

The Psychologist in Algerian Society Between Academic Training and Field Practice Difficulties

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Abstract:

Recently in Algeria, the use of psychology in its various specialties has spread in industrial, educational, healthcare, and correctional institutions, especially in educational institutions, where its intensive spread can be noticed since the 1980s. This trajectory of psychological practice in the educational field from that time until now calls for exploring the nature of guidance practice, its conditions, methods, results, and questioning its fate. This is based on understanding the perspective of field psychologists working in the educational sector.

The problems facing the psychologist are many and diverse, varying according to the fields related to psychological, mental, and behavioral disorders. However, the nature of the external environment where the psychologist performs their role may impose special conditions that can lead to additional difficulties in their work, potentially complicating their ability to effectively deal with the challenges of psychological assessment and treatment.

Keywords: *psychologist, academic training, educational institutions, psychological practice, psychological disorders*

Le psychologue dans la société algérienne entre formation académique et difficultés de la pratique de terrain

Résumé :

Récemment en Algérie, l'usage de la psychologie dans ses différentes spécialités s'est répandu dans les institutions industrielles, éducatives, sanitaires et pénitentiaires, notamment dans les institutions éducatives où sa diffusion intensive est perceptible depuis les années 1980. Cette trajectoire de la pratique psychologique dans le champ éducatif depuis cette époque jusqu'à aujourd'hui invite à explorer la nature de la pratique d'orientation, ses conditions, ses méthodes, ses résultats et à s'interroger sur son devenir. Il s'agit de comprendre le point de vue des psychologues de terrain travaillant dans le secteur de l'éducation.

Les problèmes auxquels le psychologue est confronté sont nombreux et divers, variant selon les domaines liés aux troubles psychologiques, mentaux et comportementaux. Cependant, la nature de l'environnement externe dans lequel le psychologue exerce son rôle peut imposer des conditions particulières qui peuvent entraîner des difficultés supplémentaires dans son travail, compliquant potentiellement sa capacité à relever efficacement les défis de l'évaluation et du traitement psychologiques.

Mots clés : *psychologue, formation académique, institutions éducatives, pratique psychologique, troubles psychologiques*

Introduction:

Psychology entered Algerian universities in the later years of the second millennium, and today we observe a wide spread of clinical psychology specialization and the profession of the clinical psychologist (le psychologue clinicien), to the extent that almost every hospital has a psychologist. Moreover, some hospitals have several psychologists distributed across various departments. The natural and human disasters experienced by our society during the “Black” or “Red” Decade, and subsequent disasters, contributed to raising awareness about psychology and clinical psychology, even leading to their recognition. However, despite the considerable efforts of these specialists, the profession faces many difficulties that cause slow progress and modest development in this field. Among the most significant field challenges are those related to psychological assessment, as the clinician cannot proceed to treatment without the data collected during the assessment process.

Psychological assessment (l'examen psychologique) is the clinician's tool to understand the case; through it, the clinician aims to gather comprehensive information for study or psychological intervention, evaluate pathological symptoms, and reach a deep understanding of the patient's strengths, weaknesses, frustrations, and needs. Accurate assessment always revolves around a key question that reflects the examined individual's problem. Based on this, the assessor helps the patient and their family to comprehend the issue and take appropriate decisions to manage it. However, given the relative novelty of the clinical psychologist profession in our society, it faces difficulties related both to the specialist themselves and the environment where they are trained and

practice. Before highlighting these difficulties, it is useful to define the clinical psychologist and their functions.

Psychology in general has expanded in industrial, educational, social, healthcare, correctional, sports, and other settings due to its demonstrated field effectiveness. This growth in Western countries affected all aspects of life positively, impacting the individual, family, industry, economy, and more, which led many Algerian state institutions to adopt psychology within their structures. The educational institution, in particular, has employed many university graduates in psychology and other behavioral sciences, aiming to apply rational control in guiding students according to their abilities, implementing curricula, and ensuring healthy growth of students in an environment characterized by comfort for both learners and teachers. This takes place within a dynamic, productive relationship of knowledge and affection among all educational system elements.

1. Definition of the Clinical Psychologist:

The clinical psychologist, also called "le psychologue clinicien," is a professional who uses psychological theories and techniques in assessment, diagnosis, and treatment to accurately understand the psychological health and illness levels of the patient. Essential characteristics include the ability to establish effective relationships with others and care for them, a sense of professional responsibility, respect for professional standards and ethics, professional competence, self-respect and self-understanding, empathy, honesty, sincerity, and emotional control (Abdel-Maati, 1998, p. 60).

