COMPARATIVE ANALYSIS OF COUNSELING FOR MAINTAINING AND IMPROVING MENTAL HEALTH AND WELL-BEING IN INDIVIDUALS: SITUATIONS IN NORTH MACEDONIA AND THE USA

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ABSTRACT

This research study examines crisis situations in counseling centers and their role in facilitating personal growth and development in clients/students. It emphasizes the importance of counseling centers not only as venues for therapeutic interventions but also as catalysts for personal and interpersonal development. Specifically, the study focuses on comparing crisis situations in counseling centers between the USA and North Macedonia, taking into account the number of admissions for specific psychopathological conditions over the course of one year prior to the COVID-19 pandemic. Desk analysis was employed to analyze admission data obtained from counseling centers in both countries. The research findings will shed light on the disparities in the number of admissions for specific psychopathological conditions between North Macedonia and the USA. This cross-cultural comparison aims to enhance our understanding of crisis situations and the demand for counseling services within distinct cultural and contextual contexts.
The implications of this study are significant, as it can contribute to the improvement of counseling services in both North Macedonia and the USA, offering support to individuals experiencing psychopathological conditions during crisis situations.

Keywords: cross-cultural comparison, crisis situations, psychological counseling

INTRODUCTION

The well-being of individuals is a result of the process of physical, mental, and spiritual optimization. Systematically achieving well-being requires a multidisciplinary approach. It entails optimizing the health of the body, mind, and spirit, as well as being conscious and taking measures for individuals to have a successful existence. Such an existence can only be achieved through harmonious development within the microenvironment in which individuals live (Myers, Sweeney 2007). For individuals to have harmonious development in the microenvironment, they sometimes need to go through a counseling process where they become aware of coping approaches, maintain their mental and spiritual health, and achieve personal growth.

Counseling is a broad term that can encompass advising in various areas, from financial to sports, but the advice that holds particular significance is provided by individuals who are competent in maintaining mental health, improving it, and facilitating the spiritual growth of individuals. According to McLeod (2013: 7), counseling is a "purposeful, private conversation arising from the intention of one person (couple or family) to reflect on and resolve a problem in living, and the willingness of another person to assist in that endeavor." Counseling is particularly important in modern society, where there is an increase in individualization, social distance, and alienation of individuals, which results in the dysfunctionality of societal institutions in providing support to their members. Ironically, the emergence of counseling centers and professionalization is part of the individualization process, the growth of productivity, and labor specialization. In that sense, counseling centers can be seen as a part of organic solidarity through which society seeks to help its members.

Given that counseling, aimed at maintaining and improving well-being, is closely related to maintaining and improving mental health in individuals; it is important to differentiate between counseling and psychotherapy. Although these terms are often used interchangeably, there is a significant distinction between them. Counseling is applied to issues such as addiction or grief and lasts for a shorter period, while psychotherapy is applied in cases where mental health issues have a more serious background and last for a longer period. Psychotherapy is more commonly used in medical institutions such as psychiatric units, while counseling is more focused on individuals in educational settings such as students. Psychotherapy is conducted by professionals trained in psychiatry, psychology, counseling, and social work. They can also provide advice related to maintaining and improving mental health and well-being. Conversely, counselors may or may not be trained and possess the necessary skills to provide psychotherapy.

The counseling profession is based on values such as prevention, optimal development, and positive functioning. Counselors are individuals who know personality theories, and psychotherapy, and are capable of assessing the dynamics of human behavior to appropriately guide clients toward optimization (Corey 2013: 18). In terms of mental health, counseling is associated with a short-term treatment focused primarily on individuals' behaviors. It is often directed toward a specific symptom or problematic state and offers suggestions and advice for dealing with it. Almost all approaches to giving advice emphasize the importance of individual choices. Accordingly, counseling is a natural partner of the wellness movement (Myers, Sweeney 2007). Well-being for individuals includes not only mental health but also physical health, social development, personal development, and spiritual development.

