

Advocating Eclecticism: My Constructed Counseling Theory

In an attempt to construct one's personal theory, it is important to explore the tenets and underpinnings of four counseling therapies such as the psychoanalytic, the Adlerian, existential, cognitive-behavioral, and person-centered therapies. All these therapies and their underlying approaches, strengths, and weaknesses have been reviewed in order to identify which of these may be adapted. In line with this, is an integrative or eclectic approach to counseling logical and effective?

Towards an Integrative Approach to Counseling

What is the rationale behind adapting an integrative approach to counseling? The idea behind the integrative approach is synthesis. Thus, the strengths and weaknesses of various theories are considered, evaluated, and combined towards a more integrative theory. In the end, all means from various theories are exhausted entirely for the client's benefit (Arkowitz, 1997). Integrative counseling, by definition, is the process of choosing ideas and approaches from differing systems, forming a logical synthesis of the positive features of each theory. More often than not, it is a clear manifestation of the therapists' world view and personality (Goldfried & Castonguay, 1992).

Integration is logical since it is apparent that no theory has all the answers in addressing psychopathology. This is especially true when one considers the diversity of the clients who seek therapy or counseling. Since there is no theory which can validly claim exclusive effectiveness, it is logical to adapt integrative techniques in undertaking counseling (Lazarus, 1996). This is agreed by the practitioners who consider themselves as being 'eclectic' in their approach to therapy, citing and borrowing from a wide range of therapeutic practices. In essence, this is composed of techniques which are useful from various perspectives and synthesizing and applying them into one's own practice. However, one should also be cautious of being 'syncretic', an individual who does not have a particular logic in selecting ideas from various perspectives and doing it without theoretical or even practical background. The outcome may not only be ineffective but may even be damaging to the client in the end (Lazarus, Beutler, & Norcross, 1992).

There are also various means in order to attain such an eclectic approach in counseling. One may opt to combine techniques or theories from various schools of thought in counseling. Again, this is anchored on the principle that a combination of theories would be more substantial and meaningful than the assumptions subsumed in a lone theoretical framework (Norcross & Newman, 1992).

The Benefits of an Eclectic Approach

The synthesis of theories and techniques from various schools of thought is beneficial; however, it also has some limitations. First, in undertaking such synthesis, the counselor must be keenly aware of whether they effectively work together or not. The ultimate test of such consistency is effectiveness. If the set of theories chosen does not support each other then this will not affect the client, thus, no resolution of issue will transpire (Lazarus, 1997). In addition, a combined

approach should also be comprehensive and be able to address the affect, thinking, and behavior of the patient. The client should be aware of the linkages among thought, feeling, and action, and to capitalize on this for monitoring and self-improvement (Preston, 1998). Another caution that ought to be exercised by the therapist is flexibility in combining his approaches. While one may be tempted to stick to a set of theories because they have effectively worked with several clients in the past, the clinician must work against habit and learn to customize the therapeutic intervention in careful consideration of the needs of the patient. Preston has recommended that a clinician asks himself about what the client needs to be able to lessen his suffering, resolve his issues, develop, and be more functional (1998). There is clearly a need for the therapist to ensure the consistency of his diagnosis and the corresponding treatment, especially if he intends to use an eclectic approach to therapy. Client's characteristics such as his values, norms, past experiences, upbringing, and cultural background are very important considerations in drafting a therapeutic approach (Paul, 1967). While there are clear benefits in using an eclectic approach to counseling, there are still instances when the therapist may opt to recommend the client to seek the help of another practitioner who specializes in the approach that best addresses the needs of the patient (Existential Psychotherapy, n.d.).

The Psychodynamic Approach

The first that shall be discussed is the psychoanalytic therapy, which has implications on the understanding of personality, psychological diseases, and corresponding interventions. All of these theories are anchored on the basic concept of the unconscious, accountable for personality and mental health. The significance of past experience is also emphasized under this perspective of counseling. Psychopathology is viewed as an aberration in the development of the id, ego, and superego. Moreover, illness is perceived as something truly damaging and dysfunctional if left unaddressed, specifying the strong tendency to view things from the vantage point of the illness (Kernberg, 1999).

