Practitioner & Community Best Practices

Career Counselling Considerations for Individuals With Mental Disorders

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Abstract

Individuals who have experienced mental disorders face significant career barriers that are not related to their capabilities nor their desire to participate in the workforce. Their unique skills and strengths often go unrecognized. This creates a situation where a population with immense potential and valuable perspective is often overlooked or deemed unemployable. By neglecting to tap into their talents, employers not only perpetuate a cycle of stigma and discrimination but also miss out on the opportunity to benefit from their diverse contributions. Through recognizing and drawing out strengths, career counsellors can play a vital role in transforming the narrative surrounding these individuals and can help foster a more inclusive and equitable employment environment. It is essential to address the dual challenge of reducing employment barriers while highlighting the invaluable qualities and qualifications that make this population uniquely qualified for various careers. This article discusses key career barriers faced by individuals who have experienced a mental disorder and their unique career strengths. This article also presents relevant career counselling considerations aimed at assisting clients in navigating these unique challenges while capitalizing on their unique strengths.

Keywords: mental disorders, employment barriers, employment skills, counselling interventions, career theories.

Approximately 50% of the Canadian population will have or have had a mental disorder by the age of 40 (CMHA, 2021). Individuals who have experienced mental disorders are much less likely to be employed than those who have not (Brouwers, 2020). It is a common misconception that individuals with mental disorders do not possess the capacity nor the desire to participate in vocational activities. Research has shown that the majority of individuals with mental disorders have the capacity and the desire to work (Guhne et al., 2021).

There has been growing interest in understanding the relationship between mental health and career processes due to the staggering social and economic costs that create a heavy burden on the workplace (Leka & Nicholson, 2019). Mental disorders cover a wide range of experiences. Individuals with highly stigmatized disorders, such as schizophrenia, bipolar disorder, and substance use disorders have the highest unemployment rates (Hakulinen et al., 2019; Holm et al., 2021). It is estimated that the unemployment rate among people with bipolar disorder is 40% - 60% (Holm et al., 2021; Marwaha et al., 2013). It is estimated that the unemployment rate among people with schizophrenia is 70% - 90% (Haro et al., 2013; Holm et al., 2021). Substance use disorders are also highly prevalent among unemployed people (Nolte-Troha et al., 2023). In Holm et al. (2021), when employment was defined as receiving a salary that is greater than the first quartile of the general population, 6% of individuals with schizophrenia were classified as employed and 37% - 39% of people with bipolar disorder were classified as employed.

Given that career counsellors are bound to encounter clients who have experienced mental disorders (Sgaramella et al., 2015), it is crucial to understand the vocational assets these individuals possess so that they can draw from their strengths to find meaningful and sustainable careers (Drobnič, 2023). The problem presented here is twofold: individuals who have experienced highly stigmatized mental disorders face significant barriers in accessing

and maintaining employment, and their unique skills and strengths often go unrecognized in the job market. This creates a situation where a population with immense potential and valuable perspectives is often overlooked or deemed unemployable. Our current employment landscape fails to acknowledge the unique skills that individuals from this population can bring to the workplace. Therefore, it is essential to address the dual challenge of reducing employment barriers while highlighting the invaluable qualities and qualifications that make this population uniquely qualified for various careers.

Through recognizing and drawing out strengths, career counsellors can play a vital role in transforming the narrative surrounding these individuals and fostering a more inclusive and equitable employment environment. There is a need to explore and develop effective counselling interventions and strategies that consider their specific strengths, experiences, and aspirations, while also challenging stereotypes and promoting equal employment opportunities. This article discusses some important career considerations for individuals who have experienced a highly stigmatized mental disorder including schizophrenia, bipolar disorder, and substance use disorders. This article focuses on those who are currently experiencing mild to no symptomology. The aim of this article is to enhance our understanding of career considerations for these individuals and to promote a positive psychology approach in supporting their career development.

Employment Barriers

Individuals who have experienced mental disorders face significant career barriers that are not related to their capabilities nor their desire to participate in the workforce (Gühne et al., 2021).

Stigma and Discrimination

Past research has documented that there are prejudicial attitudes held by the general public towards individuals who have experienced a mental disorder (Gayed et al., 2018; Young et al., 2019). Individuals from this population are likely to encounter direct discrimination and stigmatization in various environments. Indirectly stigmatizing messages are abundant in society. Individuals who have experienced mental disorders are exposed to messages about people like themselves, depicting them as dangerous and hopeless and ridiculing them throughout their everyday lives (Wahl, 2012; Young et al., 2019). The impact of identification and internalization of such messages cannot be overlooked. Individuals tend to avoid seeking treatment, terminate treatment early, and attempt to hide their condition (Brouwers, 2020; Gayed et al., 2018). These actions are understandable, given that individuals with mental disorders are less likely to be offered a job, rented an apartment, or admitted to a school program than someone who does not have a disorder (Waghorn & Lloyd, 2005; Wahl, 2012). Such discrimination leads to inequality of opportunity and often leads to high rates of unemployment, poverty, and homelessness (Ridley, 2020; Thomas et al., 2019; Wahl, 2012). Thus, significant challenges are present when attempting to obtain and maintain employment. Stigma and discrimination affect career outcomes through prejudicial hiring practices, limited employment opportunities, unfair treatment in the workplace, self-disclosure difficulties, and self-esteem challenges (Hampson et al., 2020; Thomas et al., 2019).

The general public likely does not understand the impact or reality of experiencing a mental disorder and as such, avoid people with mental disorders (Waghorn & Lloyd, 2005). Unfair discriminatory hiring practices produce work environments where individuals with mental disorders are not present. As such, stigma and discrimination contribute to further propagation of the misconception that individuals with mental disorders cannot and should not be integrated into the workforce (Hampson et al., 2020; Hampson et al., 2016; Waghorn & Lloyd, 2005).