1.1. Definition of Psychological Practice:

Psychological practice is the professional activity carried out by the clinical psychologist in their role, for which their training and academic degree qualify them, as defined by law and applied in the workplace. This practice is driven by the scientific and technological revolution experienced by human society in the 20th century, especially the last quarter, which elevated psychological issues to a priority position among social and economic concerns (Lahmidi & Brabah, 2020, p. 10).

1.2. Academic Training of the Psychologist:

The training of a psychologist is based on two integrated foundations: theoretical preparation and practical training. The theoretical preparation includes acquiring necessary knowledge about mental illnesses and behavioral disorders alongside understanding normal, healthy human development. The methodological and technical aspects are equally important, as they underpin psychological assessment and diagnosis, including knowledge of psychological measurement and statistics as core research components.

Practical training aims to engage directly with clinical cases to gain a concrete understanding of psychological disorders and how to handle them. For effective practical training, supervision by experienced and skilled specialists is essential. This training usually involves joining a medical team including a supervising clinical psychologist, a general physician, a psychiatrist, a social worker, and a vocational counselor. In professional development, the psychologist seeks to enrich their theoretical knowledge and link it to field realities. Some scholars emphasize clinical training and practice leading to a Psy.D. (Doctor of Psychology), while others

promote research training and methodology skills culminating in a traditional Ph.D., focused on scientific and academic research (Abdel-Maati, 1998, p. 60).

From the perspective of training, the psychologist assumes multiple roles. Scientifically, they conduct psychological research related to their field and disseminate findings through conferences and journals, enriching theory and contributing to scientific knowledge production. Practically, they hold responsibility for diagnosis, guidance, prevention, and treatment. This requires a deep understanding of human nature, growth laws, clinical psychology experience, proficiency in assessment and therapeutic techniques, and awareness of the strengths and limitations of each, all within ethical professional conduct. The clinical psychologist practices in various institutions such as hospitals, youth centers, prisons, addiction centers, and research institutes.

During psychological assessment, the psychologist strives to understand the client, but their ultimate goal is psychological treatment aimed at alleviating or curing the disorder. The psychologist's role varies depending on the nature of the disorder. In some cases, such as gang-related or relational issues, their role is primary; in behavioral disorders, their role is secondary but still important; in others, such as psychoses, their role is complementary. The psychologist chooses treatments they master and that suit the client's personality and disorder, but across various theoretical frameworks and therapists, success hinges on establishing the therapeutic contract or relationship, as much of therapy time is spent building this relationship and motivating the client. However, individuals' mental perceptions of a certain treatment style may either facilitate or hinder therapy efforts.

Clinical psychologists in our society are distributed among various hospital departments such as cardiology,

oncology, nephrology, each with its specificities and unique problems. The challenge lies in the ability of the psychologist, with their standardized training, to respond to diverse and complex field problems that vary from one illness to another and from one personality to another. Ultimately, good control over the psychological assessment process is the best way to overcome many problems.

2. Theoretical Approaches in Psychological Counseling:

From a theoretical standpoint, most of the literature we reviewed—such as William Son, Parsons, Thorn, Sheldon Eisenberg, Daniel Delaney (1995), Naeem Al-Rifai (1994), Lotfi Fatim and others (2002), Salah Hassan Al-Dahri (2005), and others—agree that the essence of counseling lies in providing help and support to others. It is sometimes described as a profession dedicated to helping people (**Eisenberg et al., 1995, p. 132**).

However, this profession of helping others involves differences as a professional practice that distinguishes it from other types of assistance mentioned earlier. Moreover, this help varies from one country to another and from one region to another, making it neither standardized nor unified. Some consider guidance, counseling, and therapy as equivalent academic degrees. Others use counseling and guidance interchangeably, such as Miller, while some view counseling and psychotherapy as the same, like S.H. Paterson. Meanwhile, Saleh Al-Dahri considers it a set of services offered within the framework of counseling psychology.

Considering that the term “Counseling” emerged in the Anglo-Saxon culture, referring to a variety of practices that go beyond guidance to include help, information, and sponsorship, A. English defined it as a relationship in which an

attempt is made to help one individual understand and solve the problems they face (**C. Tourette Turgis, 1996**).

