Introduction
Journey Toward Theory Integration

There is nothing so practical as a good theory.

Kurt Lewin

A journey of a thousand miles must begin with a single step.

Lao Tzu, Chinese Taoist philosopher, founder of Taoism

There are three truths: my truth, your truth, and the truth.

Chinese proverb

Most graduate-level students are required to develop knowledge of the theories of therapy as part of their educational and professional development. Typically, they are introduced to at least 10 theories from the major schools of psychotherapy, such as psychoanalysis, behavior, cognitive, learning, or client-centered therapy. The heart of this book is about choosing a theoretical orientation—meaning either a single theory or an integrated psychotherapy approach. A therapist without a theoretical approach to psychotherapy is like Alice in Wonderland asking the Cheshire cat which way she should go.

Alice came to a fork in the road. “Which road do I take?” she asked.

“Where do you want to go?” responded the Cheshire cat.

“I don’t know,” Alice answered.

“Then,” said the cat, “it doesn’t matter.”

Lewis Carroll, Alice in Wonderland

Theories of psychotherapy are like the Cheshire cat. They provide a road map for us when we work with clients. Without such a map, therapists are only winging it. They’re like Alice, wanting to go somewhere but not knowing where they want to go with a client. Effective therapists establish theoretical road maps or treatment plans for their clients.

Inner Reflections
Do you see any similarities between you and Alice? Any differences?
Would you be able to tell the Cheshire cat where you are going? Where would that be?
GOALS OF THE BOOK

One of the goals of this text is to help you learn the basics of major psychotherapy approaches and to assist you in applying such theories. I include chapters on psychoanalytic and psychodynamic approaches, behavioral and cognitive approaches, as well as some of the newer forms of therapy, including counseling for gay and lesbian students, strengths-based therapy, spiritual counseling, solution-focused and narrative therapy.

A second goal of this book is to help you to construct your own integrated approach to psychotherapy (Norcross & Goldfried, 2005). Research studies have established clearly that few psychotherapists and counselors have adopted a single theoretical approach to therapy (Norcross & Goldfried, 2005; Norcross, Hedges, & Prochaska, 2002). I take the position that effective therapists need to become familiar with and skilled in the conceptual frameworks, techniques, and knowledge base of multiple theories if they are to help diverse clients from different backgrounds who have various presenting issues. It is important for therapists to develop a broad range of therapeutic expertise to meet the needs of a culturally diverse clientele.

In each chapter of the book I ask you to consider what, if any, parts of the theory presented you would consider integrating into your own psychotherapy frameworks. Moreover, to arrive at a carefully thought-out integrative theory of your own, you are encouraged to consider what you subscribe to from the various theories, including identifying your views of human nature as well as your beliefs about what brings about behavioral change in people who are hurting, in distress, or dissatisfied with some aspect of their lives. Formulating an integrative theory of therapy is a journey that each therapist has to take for himself or herself. Moreover, your integrated theory will change over time, depending upon what you find helps people make meaningful changes in their lives.

A third goal is to depart from the traditional therapy theory texts by presenting a framework for integrating theories of psychotherapy (Brooks-Harris, 2008). For instance, what does an integrated psychotherapy theory based on psychoanalysis, behaviorism, or cognitive theory look like? How does the practitioner integrate what appears to be contradictory views of human nature and conflicting philosophical systems? How might a beginning practitioner integrate concepts from cognitive theory with elements of self theory or psychodynamic theory? The goal is to help you get a sense of what is involved in psychotherapy integration.

Most textbooks on counseling theories omit spiritual approaches to counseling (Plante, 2009). A fourth goal of this book is to deal with some of the spiritual approaches to psychotherapy. I examine issues surrounding spirituality and the therapeutic process. In particular, I examine mindfulness, which has been adapted from Chinese Buddhist practices. Rather than teach therapists a formalized theory of spirituality and therapy, this chapter deals with such issues as assessment and spirituality, consultation with religious professionals, and best practices in spiritual approaches to therapy.

A fifth goal is to infuse multicultural concepts throughout the book (Pedersen, 2003). I examine each psychotherapy approach under consideration in terms of multicultural issues. Chapters focus not only on Western multicultural approaches to psychotherapy but also on Eastern approaches. For instance, I include Naikan therapy, Morita therapy, mindfulness therapy, Arab Muslim approaches to psychotherapy, and one African approach to psychotherapy (Ma’at). Although many counseling theory texts examine the traditional psychotherapy theories from a multicultural perspective, few deal with multicultural theories, and still fewer present Eastern approaches to psychotherapy.

A sixth goal is to present a case study throughout the book that deals with issues that reflect some of the dilemmas of present-day America. Most counseling theory textbooks present case studies dealing with adults. However, increasingly, the typical client seen at agencies is a youth
who has been referred to counseling by the courts or by a school guidance counselor or a school social worker. Throughout the book I present the case study of Justin, a 12-year-old boy of mixed parental heritage (mother, White; father, African American) who has moved from the inner city of Chicago to Utah to escape the gangs. Justin is very real, and so are the issues that he faces in living with a single mother in a school struggling to deal with multicultural conflicts and situations. The case study is presented in each chapter so that it is viewed from each of the major theoretical perspectives discussed within this text.

