carers and patients and other learning domains as between non-autistic and autistic, so they need to understand each other” [32].

A study identifies that social support has a strong influence on postpartum symptoms in immigrant populations, either low or high- socio-economic immigrant populations. [33]. Others suggest psychological mechanisms as issues [34], which suggests that “multiple psychosocial interventions as social and emotional aspects of breastfeeding therapy sessions have been positive.”

Another study of anxiety by taking Lanca’s philosophy and Rogerian counselling has one issue that influences a “one-and-off emotion or avoiding a threat, where it is unfolding over time” the here-and-now aspects of the Rogerian empathy model as “listening for deep meanings of anxiety that seem inexplicable nothingness” [35].

Educational interventions then must be theory-based for breastfeeding women as a modelling technique to improve self-efficacy [36]. Thus, mindfulness has been undertaken for pregnant women [37]. Other studies of immigrants from three countries where anxiety and depression have Cognitive Therapy and mindfulness for pregnant women are suitable for cross-cultural populations [38]. It is a collaborative randomized trial study of immigrant women who have barriers to treatment in the host country for perinatal depression intervention as Cognitive Therapy [39].

Training Needs

Mindfulness in Student Counselling is “taught, and the change model on the client’s behaviour and environment, which requires accepting the current situation” [40]. Goals are identified and may include emotional regulation, a teaching model for clients to acknowledge the existence of simultaneous forces. Opposing forces give clients skills for future use to achieve the goals they want or to regulate emotions and behaviour. Others suggest that reflection and mindfulness are similar constructs [41]. As a fundamental principle, “cognitive Therapy considers psychological problems as exaggerations of adaptive responses from common cognitive distortions to learn practical skills to gain over time” [42].

Unconditional Personal Regard needs an “embodied perspective of other’s individual inherited worth and values with acceptance as caring for each other” as involved in valuing the counsellor’s uniqueness and acknowledging the status and worth of others [26]. Furthermore, the relevance to individual requirements has different aspects of language used to provide advice [43]. Thus, a nursing study where empathy is needed as it encourages individuals to elaborate on their issues to develop rapport and trust [44]. Another nursing study suggests that affective empathy achieves emotional stability in others [45].

Moreover, perspective-taking needs “diverse views as experiential knowledge as specialized information and perspectives”, as people obtain from living through experiences to bring about empathy, mutuality and simultaneous recognition of “differences and commonality” [46,47]. Such concepts of empathy need complex empathic interactions, as the culturally adaptive framework considers three areas: knowledge (cognitive empathy), awareness (affective empathy), and perspective-taking.

Further, it is necessary to understand that organizational programs need to gain training programs for good outcomes; for example, identify that the “American Counseling Association

as a governing body provides culturally responsive services to underserved populations.” Others suggest that guidelines have limited training abilities and that competency needs skill training [48,49]. Another suggests that ongoing assessment is necessary for the UK Government National Health Service, which was not entirely successful for anxiety and depression [50]. According to the literature, the methodology is human services as equity, empathic styles such as cognitive and affective empathy, and cultural understanding values for various populations need training.

Furthermore suggest that breastfeeding values are influenced by learnt, such as cultural traditions, religious beliefs and new customs that influence decision-making [36]. These traditional cultural traditions are a need for counselling. Accordingly, health services need breastfeeding promotion as community-based work for equality and equity. First, current research indicates the need for help for immigrant women by explaining how training can move forward in diverse populations and those as high or low in dispositional empathy.

A meta-analysis of empirical studies by identifies increases in combined promotion in maternal health systems and communities for exclusive breastfeeding as counselling or education as positive (increasing as 152%) [51]. Others suggest “centring and counsellor empathy as continuous non-duality as stages of level ‘consciousness’ and state of ‘experience’ for new counsellors to strengthen positive affective states and for their professional development [52].

Discussion

This article aimed to understand the issues of asking questions to support women in community-based work and health care as immigration grows, taking the range of multiple empathic abilities that can be helpful for counselling work and how training might progress. Breastfeeding as depression may need multiple interventions and treatment plans. Thus, cultural empathy and the training needs are important as multicultural, as empathy exists across countries in counselling literature and focuses on the change as “humans who may be unpredictable and need respect for their uniqueness in accepting their disclosures”, as empathy as cross-cultural family therapy can be a “diagnostic tool for client trust” [22,53]. A review study identifies several areas, including being “flexible and collaborating with volunteer organizations for supervision in creating longer-term consultations” for immigrants [54].

Conclusion

Thus, it is necessary to understand that organizational programs need to gain training programs for good outcomes to support women’s national cultures [55]. Others suggest that population differences in motivation factors need further research [56]. Research suggests volunteering is gaining skills and satisfaction [57]. That is the importance of peer-to-peer support for breastfeeding [58]. The limitation is that other literature was unable to be reviewed.

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