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Disruptions in Work and Education

Due to the nature of experiencing a mental disorder, individuals are likely to experience disruptions in normative employment and education pathways. The timing of mental illness can disrupt primary, secondary, or tertiary educational attainment and skill training which could disrupt normative career development processes (Hakulinen et al., 2019; Thomas et al., 2019; Waghorn & Lloyd, 2005). This often results in financial constraints that influences the ability to seek employment or further an education. As a result, this disruption can cause long-term unemployment and limitation of potential career prospects. Subsequently, experiencing a mental disorder can limit individuals to attaining less skilled jobs, which lowers their work status and income (Hakulinen et al., 2019; Waghorn & Lloyd, 2005). Thus, individuals who have experienced a mental disorder are likely to have employment gaps due to their condition.

Limited Social and Professional Networks

Individuals from this population may have limited social and professional networks due to the experience of their disorder. Professional networks are influential on career success (Niehuas & O'Meara, 2015) as they provide information and influence the growth of social resources. Some of the factors that may contribute to individuals who have experienced a mental disorder having limited networks include: social isolation, lack of support systems, employment gaps, reliance on peer relationships, limited exposure to workplace environments, and a lack of confidence (Drake & Bond, 2008; Marwaha & Johnson, 2005; McAlpine & Warner, 2002; Thomas et al., 2019).

Psychopathological Symptoms

Although this article focuses on individuals who are experiencing mild to no symptoms of their mental disorder, symptoms or fear of symptoms returning can be a significant challenge for obtaining and maintaining employment (Henderson et al., 2011; Thomas et al., 2019). Individuals might fear disclosing their mental health disorder due to fear of discrimination. However, non-disclosure can create challenges in obtaining appropriate supports. Stressful work environments could exacerbate symptoms, which may be a unique concern for individuals from this population. Further, cognitive, perceptual, affective, and interpersonal deficits may be produced through the experiencing of a mental disorder. Cognitive deficits have shown consistent association with unemployment and poor work performance (Waghorn & Lloyd, 2005).

One notable challenge when considering the employment of individuals with mild to no symptomology is the episodic nature of mental disorders. Despite treatment adherence, mental disorders often fluctuate in severity and emerge episodically (Thomas et al., 2019; Waghorn & Lloyd, 2005). Unexpected episodes may severely compromise a person's stability and their belief in their own abilities. Individuals may experience periods of stability during which they gain hope for their future and then destabilize upon return of symptoms. It is presumable that this cycle of stabilization and destabilization is discouraging and difficult to manage.

Employment Skills and Strengths

The focus of past research aimed at investigating associations between mental disorders and employment outcomes is almost entirely founded upon the disease model of human functioning (Kamdar et al., 2020; Luciano et al., 2014). The disease model focuses on deficits and their negative influences. I propose here that such a focus only exacerbates the misconceptions about people who have experienced a mental disorder. In contrast, the positive psychology approach (Seligman, 2002) taken in this article proposes that experiencing a mental disorder contributes to profound and meaningful outcomes that are uniquely advantageous and desirable by employers (Drobnič,

2023). Although this article focuses on desirable traits in the realm of employment, it is important to note that a positive psychology approach does not just focus on positive personal traits. Subjective experiences such as well-being, happiness, and satisfaction should also be considered as integral components of success. Constructive cognitions (e.g., hope and optimism) should also be considered as useful toward success and a meaningful measure of success (Drobnič, 2023; Snyder & Lopez, 2001).

Resilience

Resilience is defined as the human capacity to adapt swiftly and successfully to stressful events and the ability to revert to a positive state (Shrivastava & Desousa, 2016). Individuals showing little to no mental disorder symptomology are likely far along their recovery journeys and as such have had the opportunity to cultivate resilience to respond to challenges. Having experienced a mental disorder positions individuals in a disadvantaged position. Individuals who learn to manage their symptoms typically need to overcome adversity, build coping strategies, engage in self-reflection and personal growth, build support networks, learn from setbacks, and embrace a new identity. Employment often involves facing challenges in demanding environments. Individuals who have overcome adversity in their personal lives have already demonstrated the ability to deal with and persevere through difficult circumstances. These individuals are flexible and adapt to new circumstances quickly (Siebert, 2005; Thomas et al., 2019). Employee resilience has been identified as essential to organizational adaptability in dynamic work environments (Tonkin et al., 2018).

Empathy and Non-Judgment

Empathetic ability depicts "the act of correctly acknowledging the emotional state of another without experiencing that state oneself" (Halpern, 2003, p. 670). However, the function of empathetic connection is not simply to label emotional states but to truly recognize what it feels like to experience something (Halpern, 2003). It is documented that facing adversity often requires individuals to undergo a process of posttraumatic growth (Jayawickreme et al., 2021) during which time they increase their tendencies to adopt the perspectives of others and to feel responsible for others welfare (Canevello et al., 2022; Lim & DeSteno, 2016). Therefore, the adverse experience of having a mental disorder likely results in increased empathy. This empathy can be invaluable in careers that involve supporting others. People who have experienced a mental disorder often develop a broader understanding of human experiences, including the complexities of personal struggle (Lim & DeSteno, 2016).

Empathetic ability is a valued skill in most workplaces. In fact, there has been a movement toward empathy training in workplaces, especially for individuals employed in service positions (Lajante et al., 2023). In one survey, 84% of CEO's reported that empathy is a crucial skill in customer service positions (Lajante et al., 2023). Empathetic ability increases the ability to navigate diverse work environments, collaborate with others, work with people from diverse backgrounds, and contribute to creating inclusive work environments (Madera et al., 2011; Muncy, 2020). It is my assertion that individuals who have experienced stigma and judgment are more likely to hold non-judgmental attitudes. As such, these individuals are likely to advocate for equality, challenge stereotypes, and promote a culture of compassion and acceptance in the workplace. Being a good team player has been identified as an employment facilitator for individuals who have experienced a mental disorder (Thomas et al., 2019).