Table 1. Dimensions of human existence

	Physical	Social	Personal	Spiritual
Coping with:	Body, Material world, Nature	Place in the world, Relations	Identity, Personality traits, Thinking, Feelings	Soul, Transcendental ideals
Values	Health, Safety, Comfort	Self-esteem, Success, Connectedness	Autonomy, Freedom, Knowledge, Authenticity	Striving for a better world, Unity,Consciousness
Threats	Pain, Death, Poverty	Rejection, Loneliness, Guilt, Shame	Confusion, Doubt, Imperfection	Senselessness, Futility, Evil
Personal philosophy	Beauty	Goodness	Truth	Love

Sources: van Deurzen, 2009

The state of counseling centers in North Macedonia

In North Macedonia, there have been counseling centers providing psychological help and support to the citizens since the 1990s. The first mental health center for children and youth in the country was opened in 1993, with the support of the Open Society Institute. It had departments in Skopje, Bitola, Ohrid, Tetovo, and Shtip. Later, from 1998, the center was integrated within the University Psychiatric Clinic in Skopje (Polazarevska, M., 1999).

An analysis of the organizations offering psychological counseling indicates that there are currently more than 50 institutions in North Macedonia that offer organized psychological counseling services to the citizens. This indicates that there is an awareness of the need for psychological counseling, as well as an interest among the citizens to seek such services. Alongside private initiatives, there is also potential for the expansion of socially organized counseling services.
Recognizing the need for counseling related to mental health, well-being, and career guidance among students, several universities in North Macedonia have established and operated counseling centers.

These centers can be found at the Faculty of Medicine, Ss. Cyril and Methodius University, St. Clement of Ohrid University in Bitola, and the American College in Skopje.An illustrative insight into the demand for counseling centers comes from an online survey conducted by meta.mk on April 26th and 27th, 2023. The survey involved 7,228 respondents, of which 6,435 were students. The results revealed that 5,946 participants, or 91%, expressed the opinion that free counseling centers should be available at universities in North Macedonia (Georgievski 2023).

The state of counseling centers inthe USA

The beginnings of counseling and psychological counseling in the United States can be traced back to the 1950s, when data about the emergence of a new profession, the counselor or psychological counselor, became available. The formation of this new profession during that period was influenced by advancements in psychology, particularly the work of Frank Parsons and the development of the vocational guidance movement, as well as the social context. After World War II, soldiers faced personal and professional challenges when they returned home. This created an opportunity for the establishment of psychological counseling as a profession (Munley et al., 2004).
In 1989, the Governing Council of the American Counseling Association adopted a decision to support the counseling profession and its efforts to optimize the health and well-being of individuals (Myers, Sweeney, 2007).

A survey conducted in 2002 revealed that at that time, there were over 65,220 individuals in the United States providing counseling related to mental health and well-being, with 10,530 explicitly identifying themselves as psychological counselors (Munley et al., 2004: 261). The need for the existence and expansion of psychological counseling has persisted to this day. While statistics are likely similar worldwide, the data from the United States explicitly indicate that two-thirds of the causes of death are related to lifestyle factors that could have been avoided with timely and different choices (Myers, Sweeney, 2007).

Comparative analysis of Center for crisis intervention counseling for children and young adults, Skopje and student health and well-being counseling Center, John Hopkins University

The period from the 1990s until the COVID pandemic, similar to the one after World War II, was characterized by processes that created conditions for the expansion of counseling and crisis action centers. Under the influence of globalization, the neoliberal economy, constant competition, and economic crises, individuals experienced increasing stress. Many societal institutions transferred their responsibility for helping individuals to specialized services such as psychological counseling. As society develops, the division of labor and professional specialization increase, but so does the advancement of organic solidarity, which, in our case, corresponds to the practice of seeking advice from specialized institutions to address personal issues.

However, this also corresponds to the greater responsibility placed on each individual in society, increasing the level of pressure and stress, which can impact levels of anxiety and other difficulties in individuals' functioning. Hence, the results of the comparative analysis between the number of clients at the Center for crisis intervention counseling for children and young adults in Skopje and the Student Health and Wellbeing Counseling Center at Johns Hopkins University show, at the first level, that significant problems for which individuals need to visit the respective centers exist in both countries, with the number of clients being significantly higher in the USA compared to North Macedonia. Additionally, there is a difference in the types of problems troubling citizens. While in North Macedonia, a significant portion of the problems is related to social factors (dysfunctional family relationships, drug abuse, etc.), in the USA, the problems are more of a personal nature (feeling overwhelmed by several things, time management). What is common in both countries is that anxiety ranks high on the list of problems for which citizens seek help from centers to maintain and improve their mental health and well-being.