This book represents a step forward from the traditional text on counseling theories. I’ve made a concerted effort to bridge the traditional approaches to psychotherapy with the newer approaches—to make the study of counseling theories more than just the study of what was and has been but also the study of what is current and relevant—solution-focused therapy, narrative therapy, and strengths-based therapy, to name just a few. I also endeavor to engage the reader in making a critical analysis of the theories that are studied in most graduate school programs.

**ORGANIZATION OF THE BOOK**

The book groups theories of psychotherapy in four categories: psychodynamic, behavior and cognitive therapy theories, existential-humanistic theories, and postmodern and integrative approaches to therapy. In this introductory chapter, I discuss a number of definitions and concepts and propose questions that will help guide students in forming their own integrative focuses.

Part I of the book, “The First Force in Psychotherapy,” contains Chapters 2 and 3. In Chapter 2, I discuss the theoretical contributions of Sigmund Freud, Carl Jung, Anna Freud, Erik Erikson, and Donald Winnicott (object relations and the good-enough mother) and self-psychologists (Heinz Kohut—the narcissistic personality). Chapter 3 explores the contributions of Alfred Adler, an individual whom I maintain has had a profound influence on psychology; many of his ideas have been incorporated into other theoretical approaches.

Part II, “The Second Force in Psychotherapy,” includes Chapters 4, 5, and 6. Chapter 4 presents in detail the contributions of John Watson, B. F. Skinner, and Joseph Wolpe. Because the behavioral movement has now merged with the cognitive approach to psychotherapy, I devote two chapters to the cognitive movement in psychology. Chapter 5 discusses Albert Ellis’s rationale emotive behavior therapy and Aaron Beck’s cognitive therapy. I also cover Albert Bandura, who did not provide a theory of therapy but whose research findings on observational learning and self-efficacy were so great that they influenced theorists who did develop a specific approach to therapy. Chapter 6 focuses on William Glasser’s reality therapy.

Part III, “The Third Force in Psychotherapy,” contains Chapters 7, 8, and 9. Chapter 8 provides in-depth coverage of Carl Rogers and his contribution of client-centered/person-centered therapy. Chapter 9 features Fritz Perls and Gestalt therapy.

I label the fourth force in psychology, comprising Part IV of the book, as the “postmodern and social constructivist movement.” Others have termed the fourth force as the multicultural movement; however, I maintain that multiculturalism is subsumed under the heading of social constructivist. While I do not conceptualize multiculturalism as the fourth force, I do believe that its influence on psychology has been profound and widespread.

Part IV is the longest and most varied part of the book. Chapters 10, 11, and 12 constitute a trilogy of chapters that deal specifically with multiculturalism. To my knowledge there is no other text that offers such a concerted focus on multicultural approaches to psychotherapy. In this text, instructors will find that they no longer have to supplement their presentations with outside material on cultural diversity. Much of what you might desire to present to students is contained within these three chapters. Chapter 10, on multicultural psychotherapy theories, presents
an in-depth analysis of six theoretical approaches to multicultural identity and psychotherapy. Most of the multicultural theories discussed in Chapter 10 have been put forth by Americans.

To even out the American contribution to cultural diversity, I provide Chapter 11, “Transcultural Psychology: Bridges to Asia, Africa, and the Middle East.” This chapter contains a description of Naikan therapy and Morita therapy, two Japanese approaches. I also review mindfulness, which is the Chinese approach to psychotherapy. Currently, mindfulness has been integrated with a number of theoretical approaches to psychotherapy including cognitive-behavioral therapy, dialectical therapy, and so on. Within the past few years, more than 40 books have been written on mindfulness, integrating it with other theories. Ma‘at, an African approach to psychotherapy, is reviewed briefly. I analyze Arab Muslim views on psychotherapy. Typically, even though this population numbers about 1.5 billion strong throughout the world, it is excluded from most counseling theory textbooks.

The trilogy on multiculturalism is rounded out with Chapter 12 on feminist therapy and lesbian and gay therapy. While some counseling theory textbooks contain a chapter or a section on feminist therapy, very few deal with lesbian and gay issues in therapy. This textbook is a trailblazer in dealing forthrightly with challenges that face the gay and lesbian population. I explore such critical issues as gay and lesbian identity development, issues related to coming out, and therapist bias and heterosexism.

Next I move to some of the newer social constructivist theories. Chapter 13 reviews solution-focused therapy and the contributions primarily of Insoo Kim-Berg and her husband, Steve De Shazer. Chapter 14 focuses on narrative therapy and the major theoretical offerings of Michael White and David Epston. These theorists maintain that throughout our lives we construct stories about our lives, about who we are and where we either are or are not going. A therapist listens to our stories and helps us to rewrite and renarrate them so that we can live more fulfilling lives.