In France, the concept appeared under the title "Guidance," first used in 1929 in the form of "Vocational Guidance Counselor" (Conservatoire National des Arts et Métiers, 2005), then later developed towards marital counseling under the French Psychiatric Association's marital consultation services.

In 1987, the World Health Organization (WHO) called for the use of "psychological counseling" as a method of assistance, care, and prevention to confront dangers facing individuals, groups, and the world due to the spread of the HIV epidemic. Consequently, HIV counseling became a unit studied within psychological counseling ([http:// Counseling VIH.Org/fr](http://Counseling.VIH.Org/fr)). Rogers Boulton (2005) on counseling.

From these various decrees, it is understood that the guidance counselor is responsible for the administrative management of the student's academic pathway. This is not the profession of psychologists.

It is also noted that the concept of counseling did not appear in previous laws regulating the educational field, nor even in the school health law. It was only recently added as a term, with its meaning by the educational legislator still unclear.

On the academic side, William Son defines the function of counseling as helping adolescents in school, high school, and college to learn effective methods to identify and achieve desired goals (**Paterson, 1981, p. 350**).

Parsons, at the beginning of the 20th century, defined it as vocational guidance for adolescents and youth, identifying three dimensions:

The individual's understanding of themselves, their abilities, predispositions, tendencies, ambitions, and positives.

Their knowledge of the requirements and conditions for success, as well as the material and moral advantages of various professions and jobs.

Deep reflection on the relationships and connections between the realities encompassed in the first and second dimensions.

Paterson further specifies the steps of the counseling process as analysis, synthesis, diagnosis, prognosis, counseling, and follow-up with a detailed discussion of each step (**Paterson, 1981, p. 351**).

3. The American Psychological Association in 1981 defined it as:

Psychological and educational assessment through observation, interview, and testing for classification and diagnosis of learners.

Providing therapy by understanding cognitive, social, emotional growth areas of students.

Participating in program development and teacher in-service training to enhance their efficiency and establishing educational programs including parents.

Monitoring all psychological services provided by the school (**Kamel, 2003, p. 163**).

Youssef Al-Qadi and others (2002) see the psychological counselor performing:

Preventive work (creating suitable conditions for the student's healthy growth).

Developmental services (aimed at utilizing and developing human abilities and potentials).

Therapeutic services (dealing with behavioral disorders, emotional problems, adjustment issues, etc.) (**Al-Qadi et al., 2002, p. 55**).

Faisal Abbas (2002) considers the psychological counselor as providing help to students that appears in solving marital problems, school problems, vocational issues, and problems of juveniles and adolescents (**Abbas, 2002, p. 88**).

While Saleh Hassan Al-Dahri (2005) views the services provided by the psychological counselor as including assessment, evaluation, diagnosis, intervention, consultation, program development, supervision of psychological and counseling services, and evaluation of all these services (**Al-Dahri, 2005, p. 210**).

4. Based on this, two orientations can be identified:

The first orientation represents a blend of vocational training, counseling, and education. This is especially represented by William Son, Parsons, and others like Parsons E.G. William Son, which led to instruments such as the "Minnesota Vocational Assessment Scales." It combined vocational background with working in an educational context, merging vocational guidance goals with educational objectives under what is called "vocational and educational counseling or guidance," a term frequently used by the current educational system in Algeria.

The second orientation is represented by Thorn, Paterson, Carl Rogers, Levy Moreno, Kurt Lewin, and others (with some differences among them). They view counseling practice, especially Thorn, as an attempt to create a situation similar to medicine, where cases cannot be dealt with as numbers but as persons and individuals. The counselor is more than just a scientist; they are a human being endowed with warmth and clinical practice competence. They also consider counseling and therapy as a learning process in which the counselor helps the client develop the skill to understand the self (**adapted from Paterson, 1990, p. 200**).

Thus, psychological counseling began to shift its focus from problems and a set of educational and vocational difficulties toward the individual facing the issue of discovering their identity as a whole and realizing their fullest potential in all life fields. This combines emphasis on vocational guidance and psychotherapy simultaneously within the educational field.

Therefore, it appears there is no harmony between what various decrees have defined as the tasks and practices of the psychological practitioner (psychological counselor) in the local environment and what psychological and educational facts state from their academic perspective.