Table 2. List of complaints for which individuals visit mental health centers

Center for crisis intervention counseling for children and young adults –Skopje, N. Macedonia		Student Health and Wellbeing Counseling Center at Johns Hopkins University– USA	
Complaint	**Number of clients**	**Complaint**	**Number of clients**
Career issues (total)	34	**Career issues (total)**	95
Problems with adjustment	17	Decision about selecting a major/career	95
Work related situational crisis	17		
Academic/school issues (total)	23	**Academic/school issues (total)**	1196
Hyperactive behavior in school	4	Time management, procrastination, motivation	279
Negativistic behavior in school/academic settings	3	Academic concerns, school/work/grades	279
Counselling for child school problems	6	Overly high standard for self	175
School problems	8	Test Anxiety	116
Child educational measures	2	Pressure from family for success	110
		Stage fright, performance anxiety, speaking anxiety	83
		Have been considering dropping out or leaving school	72
		Pressures from competition with others	82

Relationship issues (total)	110	**Relationship issues (total)**	706
Dysfunctional family relationships	33	Loneliness, homesickness	157
Romantic relationship problem	5	Relationship with romantic partner	133
Pathological jealousy	1	Concern regarding breakup, separation or divorce	112
Problem with peer relationship	3	Conflict/argument with parents or family member	99
Problem with communication	25		
Divorce counselling	7	Shy or ill at ease around others	72
Social phobia	4	Relationship with friends and/or making friends	93
Parents counselling	12		
Intimate partner problem	20	Relationship with roommate	40
Anxiety issues (total)	35	**Anxiety issues (total)**	681
Anxious reaction	6	Feeling overwhelmed by a number of things; hard to sort things out	322
Anxious feeling	7		
Neurosis	15	Anxieties, fears, worries	300
Obsessive-phobic symptomatology	3	Problems with adjusting	59
Panic attacks	2		
PTSD	2		
Existential issues (total)	52	**Existential issues (total)**	347
Problems with psychosexual identity	4	Generally unhappy or dissatisfied	203
Identity crisis	14	Confusion over personal or religious beliefs and values	41
Existential crisis	2		
Adolescent crisis	32	Concerns related to being a member of a minority	21
		Issue related to gay/lesbian identity	82
Depression (total)	52	**Depression (total)**	433
Cyclothymic affective disorder	2	Depression	207
Depressive episode	34	General lack of motivation, interest in life, detachment and hopelessness	177
Phobic-depressive symptomatology	4		
Grief reaction	5	Grief over death or loss	49
Tentamensuicidii	5		
Eating disorders (total)	21	**Eating disorders (total)**	230
Obesities	2	Eating problem (overeating, not eating or excessive dieting)	63
Bulimia	2		
Bulimia anorexia	15	Eating problem (overeating, not eating or excessive dieting) - including moderate concern	167
Anorexia nervosa	2		
Substance abuse (total)	22	**Substance abuse (total)**	39
Substance (drug) abuse	20	Alcohol/drug problem in family	21
Alcohol abuse	2	Alcohol and/or drug problem	18
Sexual abuse or harassment (total)	12	**Sexual abuse or harassment (total)**	53
Sexual abuse	1	Physically or emotionally abused, as a child or adult	35
Physical abuse	4		
Emotional abuse	7	Sexually abused or assaulted, as a child or adult	18

Stress and psychosomatic symptoms (total)	5	Stress and psychosomatic symptoms (total)	296
Psychosomatic disorder	5	Sleep problems (can't sleep, too much sleep, nightmares)	153
		Physical stress	89
		Concerns about health, physical illness	54
OTHER	82	**OTHER**	364

Source: Databases of relevant institutions

The presented data show that the most common difficulties reported by clientsat the Johns Hopkins University Counseling Center were academic and school-related issues (a totalof 1,196 clients). The reported difficulties included time management, procrastination, motivation (279 clients), academic concerns such as school, work, grades (279 clients), having overlyhigh standards for oneself (175 clients), testanxiety (175 clients), pressure from family for success (116 clients), stagefright, performance anxiety, speaking anxiety (110 clients), considering dropping out or leaving school (72 clients), and pressures from competition with others (82 clients). Incomparison, at the counseling center in the Republic of North Macedonia, there were total of 23 clients for academic and school related issues, including hyperactive behavior ins chool (4 clients), negativistic behavior in school/academic settings (3 clients), counseling for childs school problems (6 clients), school problems (8 clients) and child educational measures (2 clients). These findings suggest potential differences in the academic pressures and challenges faced by students in these two countries.