Problem-Solving

Experiencing a mental disorder typically requires the capacity to effectively solve problems. In fact, Problem-Solving Therapy (PST) is an approach that has been utilized successfully as an intervention

for individuals with depression, anxiety, and other mental health problems (Becker-Weidman et al., 2010; Bray et al., 2007; Broström et al., 2021; Haaga et al., 1995; Kant et al., 1997; Marx et al., 1992; Ranjbar et al., 2013). Problem solving, especially social problem solving, is considered an effective characteristic for reducing psychological disorder symptomology (Balck et al. 2019; Nezu et al., 2004). Individuals who have experienced a mental disorder have learned to adapt to changing circumstances. They have learned analytic skills, how to identify solutions, and how to make informed decisions (Noordsy et al., 2002). Problem-solving skills are in high demand by employers (Rios et al., 2020). Individuals who have experienced a mental disorder have had to learn problem-solving skills to overcome their own maladaptive symptomology. Therefore, when these individuals enter the workforce, their problem-solving abilities should be regarded as a transferable skill for overcoming workplace challenges (Thomas et al., 2019). As such, I propose that these individuals are likely to be able to bring fresh perspectives and innovative approaches to the workplace. Further, they are likely able to facilitate enhanced productivity. Problem-solving has been identified as an employment facilitator for individuals who have experienced a mental disorder (Thomas et al., 2019).

Self-Awareness

Self-awareness is a key component of emotional intelligence (Aránega et al., 2020; Goleman, 2021). It is recommended that employers implement programs aimed at enhancing emotional intelligence to avoid employee burnout, facilitated self-motivation, resolve conflict, and promote growth of their organizations (Aránega et al., 2020). Self-awareness is a fundamental attribute of leadership (Showry & Manasa, 2014). Successful leadership ability is widely acknowledged as emergent when people become aware of critical personal experiences in their own life and their driving forces, respond by rethinking about self, and redirect their actions (Showry & Manasa, 2014). Individuals with heightened self-awareness are likely able to delegate tasks effectively, ask for help when needed, and build complementary teams. They are likely effective at receiving feedback and incorporating it, are likely open to learning, and can adapt to different situations. These individuals likely excel at communication and collaboration, they are more likely to engage in honest communication and express themselves maturely. They are likely able to navigate conflicts constructively. Overall, these individuals are always striving for self-improvement in their personal lives which translates to open minded and receptive employees in the workplace. (Showry & Manasa, 2014).

Experiencing a mental disorder causes heightened distress within oneself. As such, individuals who have experienced a mental disorder typically need to partake in self-reflective processes in order to function successfully. Such vigorous self-reflective processes are not critically necessary for the general population. Rehabilitation programs for mental disorders typically include self-awareness practices such as engaging in talk therapy or self-help groups. For example, the dominant recovery program for substance use disorders, the 12-Step Program, is characterized by a process where individuals heal their relationships with themselves and others (Borkman, 2008; McGovern et al., 2021). Such a process involves detailed exploration and admittance of one's fears, shortcomings, and wrongdoings. Therefore, through self-reflective practices, individuals move from dysfunctional symptomology to adaptive ways of being (Borkman, 2008; Cripps & Hood, 2020; Lindstrom et al., 2021). I propose that the self-awareness built during recovery from a mental disorder is a transferable employment skill that should be regarded as valuable by employers.

Career Pathway: Wounded Healer

The previous section outlined employment skills and strengths that individuals who have experienced a mental disorder likely possess. This

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section outlines a specific career pathway that may be especially fitting for these individuals. The concept of a wounded healer originated from Greek mythology and was further developed into psychology and counselling contexts (Jackson, 2001). The term refers to a person in a helping role who has personally experienced and overcome adversity. This person's lived experience serves as the foundation of understanding, empathy, and healing for others who are facing similar challenges. Individuals who have experienced a mental disorder may be uniquely suited for career pathways that align with wounded healer ideology.

The psychologist Carl Jung proposed that the wounds of the healer allow them to connect deeply with others and provide compassionate support (Jung, 1951). Jackson (2001) states that "the wounded healer refers to the inner woundedness of a healer - the healer's own suffering and vulnerability, which have been said to contribute crucially to the capacity to heal" (p. 2). The experience of woundedness has left lasting effects on these individuals that:

later serve constructive purposes, in the form of attributes and sensitivities that recurrently serve them in ministering to those whom they treat, or in the form of symptoms and characteristics that stay with them and usefully influence their therapeutic

endeavours (Jackson, 2001, p. 2).

Thus, these individuals' experiences, which are often regarded as deficits by society, actually enhance their healing capacities.

Two of the most influential individuals on psychological thought, Sigmund Freud (psychologist) and Carl Jung (psychiatrist), were self-proclaimed wounded healers. Both of these men experienced extreme anguish and used their anguish experiences to guide their work. Both men formulated a psychological healing modality and both modalities were influenced by the ways in which they ministered to themselves and resolved their own disorders (Jackson, 2001). These examples challenge the common belief that individuals with mental disorders are incapable of effective and meaningful work and supports the assertion made here, that those who have mental illnesses may be uniquely qualified as healers. Wounded healer ideology has been adapted to fit into many contexts. The benefits of the wounded employed as healers has been documented in many professions including social workers (Straussner et al., 2018), physicians (Graves, 2008), teachers (Esping, 2014), therapists (Wolgien & Coady, 1997), various addiction treatment positions (White, 2000), and prison re-entry program workers (LeBel et al., 2015).