4.1. Reality of Psychological Practice:

The non-specialist reader encounters the multiplicity of meanings of counseling in general, and the wide usage of the term especially in behavioral sciences, particularly psychology and education.

Many references highlight that counseling knowledge, as general knowledge, was widespread among many people, especially those responsible in their communities, such as parents toward their children, imams toward their congregants, teachers toward their students, etc.

However, as scientific knowledge with its own laws and methods, “psychological counseling” historically emerged within vocational guidance and mental education but is distinct from them.

Industrial and economic changes that European countries and the United States experienced starting in the 20th century, and the resulting emergence of social-educational movements calling for professional social and educational

services, were responses to problems posed by the industrial revolution at that time.

With the entry of the scientific objective method into behavioral studies, these problems became subject to scientific study. Hence, a philosophy emerged focusing on studying human and social problems, headed by Stanley Hall from Clark University starting in 1888 (**Mahmoud Hassan, 1983, p. 144**).

The opening of Lighter Witmer's psychological clinic in the United States in 1896 for behavior modification (Jamal Al-Khatib, 1995), and Clifford Beers' revelations in his book "A Mind That Found Itself," about the mistreatment and inefficient care of patients in mental hospitals, were among the early signs establishing what is now called "psychological counseling" (**Kafafi, 1999, p. 99**).

The development of psychological counseling as a science and art is usually attributed especially to the two World Wars and the economic crises and state interventions between them. This had a huge impact on the development of psychological and social services, along with the development of psychological measurement that accompanied the wars, such as the Alpha and Beta tests used for guidance, selection, and classification in the U.S. Army, among others.

Psychological counseling's development also relied on many psychological theories, including ideas from Carl Rogers, developmental psychology theories from Freud, Erikson, Jean Piaget, and others.

In 1951, the term "Counseling Psychology, Counseling Counselor" appeared at a conference held by a specialized committee in Minnesota, USA, before the annual meeting of the American Psychological Association in 1945. The first journal on psychological counseling was published, and the subject was included in psychology curricula in most uni-

versities, including national and Arab universities (**Taha Hussein, 2004, p. 110**).

4.2. The Reality of Psychological Practice in Algeria:

In Algeria, after gaining independence from France in 1962, the country inherited the French model of school and vocational guidance that was in place at the time. This guidance system mirrored the one applied in France. Initially, in 1963, the responsibility for this service was assigned to the Sub-Directorate of School Organization and Planning, then in 1965 to the Department of Planning and School Mapping. From 1967 to 1992, it was overseen by various departments within the Ministry of Education, until it was finally entrusted to the Directorate of Guidance and Communication (**Ministry of National Education, 1993**).

More recently, the profession of school and vocational guidance and counseling (the new designation) is considered one of the specialized educational roles under the National Education sector, as indicated in Executive Decree No. 08 issued on October 11, 2008, which outlines the specific statutes for employees of the Ministry of National Education.

5. School and vocational guidance counselors are classified into two ranks:

School and Vocational Guidance Counselor, and Chief School and Vocational Guidance Counselor.

Articles 96 and 101 of the aforementioned executive decree define the general duties of guidance counselors as follows:

Assisting students throughout their academic journey and guiding them in building their personal projects based on

their interests, abilities, and educational planning requirements.

Evaluating and analyzing students' academic performance and summarizing it, as well as conducting surveys and investigations.

Supporting students experiencing psychological and educational difficulties to help them continue their schooling.

In addition, the Chief Counselor coordinates the activities of other guidance counselors and contributes to training programs and practical research in educational psychology (**People's Democratic Republic of Algeria, Official Gazette, 2008**).

It is evident, based on what has been discussed, that Algerian legislation in this field focuses predominantly on the conditions that facilitate educational continuity—such as planning-based guidance, performance evaluation, and identification of psycho-pedagogical difficulties. However, it overlooks the holistic nature of the student. A student is an integrated whole, and addressing only one aspect neglects the others. For the student to continue learning and developing, their overall health, including mental health, must be prioritized—an aspect modern psychology has clearly proven but which is absent from Algerian educational legal documents from 1962 to the present.

6. Challenges of Psychological Practice:

One of the primary challenges a clinical psychologist may face during psychological assessment, therapy, or intervention is the nature of the referral request itself. The request may stem from varying reasons and in diverse situational contexts, making it difficult for the clinician to precisely understand the scope of their intervention.