In comparing the data on career issues between the two counseling centers, notable differences emerge. At the Center for Crisis Intervention Counseling for Children and Young Adults in North Macedonia, a totalof 34 clients sough the lpforcareer-relatedconcerns. Amon gthese, 17 clients reported problems with adjustment, while there maining 17 clients faced work-related situational crises.

In contrast, the Student Health and Wellbeing Counseling Center at Johns Hopkins University in the USA witnessed a higher number of clients seeking assistance for career issues, with a totalof 95 casesreported. The majority of these clients (95) sought guidance on decision-making related to selecting a major or career path.This comparison highlights the contrasting emphasis on specific aspects of career concerns between the two cultural contexts. The Macedonian counseling center focuses more on addressing adjustment difficulties and work-related situational crises, suggesting potential challenges faced by individuals in adapting to and navigating the professional sphere. Conversely, the American counseling center places a great remphasison the decision-making process, reflecting the significance of career choice and major selection in the American higher education system.

These findings indicate that cultural factors and educational systems contribute to distinct patterns of career-related concerns and the types of support sought by individuals. Understanding these differences is crucial for counseling centers to tailor their interventions effectively and provide culturally appropriate guidance and assistance to clients facing career challenges.

Relationship issues were the most common difficulties reported by clients at the counseling center in the Republic of North Macedonia, with a total of 110 clients, including dysfunctional family relationships (33 clients), romantic relationship problems (5 clients), pathological jealousy (1 client), problems with peer relationships (3 clients), communication problems (25 clients), divorce counseling (7 clients), social phobia (4 clients), parents counseling (12 clients), and intimate partner problems (20 clients). In comparsion, at the Johns Hopkins University Counseling Center, total of 706 clients sought help for relationship issues, including

loneliness, homesickness (157 clients), relationship with romantic partner (133 clients), concern regarding breakup, separation, divorce (112 clients), conflict/argument with parents or family member (99 clients), shy or ill at ease around others (72 clients), relationship with friends and/or making friends (93 clients) and relationship with roommate (40 clients).

Both centers had clients seeking assistance for dysfunctional family relationships. However, the American counseling center had a higher number of cases related to romantic relationship problems, while the Macedonian center had more cases concerning communication issues within peer relationships. This indicates varying relational challenges experienced by individuals in different cultural and contextual backgrounds.

In North Macedonia, a totalof 35 clients sough the lp for anxiety and related disorders, while 52 clients sough the lp for depression and depressive states. In the USA, the numbers were 681 clientsand 433 clients, respectively. Anxiety-related concerns appeared to be more prevalent at the American counseling center, with clients reporting feeling overwhelmed and experiencing anxieties, fears, andworries. In contrast, the Macedonian center had a smaller number of clients seeking help for anxious reactions and feelings. These findings suggest potential differences in the manifestation and expression of anxiety in the two Depression-related issues were more commonly reported at the American counseling center, with a larger number of clients experiencing depressive episodes, lack of motivation, detachment, and hopelessness. In comparison, the Macedonian center had a smaller number of cases related to depressive symptoms. The difference in the types of problems faced by children and youth may also be attributed to the fact that North Macedonia has been a country in transition for a longtime, which is reflected in the psychological and socio-cultural reflection of the issues faced by the youth in society.

The findings regarding existential issues reported at the counseling centers provide valuable insights into the diverse concerns individuals face in relation to personal identity, beliefs, and values.
At the Center for Crisis Intervention Counseling for Children and Young Adults in North Macedonia, a total of 52 clients sought assistance for existential issues. Among these, 4 clients reported problems with psychosexual identity, 14 clients faced an identity crisis, 2 clients experienced anexistential crisis, and the majority, 32 clients, dealt with adolescent crisis.In comparison, the Student Health and Wellbeing Counseling Center at Johns Hopkins University in the USA witnessed a larger number of clients seeking help for existential issues, with a totalof 347 cases reported. The concerns expressed by these clients included general unhappinessor dissatisfaction (203 clients), confusion over personal or religious beliefs and values (41 clients), concerns related to being a memberof a minority (21 clients), and issues related to gay/lesbian identity (82 clients).These findings suggest variations in the types of existential challenges faced by individuals in the two cultural contexts. The Macedonian counseling center appears to address concerns primarily related to adolescent development, identity formation, and psychosexualidentity. On the other hand, the American counseling center receives a larger number of clients seeking support for broader existential issues, encompassing general dissatisfaction, questions about personal and religious beliefs, concerns related to minority status, and issues specific to the LGBTQ+ community.The contrasting patterns of existential concerns may reflect cultural differences in societal norms, values, and the overall developmental context.