The concept of a wounded healer may have significant implications for the career trajectories of individuals who have experienced mental health disorders. By their nature, wounded healer positions take the hardships that these individuals have faced and transform them into valuable career assets. As such, the educational attainment and work experience typically valued by other occupations is replaced by the value of the individuals lived experience of adversity in the securing of employment process. However, individuals in wounded healer positions have unique considerations that may hinder their career trajectories such as their personal treatment adherence, supports, and other factors that may influence their personal mental health stability. It is important to consider the personal context of each individual in light of the specific benefits and challenges that are characteristic of holding a wounded healer position. The next section outlines some of these specific benefits and challenges to consider.

Wounded Healer: Benefits and Challenges

White (2000) states that eight benefits have been identified that wounded healers in addiction treatment roles possess when compared to non-wounded healer workers. Wounded healers 1) possess a knowledge of the physiology, psychology, and

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culture of a mental disorder that is derived from direct experience, 2) have the capacity for emotional identification with their clients, 3) have an absence of condescension derived from equality of shared experience, 4) have their own gratitude for their own recovery which compels them to help others, 5) have their own stories which facilitate hope for others, 6) possess a willingness to be more direct with clients than their non-wounded peer helpers, 7) serve as a role model for their clients, and 8) have the ability to provide their clients with personal orientation to the recovery lifestyle.

White (2000) also states that seven specific challenges have been identified that wounded healers in addiction treatment roles may encounter:

1) experience interprofessional conflicts arising from differing views about the nature of addiction and recovery as well as from their own unresolved feelings about past maltreatment by professionals, 2) overextend themselves to compensate for their self-perceived lack of credentials, 3) experience special problems of countertransference with clients, e.g., trying to program a client's recovery within the framework of his or her own recovery, 4) develop a dependency upon the social and emotional intensity of the work milieu to meet unmet social and intimacy needs, 6) experience role confusion and role conflict

between mutual support group activities and professional counseling activities, and 7) to experience a rare, but quite real, vulnerability for relapse (p. 17).

Career Counselling Approaches

When working with clients who have experienced a mental disorder, career counsellors should apply specific overarching approaches that leverage client resourcefulness and reframe potentially negative perceptions into positive ones. A positive psychology career counselling approach (Drobnič , 2023; Seligman & Csikszentmihalyi, 2000) is especially fitting with an emphasis on identifying strengths, talents, and positive attributes. Focusing on strengths will likely help clients build self-efficacy and confidence (Drobnič , 2023; Harris & Thoresen, 2006). A positive psychology approach further emphasizes the necessity to set and pursue goals regarded as meaningful by the client. Counsellors should help clients break down big goals into smaller more manageable steps. Small steps facilitate a sense of accomplishment and promote hope for the future.

A person-centered (Rogers, 1949) approach is also fitting as it emphasizes the importance of creating a supportive and empathetic counselling environment. When working with this population, career counsellors can apply this approach by fostering a nonjudgmental and

accepting atmosphere, actively listening to clients' concerns, and acknowledging their unique experiences and strengths. Counsellors applying this approach may ask clients what is important to them and why, to describe how they see themselves in a year's time or in a particular position at work, and what they view as their strengths and challenges (Kidd, 2002).

Systemic approaches, such as ecological systems (Bronfenbrenner, 1977), may also be fitting. Systemic approaches recognize the influence of various systems on an individual's development. Counsellors taking this approach are encouraged to collaborate with other professionals to provide comprehensive support and address multiple ecological factors that may be influencing career trajectories. Taking an ecological/systems approach allows for clients to understand the systemic factors that contribute to their current career positions. Further, it enables counsellors to help clients create plans to counteract negative systemic influences that may be contributing to their career position. One specific systemic approach is the story telling approach (McMahon et al., 2004). Counsellors applying this approach ask their clients to tell their stories in relation to the systems that have influenced them. In doing so, clients begin understanding the systemic influences on their lives (meaning making), identify the patterns that have contributed to their current

career positions, and gain the capacity to play a more active role in constructing their futures (Patton & McMahon, 2021). These forementioned approaches are overarching and can be adapted to fit with specific career theories which are discussed in the next section.

Relating Issues to Career Theory

This discussion about applying specific career theories is not meant to be exhaustive; its purpose is to offer potential considerations to promote useful thinking regarding how career theories can be adapted to the population discussed. Counsellors must consider their client's context when applying theories, engage in critical thought, and be creative in their application.

John Holland's theory of vocational choice (Holland, 1959) suggests that people are attracted to careers that align with their personality types. It proposes six vocational types (Realistic, Investigative, Artistic, Social, Enterprising, and Conventional) and suggests that individuals are most likely to thrive and be satisfied with their jobs when they are in environments that match their personality traits. When applying this theory to individuals who have experienced a mental disorder, their specific personality type during different presentations of their disorder should also be considered. For example, if someone who has experienced bipolar disorder has a social type of environmental preference but also expresses the need to isolate when they feel symptomatic, their social preference should be considered important in their career environment alongside the necessity to have the option to withdraw. This person may be better suited in an environment where they have various social interaction options, even though their type alone indicates they are likely to thrive in a socializing environment. Counsellors should consider the influence of mental health by exploring the history of symptomology and the client's perception of their likely future trajectory of symptoms. After exploration, counsellors should be creative in career exploration options, accounting for both the dominant personality type and the subtypes, if they appear during assessment.