Sometimes, the request is specific – targeting the evaluation of a particular function, such as determining a child’s handedness or their performance in a certain domain before and after a specialized rehabilitation process. Other times, it is broad with diagnostic or prognostic objectives – addressing behavioral disorders, academic or family difficulties, or symptoms affecting social or emotional development and school adaptation. There may also be highly specific referrals requiring comprehensive psychological assessment, such as cases of dysgraphia, dyscalculia, or subject-specific comprehension difficulties.

There are occasions when an assessment reveals that the client is highly capable and intelligent, contrary to prior beliefs, or uncovers serious personality vulnerabilities that place the client at risk – despite previously being considered healthy (Andronikof, Verdier-Gibello, 1983). Focusing on one aspect while ignoring others results in an incomplete picture of the client, potentially endangering them. Therefore, the clinician must remain situationally aware and always prepared for unexpected outcomes (Khateeb, 1995, p. 85).

It is also important to note that the referral request is not always clear. It may be explicitly stated by the client or guardian (in the case of children), but this explicit request may not reflect the true issue. Often, an implicit request coexists and may even conflict with the stated concern. Sometimes, clients conceal the true reason for the assessment for personal motives – such as supporting a legal case or requesting a school transfer. This contradiction between explicit and implicit requests often confuses the specialist and complicates their work. If the specialist does not allow suffi-

cient time to investigate and clarify the true nature of the request, they may be misled.

Moreover, the complexity of modern social life has made psychological practice more challenging. Psychological and behavioral disorders increase in frequency and severity with the complexity of modern civilization, the accumulation of stress, and strained relationships. This intricate landscape necessitates university training that is not only standardized but also specialized and aligned with contemporary issues. As such, the psychologist may struggle to respond effectively to complex problems whose roots are not clearly psychological, but possibly social, religious, or a new combination of factors (Khateeb, 1995, p. 86).

6.1. The Problem of Information Sources:

One of the most important sources of information about the case under assessment is the client themselves, as human beings possess an inherent sense of self-awareness. However, in certain disorders, self-insight is impaired, rendering information from the client unreliable. In some cases, clients deliberately falsify information to avoid accountability or to present themselves favorably.

When the clinician attempts to fill in missing information by consulting relatives, these individuals often refuse to cooperate, citing reasons such as distance, work commitments, fear of stigma, or more. Even when they agree to participate, the information they provide may be inconsistent or contradictory.

In some situations, families may feel relieved to secure a place for their child or relative in a hospital or specialized institution and may even hope for residential care—according to one psychologist—so they can escape the shame of having a child with a disability or mental illness in

the family, or to relieve themselves of the burdens of caring for a dependent person. They overlook the fact that the best environment for an individual is their natural, familial one. As specialists, we must remember that a child's disability can deeply wound a parent's narcissism. If not partially overcome, this injury may hinder the family's ability to cooperate with the clinician. In some cases, the families of disabled or mentally ill individuals may themselves require psychological assistance or social support.

When the psychologist decides to use clinical observation during an interview or in the client's natural environment, there is a significant risk of collecting distorted data due to the client's tendency to present a false persona. Thus, while it may appear that we are gathering direct, reliable information, we may in fact be working with data that is biased and disconnected from reality. This becomes even more likely if the specialist reveals their goals or uses standardized psychological tests, which may trigger defensive attitudes in the client. As a result, the client may become less spontaneous and more inhibited, leading to a lack of meaningful responses and hindering the processes of understanding, diagnosis, and treatment (Khateeb, 1995, p. 101).

6.2. The Problem of Test Adaptation:

In the context of psychological assessment aimed at diagnosis and classification, the specialist merely applies the tools that allow for a comprehensive and accurate understanding of the case. When assessing cognitive abilities, the focus can be on intelligence and mental capacity tests such as the Wechsler or Kaufman tests. However, when the issue pertains to psychological or emotional problems, it is preferable to use a few personality tests, whether objective or pro-

jective—such as the Rorschach test. In cases of precise assessment of specific performance functions, simple tests like the Khos cubes or the Rey figure may suffice. In comprehensive assessment situations, it may be necessary to combine various types of psychological tests after prior knowledge of the dimensions and limitations of each technique (**Abbas, 2002, p. 118**).