From the psychoanalytic point of view, it is crucial to address a disease from the root cause, and not merely to prescribe a palliative for its symptoms. The counselor then concentrates on the individual's manner of conceiving and perceiving reality, mainly transpiring in the therapeutic and counseling sessions where the processes of transference, countertransference, and resistance are focused on (Fuchs, 2003). In itself, it has various techniques and forms, namely, analytic individual psychotherapy, analytic group psychotherapy, psychodynamic or depth psychology-based individual psychotherapy, psychodynamic or depth psychology-based group psychotherapy, analytic couples and family therapy, inpatient psychodynamic psychotherapy, analytic child and adolescent therapy, and depth psychology-based child and adolescent psychotherapy (Fonagy & Target, 2000).

Those who advocate the psychodynamic approach concur that the unconscious with its motivations and unsettled issues cause dysfunctional behavior. Moreover, they assert that to be able to develop and maintain mental stability, an individual must go through and resolve the issues that are inherent in the following stages of psychosexual development:

Oral (Birth to 1 year): Sucking.

Anal (1 to 3 years): Holding and releasing urine and feces.

Phallic (3 to 6 years): Pleasure in genital stimulation.
 Latency (6 to 11 years): Sexual instincts develop.
 Genital (Adolescence): Sexual impulses return.

Inadequate resolution of any of these stages leads to flawed personality development (Psychnet-uk.com, n.d.).

In analytic individual psychotherapy, the core characteristic which deems it to be an effective method is not its focus on the past, but in contrast, its deliberate dealing with the present (Target, 2000). The benefit of analytic group psychotherapy is when the counselor aims to reveal the root causes of psychopathology and psychosomatic issues from family dynamics and conflict among siblings through transferences and portrayals of family association. Another benefit that has been cited for this technique is its capacity to elicit more regressive developments than if the individual undergo self medication. This is especially true if the therapist exhibits expertise and knowledge about coping mechanisms and fantasies of the group's unconscious (Haubl & Lamott, 1994). Still on the strengths of psychodynamic therapies, the analytic couples and family therapy is also worth discussing. This therapy underlines the importance of family dynamics in the treatment of psychopathology. It, thus, advocates both one's predisposition and environment as accountable for healthy mental development. It specifically points out the role of the family and other important members in interaction as well as in developing communication patterns in the development of neurosis (Leuzinger-Bohleber & Target, 2002). This systemic view of counseling is indeed sensible, since family members have frequent interaction with each other, and this exerts considerable influence on cognition. Therefore, the inclusion of the family in therapy facilitates the resolution of psychopathological issues (Freedman & Hoffenberg, 1999).

Inpatient therapeutic care is of course sensible for severe cases psychopathological disorders. There has been notable development within this area, including the use of art, music and dance as therapeutic media. In addition, there is tact in the use of non-verbal cues for patients who have limited capability for comprehension and expression (Freedman & Hoffenberg, 1999). In diagnosing psychological dysfunction, it is best to use a variety of methods. This will ensure the validity of the diagnosis and complementarity of the results from the differing tools. The counselor may use interviews, rating tools, and tests in carrying this out.

The Experiential Approach

In carrying out my own counseling, I would like to borrow from the existential therapy and Gestalt therapy, particularly on the importance they place in the client's experience and their emotions, which they attempt to unravel in the counseling session. In the process, they also attempt to understand the behaviors and the beliefs that come with such emotions (Lazarus, 1997).

The current paper, thus, presents my personal theory in therapy which I classify as being multi-modal or eclectic since it draws various ideas from different schools and merges these into a meaningful one (Lazarus, 1997). In doing the paper, I also ensured that it is holistic and able to address all the possible issues that a client may have or suffer from. Moreover, in undertaking an eclectic approach, I am also acknowledging my intent to be flexible as a practitioner. I also

recognize the fact that clients have various and peculiar needs; ergo, it is but logical to optimize whatever may be culled from a diverse range of therapeutic interventions (Lazarus & Beutler, 1993).

Cognitive-Behavioral Therapy

One form of therapy is rational emotive therapy which focuses on being action oriented and delves with the individual's capacity for modifying his own behavior and eventually his own life. This therapeutic technique emphasizes the congenital rationality of the human being, and yet also acknowledges that despite this rationality, people may fall prey to being illogical. In effect, they bank on the human being's capacity for logical thinking, sound judgment, and being action oriented. In essence, the counselor utilizes structured, direct therapy. Still as an offshoot of these core principles, those who hold on to the cognitive behavioral therapy state that psychopathology is an outcome of such irrationality and illogical thinking, and the corresponding behavior that springs from it (Psychnet-uk.net, online). Still on the causes of psychopathology, those who use the rational emotive and cognitive behavioral therapies also believe that these irrational beliefs have been formed and developed in childhood. During the therapy, the counselor shall assist the client in resolving problems that involve either cognition or affect. Moreover, he will help the individual to change his or her beliefs from the irrational ones to more rational views. Consequently, their behavior shall also change correspondingly into something more rational. Another point emphasized here is the close bond that is formed between the counselor and the client. However, I am not convinced of such a relationship where the client is considered as a student and the therapist is identified as the teacher. I am more for the existential approach to the therapist-client relationship where both are equally accountable for resolving conflicts within the client. This also promotes ownership of the therapeutic process on the part of the client (Psychnet-uk.net, online).