Social Cognitive Career Theory (SCCT) (Lent et al., 1994) emphasizes the role of self-efficacy, interests, and goals in career development. SCCT proposes that career choices are influenced by individual's beliefs in their own capabilities, their interests, and the social context in which they operate. It is likely that individuals who have experienced a mental disorder have diminished self-efficacy beliefs due to the negativity of their past experiences (Jahn et al., 2020). It is important that these beliefs be addressed and challenged in order to build self-efficacy. It is likely that individuals from this population have functioned within peer social environments where they observed and internalized negative outcome expectations. Individuals from this population may also have limited knowledge of potential career options due to restricted exposure to professionals.

Counsellors can work to cultivate positive outcome expectations so that individuals can overcome barriers to encourage the belief that they are capable of pursuing careers that interest them. They may benefit from exposure to role models who have successfully navigated similar challenges and achieved a career role desired by the client. Counsellors should provide opportunities for clients to learn from such role models as this exposure could expand their awareness about what is possible for them. SCCT is a fitting theory to apply to this population, as it recognizes the importance of the environment in shaping career development. This recognition offers a comprehensive framework for understanding the direct influences of specific challenges. It emphasizes the role of self-efficacy and allows for interventions that build confidence.

Super's Career Development Theory (Super, 1963) is based on the belief that self-concept changes overt time and develops as a result of experience. Super proposed that each person goes through stages of career development (growth, exploration, establishment, maintenance, and decline). Individuals who have experienced a mental disorder have likely experienced interruptions in

the natural stages of career development. Further, self-concept formulation is partly based off opportunity to play various roles and the outcomes of such role-playing. As such, individuals who have experienced a mental disorder have likely experienced role failure which results in a misconception of their own abilities. For example, an individual who held a fulfilling career may have lost their job due to their condition. They may believe they are incapable of regaining a desired career role. These difficulties may be particularly relevant for individuals who have previously experienced long periods of rehabilitation or hospitalization which may have influenced their career trajectories. Extended periods of focus on mental health symptomology instead of normative life tasks is likely part of these individuals' background. Counsellors should aid clients in exploring and clarifying their self-concept through identifying values, abilities, and goals. I propose that counsellors should adapt the life and career stages to incorporate the unique recovery tasks completed by this population. Individuals who have successfully navigated complex situations should be recognized as capable of doing so and, as such, counsellors can identify transferable skills from these experiences that can relate to career successes.

The Chaos Theory of Careers (CTC) (Pryor & Bright, 2003) could be particularly

useful for individuals who have experienced a mental disorder. It acknowledges the unpredictable and dynamic nature of career development and emphasizes the necessity for adaptability and resilience. Individuals from this population likely do not have traditional linear career paths. CTC posits that career development is characterized by complexity, uncertainty, and non-linearity. Therefore, setbacks, disruptions, and chaotic periods are considered influential and meaningful in one's career journey. Counsellors can help individuals embrace the complexities of their career development through building resilience and learning from setbacks. CTC emphasizes the importance of self-reflection, perception of the self as in control, and the construction of a unique career story. This emphasis helps client's embrace uncertainty. Career counsellors can help clients shift their focus from controlling outcomes to building adaptability and problem-solving skills. When clients feel confident in their ability to navigate uncertainty, they are more likely to seek careers that align with their desires instead of ones they perceive as predictable.

Conclusion

Although individuals who have experienced a mental disorder face unique career barriers that hinder their career pathways, they also possess unique strengths that can be recognized and promoted. I believe it is

imperative that career counsellors adopt a strengths-based approach to leverage these qualities when exploring career pathways so that these individuals can achieve careers that are meaningful to them. Emphasizing their strengths and unique perspectives not only benefits them individually but also contributes to a more diverse and inclusive workforce. Recognition of the potential of these individuals requires a shift in societal attitudes and fostering a culture of acceptance. It is through this collective effort that we can truly harness the talents and contributions of all individuals.

References

Aránega, A. Y., Núñez, M. T. D. V., & Sánchez, R. C. (2020). Mindfulness as an intrapreneurship tool for improving the working environment and self-awareness. *Journal of Business Research, 115*, 186-193. https://doi.org/10.1016/j.jbusres.2020.04.022

Balck, F., Zschieschang, A., Zimmermann, A., & Ordemann, R. (2019). A randomized controlled trial of problem-solving training (PST) for hematopoietic stem cell transplant (HSCT) patients: Effects on anxiety, depression, distress, coping and pain. *Journal of psychosocial oncology, 37*(5), 541-556. https://doi.org/10.1080/07347332.2019.1624673

Becker-Weidman, E. G., Jacobs, R. H., Reinecke, M. A.,

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Silva, S. G., & March, J. S. (2010). Social problem-solving among adolescents treated for depression. *Behaviour Research and Therapy, 48*(1), 11–18. https://doi.org/10.1016/j.brat.2009.08.006

Borkman, T. (2008). *The Twelve - Step Recovery Model of AA: A Voluntary Mutual Help Association*. In L. A. Kaskutas & M. Galanter (Eds.), Recent Developments in Alcoholism (Vol. 18, pp. 9–35). Springer New York. https://doi.org/10.1007/978-0-387-77725-2_2

Bray, S., Barrowclough, C., & Lobban, F. (2007). The social problem-solving abilities of people with borderline personality disorder. *Behaviour Research and Therapy, 45*(6), 1409–1417. https://doi.org/10.1016/j.brat.2006.06.011

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. American *Psychologist, 32*(7), 513–531. https://doi.org/10.1037/0003-066X.32.7.513

Broström, S., Johansson, B. A., Verhey, R., & Landgren, K. (2021). "Seeing a Brighter Future"– Experiences of adolescents with common mental disorders receiving the problem-solving therapy "Youth Friendship Bench" in Zimbabwe. *Issues in Mental Health Nursing, 42*(11), 1019-1029. https://doi.org/10.1080/01612840.2021.1924323