The field of psychometrics includes a wide range of psychological tests, all of which are standardized situations that allow for monitoring the subject's performance and evaluating them accordingly. Specialists use these techniques to obtain more accurate and objective data. Psychological tests are governed by the principles of objectivity, validity, reliability, and standardization. Mental tests, whether verbal or non-verbal, serve to assess intelligence levels, while projective personality tests investigate the psychological functioning of the individual, including cognitive processes, defense mechanisms, and emotional states such as anxiety, tension, aggression, or sexual drives, and how the person deals with internal or external threats.

One of the major problems with these tests lies in their limited applicability and inefficiency when used with individuals suffering from developmental disorders, such as autism or intellectual disability. When the clinician lacks knowledge of the strengths and limitations of each technique, it becomes difficult to choose the appropriate tools for the issue at hand. The greatest challenge faced by psychologists lies in the lack of adapted tools. To what extent can we trust the credibility of techniques that are, themselves, poorly adapted—or not adapted at all.

Some believe that psychological tests alone can provide all the necessary information about a case. From our perspective, this is a misconception that needs to be corrected.

Although these tools are standardized and have proven effective in diagnosis, they only work well when the specialist is deeply familiar with their application, scoring, and interpretation. Additionally, we stress the importance of being trained in building clinical observations and recognizing them. The random use of psychological tests is not a scientific approach and reflects a disregard for the subjects being assessed.

Too often, psychological tests are marketed and used in our society just like imported consumer goods, and this is, in our view, a careless attitude – especially among the educated class. Most psychological tests need to be studied by research teams in specialized university laboratories to be adapted to the specificities of Algerian society. Only then will their use become effective – after thorough training and mastery of their application (Abbas, 2002, p. 120).

6.3. The Dominance of Theoretical Training and Lack of Practical Preparation:

The training of a psychologist begins with a two-year foundational curriculum in the field of psychology, during which students expend much of their energy and time before specializing. Perhaps the most exhausting aspect is the overwhelming volume of literature and psychological theories. Although psychology is both theoretical and applied, it is often presented in an almost entirely theoretical manner, close to literature or philosophy. Theoretical content dominates over practical sessions that are supposed to foster deep field engagement.

Even though the closed or open internship included in the training pathway for psychology students (those still in formation) is intended to bring them closer to real-life practice,

a lack of coordination between universities and field institutions—or the absence of agreements defining each party’s responsibilities—sometimes leads to poor reception of students in those institutions, along with a lack of scientific supervision. Internship durations are also very short, limiting the acquisition of practical skills. When theoretical training is weak, the situation worsens, and future psychologists find themselves empty-handed when faced with problems they cannot understand. Repeated absences from internships by some students further reduce the intended impact.

Given the ongoing changes and complexities of social life and the continuous emergence of new issues, psychologists often realize that their acquired knowledge is insufficient to address the overwhelming pain and suffering of their clients. They attempt to fill these gaps through reading and self-study, but this alone is not enough. The issue is not only about what we read or learn from others’ experiences—it also involves the psychologist’s own self.

The psychologist must engage in personal psychological work, since they themselves are a fundamental tool in both diagnosis and therapy. A high degree of self-awareness and insight into their surroundings is crucial, as it enables them to understand the contradictions their clients experience, which may be at the root of their psychological disturbances (**Madhhar, 2010, p. 59**).

A significant part of clinical work is based on the effort the clinician puts into developing awareness of their internal dynamics. The examiner must have two “ears”: one that listens inward to monitor and regulate their inner world, and another that listens outward to the client, gathering clinical data essential for diagnosis and understanding. As Kotsiny said, the psychologist themselves is their most valuable tool. Some researchers argue that transference and countertrans-

ference that occur during psychological assessments may significantly affect the validity of results, particularly with projective tests, which are commonly used in clinical settings (**Samai-Haddadi, 1998**). This high level of self-awareness and ability to manage such dynamics does not arise easily; it requires personal preparation and fieldwork under expert supervision.

The orientation toward the clinical psychology specialization is often based solely on academic grades, which, in our opinion, is insufficient. We propose that this be complemented with a personal file review and behavioral evaluations to select individuals who demonstrate qualities that support the role of a psychologist, such as good listening skills, a desire to help others, and human compassion.

On the other hand, the vast amount of accumulated knowledge makes it difficult to master the full theoretical framework expected of a professional. As a professor, I observe a significant absence rate among students. I wonder: how can a student who attended only 5 out of 28 lectures in a given module, without compensating through specialized reading, claim to have grasped the essentials of their training.