I next navigate to include spiritual therapy. Chapter 15 is entitled “Integrating Religious and Spiritual Issues During Psychotherapy.” Again, the inclusion of a separate chapter on spirituality and psychotherapy in a counseling theory book is a major milestone. A major theme of this chapter is taken from Steven Covey’s quotation: “We are not human beings on a spiritual journey. We are spiritual beings on a human journey.” In keeping with the theme on psychotherapy integration, this chapter explores how a therapist might integrate spiritual issues into therapy. There’s a brief section on “listening for clients’ spiritual language.” I also provide a section on clinical assessment and questions to elicit clients’ spiritual life: (1) questions designed to elicit clients’ past spirituality; (2) questions designed to elicit clients’ present or current spirituality; and (3) questions related to clients’ future spirituality. In addition, I present a client intake form that focuses on clients’ spirituality.

Chapter 16 is devoted to my theory of strengths-based therapy, emanating from the highly popular article “Strength-Based Counseling” that was published in 2006 in The Counseling Psychologist. Strengths-based therapy is an integrative approach that can be traced to several theories, including research on brain development and strength, needs theory, and logotherapy. Also included in this chapter are the contributions of a number of strengths-based therapists, including the seminal work of Dennis Saleebey from social work and positive

Inner Reflections

Do you think therapists should try to integrate theories of psychotherapy from the East and West?

To what extent is it feasible to use Buddhist concepts in therapy for the average American?

Are the theories that we study in counseling theory courses culturally bound and Eurocentric?
Most therapists acknowledge that therapy should emphasize a client's strengths. Yet, many find themselves challenged when implementing a strengths-based practice. Chapter 16 provides not only one of the few theoretical approaches to strengths-based therapy, but also it offers practical steps and exercises a therapist might use in working with clients.

Chapter 17 deals with several theories from family therapy. My rationale in including family therapy in the postmodern, social constructivist part of this text rests on the fact that theories related to family therapy have been constructed from a number of theoretical approaches, including general systems therapy, psychoanalytic and psychodynamic theory, as well as experiential theory. I review the theoretical approaches of Alfred Adler, Murray Bowen and Bowenian family therapy, Virginia Satir and Carl Whitaker (experiential family therapists), Salvador Minuchin and structural family therapy, and Jay Haley and strategic family therapy.

The next two chapters are designed to help students review the contributions of each of the theorists and to integrate the theories in a fashion that fits for them. Chapter 18 is termed "Comparing and Contrasting the Theories of Psychotherapy." In that chapter I review all the theories using a consistent set of dimensions, such as basic concepts, techniques of therapy, and so on. This chapter is, however, much more than just a comparison of key points among the counseling theories. Instructors will find a number of resources that they can use in the cases that are not typically included in a counseling theory text. I include a section that provides a multicultural conceptualization framework for clients that is based on the theories examined throughout the book.

The future outlook of theoretical approaches to psychotherapy is analyzed within the evidence-based movement. For instance, what impact will the evidence-based movement have on theories that are not supported with empirical research support? Will managed care demand that therapists use only those psychotherapy theories that have empirical research evidence?

Chapter 18 includes a Theoretical Orientation Scale so that students can get some objective determination of their own theoretical leanings. This scale helps determine a student’s theoretical orientation and provides a fitting closing activity after the review of all the counseling theories.

Many instructors at some point during a course assign students a written paper on counseling theories. Chapter 18 will make it a great deal easier for students who might feel overwhelmed after reading the theories to complete such an assignment. This chapter supports students’ critical thinking about what theories they might incorporate into their own practice.

Throughout the book, in each chapter I asked readers to consider what, if any, parts of the theory presented they would integrate into their own psychotherapy framework. Chapter 19 is titled “Integrative Psychotherapy: Constructing Your Own Integrative Approach to Therapy.” It offers a wealth of information and a new approach to theoretical integration. After tracing psychology’s emphasis on a single approach to psychotherapy, I direct the readers’ attention toward multitheoretical models to psychotherapy integration. Jeff Brooks-Harris’s (2008) multitheoretical psychotherapy framework is offered as a model students might use in developing their own approaches to psychotherapy. In contrast to the Brooks-Harris model, I include the components of spirituality. After reading this chapter, students will be able to construct their own integrative approach to psychotherapy using either the Brooks-Harris multicultural dimensions or the framework that I propose that includes a spiritual dimension. I include a spiritual component in my integrative framework—Brooks-Harris does not.

Because I have chosen to discuss each of the theories in terms of the forces that they represent, the order of the chapters here is not the same as one finds in typical textbooks on theories of psychotherapy. Most such textbooks present
the existential and humanistic school right after the psychoanalytic and psychodynamic theories. The world was talking first about B. F. Skinner and then about Carl Rogers. Clearly the behavioral school had developed approaches to therapy long before the existential-humanist theorists had made their mark on the world. Therefore, I present the cognitive-behavioral school immediately following the psychoanalytic and psychodynamic schools. I hope that my presentation of the theories will motivate people to discuss theories in terms of the forces that they represent in psychotherapy. And in presenting some of the more recent theories of psychotherapy, I hope to make my psychotherapy text more relevant to the lives of people living in the 21st century.