Brouwers, E. P. M. (2020). Social stigma is an underestimated contributing factor to unemployment in people with mental illness or mental health issues: Position paper and future directions. *BMC Psychology, 8*(1), 36. https://doi.org/10.1186/s40359-020-00399-0

Canadian Mental Health Association (2021). *Mental health and mental illness: What's the difference? Fast facts about mental health and mental illness*. https://cmha.ca/brochure/fast-facts-about-mental-illness

Canevello, A., Hall, J., & Walsh, J. I. (2022). Empathy - mediated altruism in intergroup contexts: The roles of posttraumatic stress and posttraumatic growth. *Emotion, 22*(8), 1699–1712. https://doi.org/10.1037/emo0000803

Cripps, L., & Deyell Hood, C. (2020). Recovery and Mental Health: Exploring the Basic Characteristics of Living Well with Mental Illness. *Therapeutic Recreation Journal, 54*(2). https://doi.org/10.18666/TRJ-2020-V54-I2-9948

Drake, R. E., & Bond, G. R. (2008). The future of supported employment for people with severe mental illness. *Psychiatric Rehabilitation Journal, 31*(4), 367–376. https://doi.org/10.2975/31.4.2008.367.376

Drobnič, J. (2023). People

with special needs and career development based on strength. *Center for Educational Policy Studies Journal, 13*(3), 213-232. https://doi.org/10.26529/cepsj.1381

Esping, A. (2014). From "at-risk" youth to wounded healer: A longitudinal study of two pre-service teachers. *International Journal of Qualitative Studies in Education, 27*(3), 377-396. https://doi.org/10.1080/09518398.2013.775375

Gayed, A., Milligan-Saville, J. S., Nicholas, J., Bryan, B. T., LaMontagne, A. D., Milner, A., ... & Harvey, S. B. (2018). Effectiveness of training workplace managers to understand and support the mental health needs of employees: a systematic review and meta-analysis. *Occupational and environmental medicine, 75*(6), 462-470. https://doi.org/10.1136/oemed-2017-104789.

Goleman, D. (2021). *Leadership: The power of emotional intelligence*. More Than Sound LLC.

Graves, L. (2008). Teaching the wounded healer. *Medical teacher, 30*(2), 217-219. https://doi.org/10.1080/01421590801948034

Gühne, U., Pabst, A., Löbner, M., Breilmann, J., Hasan, A., Falkai, P., Kilian, R., Allgöwer, A., Ajayi, K., Baumgärtner, J., Brieger, P., Frasch, K., Heres, S., Jäger, M., Küthmann, A.,

Putzhammer, A., Schneeweiß, B., Schwarz, M., Becker, T., … Riedel-Heller, S. G. (2021). Employment status and desire for work in severe mental illness: Results from an observational, cross-sectional study. *Social Psychiatry and Psychiatric Epidemiology, 56*(9), 1657–1667. https://doi.org/10.1007/s00127-021-02088-8

Haaga, D. A. F., Fine, J. A., Terrill, D. R., Stewart, B. L., & Beck, A. T. (1995). Social problem-solving deficits, dependency, and depressive symptoms. *Cognitive Therapy and Research, 19*(2), 147–158. https://doi.org/10.1007/BF02229691

Hakulinen, C., Elovainio, M., Arffman, M., Lumme, S., Pirkola, S., Keskimäki, I., ... & Böckerman, P. (2019). Mental disorders and long-term labour market outcomes: nationwide cohort study of 2 055 720 individuals. *Acta Psychiatrica Scandinavica, 140*(4), 371-381. https://doi.org/10.1111/acps.13067

Halpern, J. (2003). What is clinical empathy? *Journal of General Internal Medicine, 18*(8), 670–674. https://doi.org/10.1046/j.1525-1497.2003.21017.x

Hampson, M., Hicks, R., & Watt, B. (2016). Understanding the employment barriers and support needs of people living with psychosis. *Qualitative Report, 21*(5).

Hampson, M. E., Watt, B. D., &

Hicks, R. E. (2020). Impacts of stigma and discrimination in the workplace on people living with psychosis. *BMC psychiatry, 20*, 1-11. https://doi.org/10.1186/s12888-020-02614-z

Haro, J. M., Novick, D., Bertsch, J., Karagianis, J., Dossenbach, M., & Jones, P. B. (2011). Cross-national clinical and functional remission rates: Worldwide Schizophrenia Outpatient Health Outcomes (W-SOHO) study. *British Journal of Psychiatry, 199*(3), 194–201. https://doi.org/10.1192/bjp.bp.110.082065

Harris, A. H., & Thoresen, C. E. (2006). Extending the influence of positive psychology interventions into health care settings: Lessons from self-efficacy and forgiveness. *The Journal of Positive Psychology, 1*(1), 27-36. https://doi.org/10.1080/17439760500380930

Henderson, M., Harvey, S., Øverland, S., Mykletun, A., & Hotopf, M. (2011). Work and common psychiatric disorders. *Journal of the Royal Society of Medicine, 104*(5), 198–207. https://doi.org/10.1258/jrsm.2011.100231

Holland, J. L. (1959). A theory of vocational choice. *Journal of Counseling Psychology, 6*(1), 35–45. https://doi.org/10.1037/h0040767

Holm, M., Taipale, H., Tanskanen, A., Tiihonen, J., & Mitterdorfer-Rutz, E. (2021). Employment among people

with schizophrenia or bipolar disorder: A population-based study using nationwide registers. *Acta Psychiatrica Scandinavica, 143*(1), 61–71. https://doi.org/10.1111/acps.13254

Jahn, D. R., Leith, J., Muralidharan, A., Brown, C. H., Drapalski, A. L., Hack, S., & Lucksted, A. (2020). The influence of experiences of stigma on recovery: Mediating roles of internalized stigma, self-esteem, and self-efficacy. *Psychiatric Rehabilitation Journal, 43*(2), 97–105. https://doi.org/10.1037/prj0000377

Jackson, S. W. (2001). *Presidential address: The wounded healer.* Bulletin of the History of Medicine, 1-36.