It is strong personal and theoretical training that fosters objectivity in the psychologist. Its absence inevitably leads to subjectivity. When the practitioner gives in to personal biases, they falsify their entire practice, as Freud pointed out. This compliance is driven by ignorance of the self on one hand and a lack of theoretical, technical, and methodological knowledge on the other. Failing to subject oneself to ethical, theoretical, and methodological training means surrendering to personal tendencies (**Madhhar, 2010, p. 96**).

6.4. The Problem of the Pathogenic Effect of the Environment:

As psychologists dealing with mental illnesses, behavioral disorders, and relational problems, we are aware that these issues often stem from environmental (psychological and social) causes. We frequently discover that the patient's condition is merely a direct result of a toxic environment. In other words, the patient is a victim, merely a symptom of a dysfunctional family or environment. Some Algerian researchers have frequently pointed out this issue.

Naturally, the clinician finds themselves in a complex situation. They must determine whether the patient is responding with disturbed behavior to pathological demands from their environment—or whether they are responding pathologically to normal environmental demands. In short, we want to know whether the core problem lies with the client, their environment, or both.

The clinician may wonder whether the psychological support should be directed toward the patient or toward individuals in their environment who may be the real cause of their distress due to their harmful actions or attitudes. However, as long as those individuals do not seek psychological help, the clinician's hands are tied.

Sometimes, the client's environment (or representatives of it) may offer strong resistance or defensiveness, fearing blame or being seen as partly responsible for the client's issues.

In families where psychological issues are widespread, it may be difficult for the psychologist to clearly distinguish between those who contribute to the disorder and those who are merely victims of it. There are often internal factors that lead one family member—among many exposed to the same external stimuli—to develop a particular disorder. The

abundance of social problems such as unemployment, violence, aggression, divorce, and homelessness complicates the clinician's ability to determine which parties play the most significant role in the emergence of psychological disorders.

This leads to a fundamental question: should treatment be focused on the individual seeking help, who may only be a victim? Or should the focus be on the source of the disorder – someone who might not seek help, is unaware of the impact of their behavior, or acts out of ignorance or intent, such as in the case of drug dealers and traffickers (Askar, 2004, p. 26).

6.5. Risks of Traditional Treatments and Limitations of Psychological Therapies:

Despite the efforts made by psychologists in the field, the profession of the psychologist is not always the primary recourse for individuals who feel the need for relief or psychological help or who suffer from adaptive difficulties. Psychology in our society faces competition from those who practice various forms of ruqyah (spiritual healing), sorcery, and witchcraft – practices fraught with risks due to the obscurity surrounding the background of their practitioners. Some patients may refuse to consult a psychologist because they believe the psychologist's knowledge is derived from foreign references and techniques that are not in harmony with the prevailing social culture or may contradict religious teachings. Other patients might avoid psychologists due to a lack of distinction between the roles of the psychologist and the psychiatrist or due to fear of stigma, choosing instead to keep their suffering to themselves or to share it with a close friend.

Some prefer to turn to non-clinical figures who involve them in the healing process, placing part of the responsibility on the patients themselves. Faced with this professional rigidity, many avoid psychologists altogether, resorting instead to passivity or alternative treatments that align with their magical thinking or general resignation. In such a social context, the psychologist often finds themselves uncertain about which therapeutic path to take.

At times, the psychologist may decide to adopt psychotherapy based on their academic training as a symbol of their scientific formation. But does this bold decision bring them peace. They are faced with an overwhelming number of theories and techniques, each with its complexities. Mastering and deeply understanding all of them to address various psychological issues is extremely challenging – especially in an age that emphasizes specialization and has left behind the era of general knowledge.

Adopting a psychoanalytic framework to explore personality dynamics and uncover underlying causes of mental symptoms can demand extensive time and effort. Yet many in the community favor quick, magical solutions that require little effort. From the outset, some may doubt this approach entirely, wondering in amazement how mere conversation can be therapeutic. The community often objects to sexual concepts associated with mental life, influenced by cultural notions of modesty and repression – despite the increasing prevalence of sexual deprivation among large segments of youth of both genders, which gives rise to numerous psychological, social, and economic problems (**Askar, 2004, p. 28**).