The findings regarding eating disorders reported at the counseling centers shed light on the prevalence and types of challenges indviduals face in relation to disorder eating behaviors.At the Center for Crisis Intervention Counseling for Children and Young Adults in North Macedonia, a total of 21 clients sough the lp for eating disorders. Among these, 2 clients reported issues related to obesity, 2 clients faced bulimia, 15 clients experienced bulimia nervosa, and anadditional 2 clients dealt with anorexia nervosa. Incomparison, the Student Health and Wellbeing Counseling Center at Johns Hopkins University in the USA reported a higher number of clients seeking help for eating problems, with a totalof 230 cases. These included difficulties related to

overeating, not eating, or excessive dieting, and moderate concerns associated with disordered eating behaviors.These findings indicate that eating disorders are a significant concern for individuals seeking counseling services in both culturalc ontexts. The prevalence of eating disorders is relatively lower at the Macedonian counseling center, with a focus on bulimia nervosa and anorexia nervosa. In contrast, the American counseling center addresses a broader spectrum of eating problems, ranging from overeating to restrictive eating patterns and excessive dieting.

The findings regarding substance abuse reported at the counseling centers shed light on the prevalence and types of challenges individuals face in relation to substance use and addiction. At the center for crisis intervention counseling for children and young adults in North Macedonia, a totalof 22 clients sought help specifically for substance abuse. Among these, 20 clients reported drug abuse, while 2 clients sought assistance for alcohol abuse. In comparison, the student health and wellbeing counseling center at Johns Hopkins University in the USA reported a higher number of clients seeking help for substance abuse, with a totalof 39 cases. These included individuals dealing with alcohol and/or drug problems in their families (21 clients) and clients seeking assistance for their own alcohol and/or drug problems (18 clients). The variations in the reported numbers may be influenced by cultural factors, societal norms, and the availability of resources and support systems for individuals dealing with substance abuse in each country. Additionally, it is important to note that these numbers represent individuals who sought counseling services and may not fully capture the extent of substance abuse issues within the population.

The findings regarding sexual abuse or harassment reported at the counseling centers shed light on the prevalence and types of experiences individuals have faced in relation to abuse and assault. At the Center for Crisis Intervention Counseling for Children and Young Adults in North Macedonia, a totalof 12 clients sough the lp specifically for sexual abuse, with 1 client reporting physical abuse and 4 clients seeking assistance for emotional abuse. These numbers indicate that individuals in North Macedonia have experienced various forms of abuse and harassment. In comparison, the Student Health and Wellbeing Counseling Center at Johns Hopkins University in the USA reported a higher number of clients seeking help for sexual abuse or harassment, with a totalof 53 cases. Amongthese, 35 clients reported being physically or emotionally abused as a child or adult, while 18 clients sought assistance for being sexually abused or assaulted as a child or adult.It is important to recognize the profound impact of these traumatic experiences on individuals' mental health and well-being. Providing a safe and supportive environment for survivors of abuse and harassment is crucial, with access to specialized counseling services that address the unique needs and challenges associated with healing from trauma.

At the Center for Crisis Intervention Counseling for Children and Young Adults in North Macedonia, a total of 5 clients sought help specifically for psychosomatic disorders. These cases indicate that individuals in North Macedonia may experience physical symptoms that are influenced by psychological and emotional factors. In comparison, the Student Health and Wellbeing Counseling Center at Johns Hopkins University in the USA reported a higher number of clients seeking help for stress and psychosomatic symptoms. Among these, 296 clients sought assistance for sleep problems, including difficulties with sleep duration and nightmares. Additionally, 153 clients reported physical stress, while 89 clients expressed concerns about their physical health and illnesses.