Jayawickreme, E., Infurna, F. J., Alajak, K., Blackie, L. E., Chopik, W. J., Chung, J. M., ... & Zonneveld, R. (2021). Post-traumatic growth as positive personality change: Challenges, opportunities, and recommendations. *Journal of personality, 89*(1), 145-165. https://doi.org/10.1111/jopy.12591

Jung, C. G. (1951). Fundamental questions of psychotherapy. *The collected works of CG Jung, 16*, 111-125.

Kamdar, B. B., Suri, R., Suchyta, M. R., Digrande, K. F., Sherwood, K. D., Colantuoni, E., ... & Hopkins, R. O. (2020). Return to work after critical illness: a systematic review and meta-

analysis. *Thorax, 75*(1), 17-27. http://dx.doi.org/10.1136/thoraxjnl-2019-213803

Kant, G. L., D'Zurilla, T. J., & Maydeu-Olivares, A. (1997). Social problem solving as a mediator of stress-related depression and anxiety in middle-aged and elderly community residents. *Cognitive therapy and research, 21*, 73-96. https://doi.org/10.1023/A:1021820326754

Kidd, J. M. (2002). *The career counselling interview*. In Rethinking careers education and guidance (pp. 127-141). Routledge.

Lajante, M., Del Prete, M., Sasseville, B., Rouleau, G., Gagnon, M. P., & Pelletier, N. (2023). Empathy training for service employees: A mixed-methods systematic review. *Plos one, 18*(8), e0289793. https://doi.org/10.1371/journal.pone.0289793

LeBel, T. P., Richie, M., & Maruna, S. (2015). Helping others as a response to reconcile a criminal past: The role of the wounded healer in prisoner reentry programs. *Criminal justice and behavior, 42*(1), 108-120. https://doi.org/10.1177/0093854814550029

Leka, S., & Nicholson, P. J. (2019). Mental health in the workplace. *Occupational Medicine, 69*(1), 5-6. https://doi.org/10.1093/occmed/kqy111

Lent, R. W., Brown, S. D., &

Hackett, G. (1994). Toward a Unifying Social Cognitive Theory of Career and Academic Interest, Choice, and Performance. J*ournal of Vocational Behavior, 45*(1), 79–122. https://doi.org/10.1006/jvbe.1994.1027

Lim, D., & DeSteno, D. (2016). Suffering and compassion: The links among adverse life experiences, empathy, compassion, and prosocial behavior. *Emotion, 16*(2), 175–182. https://doi.org/10.1037/emo0000144

Lindstrom, G., Sofija, E. & Riley, T. "Getting better at getting better": How Sharing Mental Health Stories Can Shape Young People's Wellbeing. *Community Mental Health Journal, 57*, 1604–1613 (2021). https://doi.org/10.1007/s10597-021-00786-w

Luciano, A., Bond, G. R., & Drake, R. E. (2014). Does employment alter the course and outcome of schizophrenia and other severe mental illnesses? A systematic review of longitudinal research. *Schizophrenia research, 159*(2-3), 312-321. https://doi.org/10.1016/j.schres.2014.09.010

Madera, J. M., Neal, J. A., & Dawson, M. (2011). A strategy for diversity training: Focusing on empathy in the workplace. *Journal of Hospitality & Tourism Research, 35*(4), 469-487. https://doi.org/10.1177/1096348010382240

Marwaha, S., Durrani, A., & Singh, S. (2013). Employment outcomes in people with bipolar disorder: a systematic review. *Acta Psychiatrica Scandinavica, 128*(3), 179-193. https://doi.org/10.1111/acps.12087

Marwaha, S., & Johnson, S. (2004). Schizophrenia and employment. *Social Psychiatry and Psychiatric Epidemiology, 39*(5), 337–349. https://doi.org/10.1007/s00127-004-0762-4

Marwaha, S., & Johnson, S. (2005). Views and experiences of employment among people with psychosis: a qualitative descriptive study. *International journal of social psychiatry, 51*(4), 302-316. https://doi.org/10.1177/0020764005057386

Marx, E. M., Williams, J. M., & Claridge, G. C. (1992). Depression and social problem solving. *Journal of Abnormal Psychology, 101*(1), 78–86. https://doi.org/10.1037/0021-843X.101.1.78

McAlpine, D. D., & Warner, L. (2002). *Barriers to employment among persons with mental illness: A review of the literature.* Center for Research on the Organization and Financing of Care for the Severely Mentally Ill, Institute for Health, Health Care Policy and Aging Research, Rutgers University.

McGovern, W., Addison, M., & McGovern, R. (2021). An exploration of the psycho-social benefits of

providing sponsorship and supporting others in traditional 12 step, self-help groups. *International Journal of Environmental Research and Public Health, 18*(5), 2208. https://doi.org/10.3390/ijerph18052208

McMahon, M., Patton, W., & Watson, M. (2004). Creating career stories through reflection: An application of the Systems Theory Framework of career development. *Australian Journal of Career Development, 13*(3), 13-17. https://doi.org/10.1177/103841620401300304

Muncy, L. M. (2020). *Experiences of human resource professionals regarding empathy in the workplace* (Doctoral dissertation, Capella University).