To avoid the social dilemma that “talk therapy” can present, some clinicians may adopt the behavioral model due to its rich repertoire of techniques and its compatibility with

the public's demand for swift resolutions to life problems – even at the expense of quality and effectiveness. However, it quickly becomes clear that such therapies focus on eliminating symptoms viewed as learned behaviors, increasing the risk of relapse. This failure can reflect poorly on both the therapist and the client, eroding the trust the clinician worked hard to build.

They may also realize that some behavioral techniques, such as reinforcement and punishment, resemble traditional practices within their community – perhaps even recalling how a grandmother once used these methods to encourage or discourage certain behaviors in grandchildren. Ultimately, mastery of these behavioral techniques is essential for the clinician to perform their job effectively.

The psychologist may turn to cognitive therapy due to its contemporary nature and its focus on correcting distorted thoughts, faulty beliefs, and inaccurate perceptions, while enhancing mental flexibility and promoting positive thinking. However, restructuring a person's knowledge – especially their beliefs – is not an easy task. In doing so, the therapist may rediscover the purity of the belief system they personally hold or have adopted, especially in terms of its encouragement of critical thinking, good conduct, and optimism. This realization drives some clinicians to use religion as a supplementary tool in therapy, for example by citing or explaining relevant Qur'anic verses or prophetic sayings, as one therapist mentioned (**Askar, 2004, p. 29**).

Faced with all these challenges, the psychologist encounters complex and delicate field problems that increasingly demand specialization, particularly when working in departments that deal with different types of disorders. This requires the therapist to engage in deep, ongoing self-work

to better understand their own psychological dynamics, ultimately aiming for accurate diagnosis and effective treatment.

Conclusion:

The psychologist is a practitioner who fights for individuals' mental health and the prevention of psychological disorders, while also striving to reduce or eliminate mental and behavioral disturbances. Through psychological assessment, they aim to gain a comprehensive and integrated understanding of the client's personality for the purposes of diagnosis, guidance, counseling, or treatment.

At the beginning of the assessment process, the psychologist seeks a precise understanding of the presented issue. Based on this understanding, they choose additional techniques to explore other psychological resources and determine which therapeutic methods to use. To ensure objectivity during the assessment, the clinician must strengthen their theoretical knowledge, technical skills, and personal traits while adhering strictly to the ethical standards of the profession.

The psychological assessment is a relational situation between two subjectivities: that of the assessor and that of the assessed. From a diagnostic perspective, it aims to understand the condition. It is known that psychological characteristics are not directly measurable; rather, they are inferred from the individual's performance in a specific testing situation – in accordance with the concepts of maximum performance and typical performance.

Maximum performance refers to the best and fastest performance an individual can offer in a challenge-oriented sit-

uation, emphasizing potential over actual behavior. In this regard, intelligence and cognitive ability tests are used. Typical performance reflects what an individual generally does, focusing on actual behavior and its style rather than potential. Personality inventories and projective tests serve this purpose. An individual's typical performance provides the best insight into their personality and attitudes toward themselves and others.

Although many psychological techniques and tests remain unadapted to local contexts, we recommend their cautious use for familiarity and practice, with a view to later adaptation. However, this must be done with close attention to both the shared and unique characteristics of each society and individual.

Therapeutic interviews aim to alleviate or reduce the symptoms of the condition by selecting theoretical frameworks and treatment techniques best suited to the particular case. Choosing the right technique depends on several variables, which are not always easy for the psychologist to identify or account for. Nevertheless, they can make steady progress toward understanding the disorder, the nature of the personality involved, the suitability of the underlying theoretical framework, and the time available.

The clinician also understands the critical importance of the therapeutic alliance with the client, which plays a central role in the healing process.

When faced with the inevitable challenges of psychological assessment and therapy, the psychologist must boost their confidence through an accurate understanding of their field – its scope and its limitations – from both theoretical and technical perspectives. Confidence is further strengthened by field experience, direct engagement with others'

problems and suffering, and a commitment to professional and human principles.

The ability to overcome assessment challenges depends on knowing the unique characteristics of the local reality, improving interpersonal skills, and maintaining continuous learning of the latest theoretical and technical developments. All of this is fueled by ambition, determination, and – above all – a willingness to endure hardship and pain. In time, the psychologist may realize that it is precisely this pain and effort that teaches the most and strengthens them through patience and dedication to the path of knowledge and service.

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