Organization of the Chapters

The format for each chapter in the book is roughly the same. I introduce the developer of the system and provide a brief history of its development. Key principles of the system are discussed, including the theory’s view of human nature, of the individual in society, and of the individual change process. Next, I describe the theory’s view of the therapeutic process. Included is an examination of the therapeutic relationship, the therapist’s goals, the role of the therapist, the role of the client, and therapy techniques. Criticisms of each theory are presented, along with any contribution the theory has made to psychotherapy.

A case study involving a 12-year-old boy is provided to help you determine how various theoretical approaches can be applied to the same person. Justin is a young boy who is experiencing a great deal of emotional turmoil as well as some legal issues. While on the one hand, he wants to act grown up, on the other hand, he cries because he does not want to leave his mother. At the conclusion of each theory chapter, I discuss how a therapist of that orientation might work with Justin. What are the critical areas in Justin’s life? What theories of therapy explain his current problems? What might the goals of therapy be for him? What techniques could each theoretical school use in working with Justin?

Topics Covered in Chapter 1

The organization of this introductory this chapter is straightforward. I begin with some in-depth information about the four forces of psychotherapy. Next follows a basic definition of counseling and psychotherapy. In that section, I examine the role of theories and psychotherapy and the theory battle within the helping professions.

The heart of this chapter is the section titled “Choosing a Theoretical Orientation of Therapy.” Here I discuss choosing a psychotherapy theoretical orientation as more of a continual process than an act that is completed at any one point in time. Although this text is designed to help you make some beginning choices in your theoretical orientation, I believe it is important for you to know and understand yourself before you hang out your shingle to provide therapy to somebody else. Therefore, a brief section is presented on therapists’ beliefs and values and their relationship to choosing a theoretical approach. Trust me: you’ll wish you had spent more time discovering who you are and what you value if you should ever find yourself in a therapy session unable to focus on what your client is saying because she has touched upon some unresolved issue in your life.

THE FOUR FORCES IN PSYCHOTHERAPY

I have chosen 20 major systems of psychotherapy to examine in this book. For the most part, I selected the standard therapy theories that are presented to students: psychoanalysis, client-centered therapy, behavior therapy, cognitive therapy, and so on. It seemed important, however, to move beyond the standard theories and to present what are now being called “postmodern” approaches to psychotherapy, for example, solution-focused therapy, narrative
therapy, strengths-based therapy, and Eastern and spiritual approaches to therapy.

The field of psychotherapy theories is characterized by four major trends or forces that have had major influences on the field. The “first force” or major psychotherapy dominated psychology for several decades around the beginning of the 20th century and is characterized by psychoanalytic and psychodynamic theories.

Initially, Western psychology emphasized psychoanalysis. Sigmund Freud is the major theorist of the first force. As the father of psychology, Freud created the first force when he constructed psychoanalysis. Chapter 2 of this book describes in detail Freud’s psychoanalytic theory; it also provides a brief overview of Carl Jung and some key ego psychologists, object relation, and self theorists. I examine the contributions of such therapists as Anna Freud, Erik Erikson, Donald Winnicott, and Heinz Kohut. Chapter 3 is devoted to Alfred Adler because of his major contributions in the areas of lifestyle, inferiority and superiority complexes, birth order, and family therapy.

From the 1930s to the 1950s, the pendulum in psychology swung from the focusing on individuals’ inner states to their observed behavior and how such behavior was shaped by the environment. The “second force” in psychology is known as behaviorism. The dominant idea within this school of psychology and psychotherapy is that human behavior can be understood in a similar fashion as the behavior of animals—that is, behavior is a function of inborn traits and instincts as well as behaviors learned through reward and punishment.

The second force in psychotherapy theory consists of the cognitive-behavioral school. The leading proponent for this psychotherapy school is B. F. Skinner, whose concepts, similar to those of Freud, were modified and expanded by a number of later theorists. Skinner characterized himself primarily as a behaviorist, asserting that a person’s behavior was the key issue in any kind of therapy. Although Skinner minimized the influence of the mind and cognition, his followers made cognitions a focal point in their theories. Chapters 4, 5, and 6 of this book are devoted to what has become known as the “cognitive-behavioral theory” school. Major cognitive theorists covered are Albert Ellis, Aaron Beck, Albert Bandura, Donald Meichenbaum, and William Glasser.

The “third force” in psychology has been termed the existential-humanistic growth movement. To some extent, this movement coexisted with the behavioral movement in psychotherapy. The beginnings of the existential movement can be traced to 19th- and 20th-century Europe and such notable philosophers as Friedrich Nietzsche and Søren Kierkegaard, posthumously regarded as the father of existentialism. Kierkegaard held that the individual is solely responsible for giving his or her life meaning and for living authentically. Following World War II, existentialism became fashionable as people attempted to assert the importance of human individuality and freedom. It was not until the late 1940s and early 1950s that American psychologists began to propose existential concepts in psychology and psychotherapy.