Nezu, A. M., Wilkins, V. M., & Nezu, C. M. (2004). *Social Problem Solving, Stress, and Negative Affect*. In E. C. Chang, T. J. D'Zurilla, & L. J. Sanna (Eds.), Social problem solving: Theory, research, and training (pp. 49–65). American Psychological Association. https://doi.org/10.1037/10805-003

Niehaus, E., & O'Meara, K. (2015). Invisible but essential: The role of professional networks in promoting faculty agency in career advancement. *Innovative Higher Education, 40*, 159-171. https://doi.org/10.1007/s10755-014-9302-7

Nolte-Troha, C., Roser, P., Henkel, D., Scherbaum, N., Koller, G., & Franke, A. G. (2023). Unemployment and Substance Use: An Updated Review of Studies from North America and Europe. *Healthcare, 11*(8), 1182. https://doi.org/10.3390/healthcare11081182

Noordsy, D., Torrey, W., Mueser, K., Mead, S., O'Keefe, C., & Fox, L. (2002). Recovery from severe mental illness: an intrapersonal and functional outcome definition. *International Review of Psychiatry, 14*(4), 318-326. https://doi.org/10.1080/0954026021000016969

Patton, W., & McMahon, M. (2021). *The systems theory framework of career development*. In Career development and systems theory (pp. 67-107). Brill. https://doi.org/10.1163/9789004466210_003

Pryor, R. G., & Bright, J. E. (2014). The Chaos Theory of Careers (CTC): Ten years on and only just begun. *Australian Journal of Career Development, 23*(1), 4–12. https://doi.org/10.1177/1038416213518506

Ranjbar, M., Bayani, A. A., & Bayani, A. (2013). Social problem-solving ability predicts mental health among undergraduate students. *International Journal of Preventive Medicine, 4*(11), 1337–1341.

Ridley, M., Rao, G., Schilbach, F., & Patel, V. (2020). Poverty, depression, and anxiety: Causal evidence and mechanisms. *Science, 370*(6522), eaay0214. DOI: 10.1126/science.aay0214

Rios, J. A., Ling, G., Pugh, R., Becker, D., & Bacall, A. (2020). Identifying critical 21st-century skills for workplace success: A content analysis of job advertisements. *Educational Researcher, 49*(2), 80-89. https://doi.org/10.3102/0013189X19890600

Rogers, C. R. (1949). The attitude and orientation of the counselor in client-centered therapy. *Journal of Consulting Psychology, 13*(2), 82–94. https://doi.org/10.1037/h0059730

Seligman, M. E., & Csikszentmihalyi, M. (2000). *Positive psychology: An introduction* (Vol. 55, No. 1, p. 5). American Psychological Association.

Seligman, M. E. (2002). *Positive psychology, positive prevention, and positive therapy*. Handbook of positive psychology, 2(2002), 3-12

Sgaramella, T. M., Ferrari, L., & Ginevra, M. C. (2015). *Qualitative career assessment of vulnerable individuals*. In M. McMahon & M. Watson (Eds.), Career assessment: Qualitative approaches (pp. 231–238). Rotterdam, The Netherlands: Sense Publishers.

Showry, M., & Manasa, K. V. L. (2014). Self-awareness key

to effective leadership. IUP *Journal of Soft Skills, 8*(1).

Shrivastava, A., & Desousa, A. (2016). Resilience: A psychobiological construct for psychiatric disorders. *Indian Journal of Psychiatry, 58*(1), 38. https://doi.org/10.4103/0019-5545.174365

Siebert, A. (2005). *The resiliency advantage: Master change, thrive under pressure, and bounce back from setbacks.* Berrett-Koehler Publishers.

Snyder, C. R., & Lopez, S. J. (Eds.). (2001). *Handbook of positive psychology*. Oxford University Press.

Straussner, S. L. A., Senreich, E., & Steen, J. T. (2018). Wounded healers: A multistate study of licensed social workers' behavioral health problems. *Social Work, 63*(2), 125-133. https://doi.org/10.1093/sw/swy012

Super, D. E. (1963). Self-concepts in vocational development. *Career development: Self-concept theory, 1*, 16.

Thomas, T. L., Muliyala, K. P., Jayarajan, D., Angothu, H., & Thirthalli, J. (2019). Vocational challenges in severe mental illness: A qualitative study in persons with professional degrees. *Asian journal of psychiatry, 42*, 48-54. https://doi.org/10.1016/j.ajp.2019.03.011

Tonkin, K., Malinen, S., Näswall, K., & Kuntz, J. C. (2018). Building employee resilience through wellbeing in organizations. *Human Resource Development Quarterly, 29*(2), 107–124. https://doi.org/10.1002/hrdq.21306

Waghorn, G., & Lloyd, C. (2005). The employment of people with mental illness. *Australian E-Journal for the Advancement of Mental Health, 4*(2), 129–171. https://doi.org/10.5172/jamh.4.2.129

Wahl, O. F. (2012). Stigma as a barrier to recovery from mental illness. *Trends in Cognitive Sciences, 16*(1), 9–10. https://doi.org/10.1016/j.tics.2011.11.002

White, W. L. (2000). The history of recovered people as wounded healers: II. The era of professionalization and specialization. *Alcoholism Treatment Quarterly, 18*(2), 1-25. https://doi.org/10.1300/J020v18n02_01

Wolgien, C. S., & Coady, N. F. (1997). Good therapists' beliefs about the development of their helping ability: The wounded healer paradigm revisited. *The Clinical Supervisor, 15*(2), 19-35. https://doi.org/10.1300/J001v15n02_02

Young, R. E., Goldberg, J. O., Struthers, C. W., McCann, D., & Phills, C. E. (2019). The subtle side of stigma: Understanding and reducing mental illness stigma from a contemporary prejudice perspective. *Journal of Social Issues, 75*(3), 943-971. https://doi.org/10.1111/josi.12343