In addressing the beliefs and schemas of clients, I shall take ideas from cognitive-behavioral therapy. The main feature of this therapy is the intent to change the individual's way of perceiving the world. The psychodynamic theory focuses on past experience and the subconscious while experiential approaches concentrate on the phenomenology and subjective experience of the person, cognitive behavioral therapy focuses on dysfunctional assumptions and cognition of the client of himself, significant others, and the world in general. From a realization of these assumptions, I shall aim to teach the client on how to change these erroneous views and undertake means to cope (Alford & Beck, 1997). Depending on the needs of the patient, a more comprehensive eclectic approach may be used but with focus on cognition, cognitive behavior therapy. This also encompasses techniques targeting emotion and behavior apart from cognition. I shall also advocate a phenomenological approach together with the focus on cognition. This borrows from the Adlerian school. The latter delves with the individual's 'inner world'. It is also strongly existential and concentrates on the self. Moreover, I shall also put emphasis on the active role of the client in his or her own progress. His issues may only be resolved with his active engagement in the therapeutic process. Thus, at the onset of the session, I shall make the client aware of his active role in the resolution of his issues and that he is equally accountable for his progress. This is an effective way of managing the client's expectations on what is to transpire within the session and outside of it.

Another therapeutic technique which I am considering to integrate in my own theory is transactional analysis which also emphasizes on the individual's thinking and behavior. The counselor assists the individual in gauging decisions which they have made in the past and the impact of those in their current status in life. These therapists concur that being keenly aware of the behaviors that are dysfunctional is the first step towards overcoming them. One good conception of the individual is their view of beings being made up of parent, adult, and child. Moreover, they feel that it is critical for the individual to reflect on past decisions to yield insights from them and in the process to enhance their ability to make better judgments or courses of action (Psychnet-uk.com, n.d.).

Reality Therapy and Choice Theory

One of the important components which I intend to incorporate into my practice is also grounded from the existential school, the power of choice. I want my clients to realize that they are empowered to make choices in their lives, be it at the level of cognition, emotion, and most especially of behavior. In setting goals for my client, I shall borrow concepts from reality therapy (Glasser, 1998). This emphasizes the accountability of the individual in the selection and attainment of their goals and for the life that they are living. There is also a substantial emphasis attached to personal choice and for being forward-looking. I shall also ask the client about critical past events which may have influenced his present cognition or affect. There shall be more focus on the present, and what could be done by looking forward. This strong sense of empowerment shall move the therapy forward. One very effective and critical feature of reality therapy is their emphasis on the accountability of the individual (Glasser, 1998). As a counselor, I would like my clients to realize, regardless of their psychopathology, that they are in the most powerful position to change their lives. This is still a fact despite the trauma which they may have experienced in the past. This acknowledgement would make them realize that it is futile to live in the past, and that they mold the present and effectively, their future.

Also, reality therapy is a two-way, holistic, and interactive approach. With this, the client is aware that his total being is composed of his cognition, affect, behavior, and physical self. And yet, greater attention is focused on cognition and behavior because the individual has full control over these. In effect, the person chooses what he wants to think and how he wants to act or react to circumstances (Glasser, 2000). Although, I would put more focus on thinking and feeling, there should also be a recognition of the linkages among these four components such as the patient is able to change his way of thinking and his behavior, his emotions, and physical self shall correspondingly follow (Glasser, 2000). The idea of being in control of one's thinking and feeling is critical for the effectiveness of reality therapy. If the patient is not convinced of his full control of these faculties, then he will be reactive and will not initiate measures that reflect such control. For instance, a patient who is experiencing extreme sadness may think it is a logical reaction to something traumatic which has recently happened to him or her. Reality therapy, in contrast, emphasizes that the patient chooses to and has full control over his sadness. In effect, if he chooses to control and manage his feelings, he is capable of stopping such feelings (Glasser, 2000).