In the early 1960s existentialism and humanism began to merge. The humanistic movement was decidedly American. It championed the idea that people have unique inherent capabilities that can be supported and realized when they are valued and permitted to express their emotions. Third force theorists (Carl Rogers, Abraham Maslow, and Rollo May) used such terms as client-centered, peak experiences, and self-actualization. The current positive psychology movement can be traced to the humanistic movement. In this part of the book, I examine such important existential theorists as May and Victor Frankl (logotherapy). The central theorist and theories of this time is the notable Carl Rogers and his contributions regarding the necessary and sufficient conditions for therapy. Fritz Perls is another humanist theorist who is presented in detail in the existential-humanist theory section.
The jury is still out on what makes up the “fourth force” in psychology and psychotherapy. Some theorists (Pedersen, 2003, 2008) claim that multiculturalism is the fourth force in psychology and psychotherapy. If one looks at the number of books written about multicultural issues, one might think that multiculturalism is the fourth force. However, although I have spent part of my professional career writing about multicultural issues, I do not believe that multiculturalism is the fourth force.

I have chosen social constructivism as the fourth force in psychology and psychotherapy because it has a broad brush. Social constructivists believe in subjective realities that are intimately related to a person’s observational processes, including lenses—culture, ethnicity, religion, and so on—that affect their observational processes. People create their own realities, and they make meaning in their social relationships. In psychotherapies that use a social constructivist approach, the therapist assumes a collaborative or a consultative stance. Clients are viewed as people who are experts on their own lives.

Social constructivists assert that there is no one single truth; rather people construct their own truths. The social constructivist movement is growing in recognition as an appropriate framework for therapy and psychotherapy. It symbolizes a philosophy that frees clinicians from the constraints of the medical model. I have included a number of theories under the rubric of social constructivism, including multicultural therapy, feminist therapy, solution-focused therapy, narrative therapy, strengths-based therapy, and contemplative and spiritual therapies.

From these brief descriptions of the four forces in psychotherapy and psychology, did you feel any pull toward one of the forces? If so, with which force did you resonate the most?

Embracing social constructivism is reflected in the profession’s adoption of the underpinnings of the multicultural movement in therapy. Many therapy, social work, and psychology professions have adopted a multicultural perspective in their accreditation and ethical standards.

DEFINITIONS OF COUNSELING AND PSYCHOTHERAPY

Counseling and psychotherapy may be conceptualized as overlapping areas of professional competence. Typically, counseling is conceived as a process concerned with helping normally functioning or healthy people to achieve their goals or to function more appropriately. In contrast, psychotherapy is usually described as reconstructive, remedial, in-depth work with individuals who suffer from mental disorders or who evidence serious coping deficiencies.

Historically, counseling has tended to have an educational, situational and developmental, problem-solving focus. The helping professional concentrates on the present and what exists in the client’s conscious awareness. Counseling may help people put into words why they are seeking help, encourage people to develop more options for their lives, and help them practice new ways of acting and being-in-the-world. Therapy is more a process of enabling that person to grow in the directions that he or she chooses.

In comparison to counseling, psychotherapy is considered a more long-term, more intense process that assists individuals who have severe problems in living. A significant part of the helping process is directed toward uncovering the past. Typically, counseling is focused on preventive mental health, while psychotherapy is directed toward reparative change in a person’s life. Whereas the goals of counseling are focused on developmental and educational issues, the goals of psychotherapy are more remedial—that is, directed toward some significantly damaged part of the individual. In general, counseling
denotes a relatively brief treatment that is focused most upon behavior. It is designed to target a specific problematic situation. Psychotherapy focuses more on gaining insight into chronic physical and emotional problems.

Usually, psychotherapy requires more skill than simple counseling. It is conducted by a psychiatrist, trained therapist, social worker, or psychologist. While a psychotherapist is qualified to provide therapy, a counselor may or may not possess the necessary training and skills to provide psychotherapy. Throughout this book, the terms counselor, psychotherapist, helper, clinician, and mental health therapist are used interchangeably; I acknowledge at the outset that there are differences among these terms.

The Role of Theories of Psychotherapy

A theory may be defined as a set of statements one uses to explain data for a given issue. Theories help people to make sense out of the events that they observe. A theory provides the means by which predictions can be made, and it points out the relationships between concepts and techniques. A psychotherapy theory supplies a framework that helps therapists understand what they are doing (Mikulas, 2002). It is a systematic way of viewing therapy and of outlining therapeutic methods to intervene to help others. It provides the basis for a therapist’s deciding what the client’s problem is, what can be done to help the client correct the problem, and how the relationship between the therapist and client can be used to bring about the desired or agreed upon client change.

In psychotherapy, a theory provides a consistent framework for viewing human behavior, psychopathology, and therapeutic change. It supplies a means for therapists to deal with the impressions and information they form about a client during a therapy session. A psychotherapy theory helps therapists describe the clinical phenomena they experience, and it helps them to organize and to integrate the information they receive into a coherent body of knowledge that informs their therapy (Prochaska & Norcross, 2003).