The presence of a significant number of cases categorizedas "OTHER" highlights the diverse range of concerns individuals bring to counseling centers. These unspecified cases may encompass a variety of issues that require further exploration and understanding.

When commenting on thesefindings, it is crucial to acknowledge that thesefindings are based on data collected before the onset of the COVID-19 pandemic, and it is reasonable to anticipate changes in the current landscape of clientc oncerns. The pandemic has likely influenced the prevalence and nature of mental health issues, with an expected increase in anxiety, panic attacks, obsessive-compulsivedisorders, anddepressive-phobicdisorders. Further research is warranted to examine the impact of the pandemic on client presentations and to inform the development of appropriate interventions and support services .

CONCLUSION

The research study highlights the importance of understanding the unique challenges and concerns faced by individuals seeking counseling services in different cultural and contextual settings. By identifying these differences, counseling centers can tailor their services to meet the specific needs of their clients more effectively. Additionally, these findings contribute to the existing knowledge about crisis situations and provide insights into the potential impact of cultural factors on individuals' psychological well-being.

It is worth noting that the research study focused solely on the comparison of crisis situations in counseling centers, and the findings should be interpreted within this scope. Further research is warranted to explore the underlying factors contributing to these differences and to develop culturally sensitive interventions that address the specific needs of individuals in crisis.

Overall, this research study provides valuable insights into the types of crisis situations experienced by clients seeking counseling services in North Macedonia and the USA. The findings underscore the importance of tailoring counseling interventions to specific cultural contexts, thereby improving the effectiveness of counseling services in addressing the diverse needs of individuals experiencing crisis situations.

The existence of a substantial private initiative in the provision of psychological counseling indicates that it is a serious social phenomenon that needs to be approached systematically and organized. The experiences of the Student Health and Wellbeing Counseling Center at Johns Hopkins University suggest that there is room for similar institutions to operate in North Macedonia, especially considering the growing awareness of psychological counseling. At the same time, given the age of the population to which such centers would be dedicated and the problems they face, the scope of these centers should be expanded to encompass health, social aspects, personal development, and spiritual well-being.

The results of the comparative analysis between the Center for crisis intervention counseling for Children and young adults in Skopje and the Student Health and Wellbeing Counseling Center at Johns Hopkins University indicate differences in awareness of the importance of mental health and show that such centers have a larger client network in the USA than in North Macedonia. This can be attributed to social factors that lead mental health and well-being to be a more serious societal issue, which in turn receives more attention in the USA compared to North Macedonia. However, the trends, including the types of problems faced by clients in North Macedonia, indicate that greater attention should be paid to this issue, including the establishment of centers to support mental health and well-being in both the general population and the student community.

REFERENCES

Corey, G. (2013). *Theory and practice of counseling and psychotherapy*. Belmont, CA: Brooks/Cole.

Georgievski, N. (2023, June 24). North Macedonia: *91% of the students request psychological counseling at faculties*. Retrieved from https://meta.mk/en

McLeod, J. (2013). An introduction to counseling. Berkshire, England: Open University Press.

Myers, J. E., & Sweeney, T. J. (2007). *Wellness in counseling: An overview (ACAPCD-09).* Alexandria, VA: American Counseling Association.

Polazarevska, M. (1999). *Intervencija vo krizni sostojbi: Teoriski aspekti [Intervention in crisis situations: Theoretical aspects]*. Open Society Institute.

Polazarevska, M. (1999). *Intervencija vo krizni sostojbi: SOS telefon za deca i mladi [Intervention in crisis situations: SOS telephone for children and youth]*. Open Society Institute.

Munley, H. P., Dunkan, E. L., McDonnel, A. K., & Sauer, M. E. (2004). *Counseling psychology in the United States of America*. Counselling Psychology Quarterly, 17(3), 247–271.

Van Deurzen, E. (2009). *Psychotherapy and the quest for happiness*. London, England: Sage Publications.

Web sites

Центар за психо-социјална и кризна акција ЦПКА, accessed 23.06.2023, https://cpca.mk/

zk.mk, accessed 24.06.2023, https://zk.mk/psiholozi-i-psiholoshki-sovetuvalishta

meta.mk, accessed 24.06.2023 https://meta.mk/en/north-macedonia-91-of-the-students-request-psychological-counseling-at-faculties/