A theory influences which human capacities will be examined and which will be ignored or reduced in importance. Therapists develop treatment interventions based on their underlying conceptions of pathology, mental and physical health, reality, and the therapeutic process (Mikulas, 2002). A psychotherapy theory deals, either explicitly or implicitly, with the theorist’s view of the nature of people, human motivation, learning, and behavioral change. Does the theorist believe that people are basically good or evil?

Theories may be measured against several criteria. The first criterion is clarity. Is the theorist clear in his or her outline of the basic assumptions that underlie the theory? Second, the various parts of a theory should be internally consistent and not contradict one another. Third, a theory should be comprehensive and explain as many events as possible. It should be precise, parsimonious, and contain testable hypotheses or propositions. Fourth, a theory should be heuristic and serve to promote further research. As additional research evidence is accumulated, the theory is further substantiated, revised, or rejected. As you review the theories presented in this text, evaluate how well each adheres to these criteria.

A sample of how theory works in therapy can be illustrated by examining a therapy interview. A client comes to a therapist for assistance in dealing with a problem. The therapist begins the interview with some observations and thoughts about the client’s problem and some possible interventions...
that might help to resolve the client’s issues. The therapist’s initial thinking or hunches serve as a hypothesis about what goals, interventions, and outcomes may reduce the client’s symptoms. The therapist’s hypothesis about the client’s issues and needs is supported or rejected by his or her experience with the client.

The therapist’s next step in theorizing is to have additional sessions with the client during which he or she observes what takes place in the interactions with the client. Based on his or her observations, the therapist formulates hypotheses about what is happening with the client. These hypotheses form part of the therapist’s theory. For instance, a therapist may observe that it is important to use the first session to establish a working alliance with the client rather than to ask too many questions. That is, he or she observes the various conditions under which the client responds positively or negatively, and from such observations he or she formulates generalizations that result in mini-theories about what is working with the client.

The Theory Battles in Psychotherapy

For decades, theorists engaged in a battle over which theory was right or wrong and what approach to therapy and psychotherapy produced the most positive change in clients (Fiedler, 1950, 1951; Gelso & Carter, 1985). Various theorists argued that their particular approaches produced distinguishing outcomes. In the early days of therapy, graduate schools advocated specific therapy and psychotherapy approaches. Currently, many graduate schools emphasize helping students to achieve their own integrative therapy theories after they have reviewed the major therapists. This position is taken because past research has demonstrated that no one therapy theory has produced consistently positive therapeutic results. Repeatedly, studies have reported that there is more than one road to effective psychotherapy and that therapists are remarkably similar in what they do regardless of their theoretical orientation. For instance, during the 1950s, Fiedler (1951) observed that therapists of varying orientations were very similar in their views of the “ideal therapy.” Sundland and Barker (1962) followed up with a study that showed that more experienced therapists were similar in their approaches to therapy, regardless of their theoretical orientations.

Some 25 years later, Gelso and Carter (1985) concluded in an extensive review of the literature that “most clients will profit about equally, but in different ways, from the different therapies” (p. 234). Similarly, Stiles, Shapiro, and Elliott (1986) concluded that psychotherapies share common features that underlie or override differences in therapists’ treatment and that these common features are responsible for the similar equivalence in effectiveness of therapies.

During the past four decades, psychotherapy has witnessed dramatic increases in the numbers of psychotherapies. Since the 1960s, the number of psychotherapy schools and theories has grown approximately 600% (Hubble, Duncan, & Miller, 1999). In 1966, about 36 distinct systems of psychotherapy were identified. In 1976, Parloff reported more than 130 therapies. Currently it is estimated that there are now more than 250 therapy models, and the techniques associated with these models exceed 400 (Wampold, 2001). Because of the meteoric growth, Garfield (1987) exclaimed, “I am inclined to predict that sometime in the next century there will be one form of psychotherapy for every adult in the Western world” (p. 98).

Managed Care and the Psychotherapy Theory Battles

The problem with so many different therapies is that the public has become confused and angered over the proliferation of therapies and lack of clarity about what really works. Each therapy system
has produced rival claims of being differentially effective and uniquely different from the others. Yet, empirical results have not supported their individual claims. A once healthy diversity of therapeutic models has now deteriorated into an unhealthy Babel land (Miller, Duncan, & Hubble, 1997). As a consequence of the proliferation of therapies and unsupported claims, a managed health care and public environment that used to be receptive to such therapies as primal screams, rebirthing, long-term hospitalizations, and past-life regressions has now put the brakes on reimbursement for mental health services.

Presently, managed mental health care companies regulate such features of therapy as the frequency and number of sessions, whether therapy will be individual, group, marital, or family (mode), and the setting for therapy (inpatient or outpatient) (Prochaska & Norcross, 2003). Health care companies have been largely responsible for the shift toward short-term treatment, or brief therapy, which is one of the strongest trends in psychotherapy in recent years. Instead of spending years in treatment, clients may be given treatment over the course of a few weeks or months.

Health maintenance organizations (HMOs) limit the number of therapy sessions they will reimburse during a year for each insured person. While some managed care firms permit 20 sessions each year, some allow as few as eight sessions per year. Health care companies are seeking to gain greater influence over the therapist’s treatment philosophy and technique (Hubble et al., 1999). Presently in HMOs, it is no longer the therapist who decides how many sessions a client will be seen in therapy. The typical managed care firm has case reviewers who decide on how many sessions of therapy each person should be given. On average, a case reviewer will initially authorize only a small number of sessions. If the therapist and the client want to continue beyond the initially permitted number of sessions, he or she must get approval from the case reviewer. If the client desires to go beyond the maximum number of allotted sessions, he or she must pay the full cost of therapy.

Moreover, managed care may have a greater influence on a therapist’s practice of psychotherapy than the theoretical school to which he or she subscribes (Shueman, Troy, & Mayhugh, 1994). Managed care organizations have begun to develop specific protocols for treatment of the different types of problems people bring to therapy. They are spearheading evidence-based treatment. Evidence-based (or empirically validated therapies) are treatments that have been studied by researchers in controlled experiments and found to be helpful, in comparison with no treatment or with some other treatment. Managed care organizations assert that psychotherapists have a responsibility to learn what treatment, person, and problem matches are supported by research evidence and to provide clients with the best one—or refer the client.

Cummings (2002) has predicted that evidence-based therapies (EBTs) will soon be mandatory for third party reimbursement. He has stated, “EBT’s are defensible both legally and morally. . . This emphasis on the use of empirically tested procedures fits well with the requirements of managed care mental health programs. Restricting payments to EBT’s would reduce much of what managed care regards as run-away, questionable or needlessly long-term psychotherapy” (p. 4).

Therapists have received a wake-up call from both the public and the managed health care system. If they want to be reimbursed for their services, increasingly they must show evidence of the effectiveness of their treatment (Ogles, Anderson, & Lunnen, 1999; Shueman et al., 1994). For a number of reasons, then, the boundaries separating theories of psychotherapy have become more permeable. Bergin and Garfield (1994) have stated, “A decisive shift in opinion has quietly occurred;
and it has created an irreversible change in professional attitudes about psychotherapy and change. The new view is that the long-term dominance of the major theories is over and that an eclectic position has taken precedence” (p. 7). This book subscribes to the prevailing view that no one therapy theory has a stronghold. Instead, there are many roads to client change.

CHOOSING A THEORETICAL ORIENTATION TO THERAPY

The reasons that therapists choose to follow one theoretical psychotherapy orientation over another are complex. Studies of therapists’ choices of theories of psychotherapy have been sparse, with some of the most enlightening ones conducted more than a decade ago. Feltham (1997) has listed 15 items that underlie a therapist’s choice of a psychotherapy orientation, including original training, truth appeal, selecting the best, accepting research evidence, clinical experience, retraining, eclecticism, certitude, respect, and atheoretical or diagnostic stance.

Cummings and Lucchese (1978) have pointed out the role of the inadvertent and have suggested that although the choice of a theoretical orientation is a complex process, it is also influenced by the whims of fate. Mahoney and Craine’s (1991) study showed widespread and significant changes in beliefs about psychological change and the ingredients of optimal therapeutic practice. As therapists develop professionally, they experience an evolving process of personal integration. Therapists’ journeys toward psychotherapy integration may represent their efforts to join up the discontinuities in their educational training and professional lives.

Quenk and Quenk’s (1996) reviewed studies of therapists’ preferred models of therapy using Myers-Briggs Type Indicator. They found no significant relationship between personality and theoretical orientation, but there were clear associations between therapists’ preferences and specific dimensions. Therapists who were more of the “feeling types” tended to gravitate toward humanistic approaches. In contrast, therapists who evidenced a preference for thinking tended to be associated with more cognitive/behavioral approaches that stressed logical and analytic processes.

Poznanski and McLennon (1995) have proposed that a therapist’s choice of theoretical orientation is made up of four multifaceted and hierarchical components: (1) personal therapeutic belief systems; (2) theoretical school affiliation, which is the therapist’s self-reported adherence to one or more theoretical schools; (3) espoused theory, or what the therapist says he or she does; the self-reported use of theoretical concepts and therapeutic operations that does not necessarily reflect the therapist’s theory-in-action; and (4) theory-in-action, what is inferred by people observing the therapist’s behavior when working with clients. Poznanski and McLennon found that a therapist’s endorsing of a therapeutic school may not reflect accurately his or her theory-in-action or what he or she actually does in therapy.

Moreover, therapist activity level during the process of therapy is an important consideration when choosing a theoretical approach. Some therapists find it uncomfortable to remain “a blank screen” for transference during therapy. Others feel at ease actively disputing a client’s irrational thoughts in the same way as did Ellis. Still other therapists find it too confining to continue making statements of reflection like “You’re really feeling angry” to clients. Some clients have responded, “Why do you keep repeating everything I say and shaking your head with an ‘Uh huh’?”

The underlying values about people espoused by a theory of psychotherapy are another factor. To what extent does the theory espouse values with which you are comfortable? Each theory makes certain assumptions about people and the primary motives of human behavior. To what extent do you feel comfortable or uncomfortable with the way in which the theorist has conceptualized what motivates people?

There are ample reasons to examine your theoretical orientation in terms of ethical issues. In fact, if the shift toward evidence-based and manualized
treatment (treatment following a psychotherapy manual) continues, clients may soon begin to sue their therapists on ethical grounds of failing to provide a basic standard of care because they failed to use the treatment approach that has been found empirically to be the most efficacious. Moreover, ethical codes transcend the various theoretical schools. You cannot just dismiss a standard of professional practice because your theoretical school endorses a certain practice. Ethical codes not only provide guidelines but also establish consequences for therapists’ and psychologists’ behavior.

**Inner Reflections**

It is not easy choosing a single therapy orientation, let alone an integrative therapy approach.

What, if any, concerns do you have about finding a personal theory approach that works for you?

How do you plan to deal with those concerns?

**Therapist Beliefs and Values:**

**Relationship to Choosing a Theory**

Therapists need to understand their beliefs, attitudes, and values prior to the end of their formal training. A belief can be defined as a judgment of relationship between an object and some characteristic of the object. Beliefs are cognitive constructs that can be distinguished from attitudes (positive or negative feelings toward an object), and behavior (action toward an object). Further, beliefs can be distinguished from values because beliefs merely represent how an individual perceives the world. In contrast, values contain propositions about what should be.

Therapists do not simply abandon their own values during the therapeutic process. It is impossible to work value-free with clients. Moreover, value clashes may occur when there are recognized cultural differences intruding in the therapy relationship. Values that have a potentially negative impact on the therapy relationship are those that deal with clients’ and therapists’ morality, ethics, and lifestyles.

Therapy is characterized by the values that permeate the therapy process. The therapy relationship between the client and the therapist is the means by which values are expressed. A national survey of therapists and mental health practitioners found that certain values are held widely by practitioners. These values include assuming responsibility for one’s actions; having a deepened sense of self-awareness, having job satisfaction, demonstrating the ability to give and receive affection; having a purpose for living; being open, honest, and genuine; and developing appropriate coping strategies for stressful life situations (Richards & Bergin, 2005).

Therapists’ values influence clients’ values during the course of the therapy process. It takes time for a therapist to become aware of his or her values (Richards & Bergin, 2005). The therapist’s therapeutic task is to create a climate in which clients feel free to explore their thoughts, feelings, and behavior and arrive at decisions that are right for them. Values, however, must be placed into a broader framework of culture. Values are based on one’s relationship with culture. Culture represents shared beliefs, assumptions, and values that influence patterns of behavior for a given group.

Individuals within any given culture may differ widely even though they are influenced by some of the same cultural assumptions, values, and beliefs. Individuals create their own interests, values, and activities, thereby creating their own personal
cultures. For instance, Elena shares many cultural characteristics and values of her family; yet she also differs from her parents, siblings, and other family members as well as from others in the culture to which she belongs.

One value that most therapists share is a respect for their clients. The therapist seeks to do no harm. Therapy is not a neutral process. It is for better or worse. Moreover, therapists do not look down upon their clients because their clients have problems. They respect their clients as human beings who are searching for solutions to their problems and pain. Psychotherapy involves a basic acceptance of the client’s perceptions and feelings, even if they are at odds with the therapist’s values. You must first accept the client where he or she is before you can contemplate who the client might become.

Therapists do not rush to judgment about people and their issues. You are not there to judge your clients or to give them your values. Instead, you are there to help them identify, explore, and find solutions to the values they have adopted. As a therapist, you neither judge nor condone a client’s values; instead you understand the client’s point of view and to let him or her know that you understand his or her point of view (Egan, 2002). Good therapists challenge clients to clarify their values and to make reasonable choices based on them. When you respect your clients, you are willing to enter their worlds to help them with their presenting issues.

Another psychotherapy value is that the therapist is competent and committed to helping the client. Ethical standards of mental health professionals require high standards of competence. Egan (2002) has asserted that competence refers to whether the therapist has the necessary information, knowledge, and skills to be of help to the client. Therapist competency is determined by the outcomes of therapy. Therapists take responsibility for their own growth, and they strive for excellence in their personal behavior. They become good at whatever theoretical models they use. Having respect for clients is not enough. There is no room in therapy for the caring but incompetent therapist. Therapists adopt a value of getting the help they need in working with clients if they discover that they are not being effective during the helping process.

Therapists also have a value of adopting a neutral posture. Being a therapist suggests that one has a dedication to helping other people without having a vested interest in the directions they choose to take. Therapists work toward helping clients to make decisions without having investments in those decisions. They devise ways to avoid thinking about client problems during the times they are not in session with their clients.

The value of being neutral in the helping process allows therapists to establish boundaries between themselves and their clients. In learning to become a therapist, you learn how to become comfortable in the presence of others’ discomfort. Clients may come to the therapy session full of rage and hurt. They may cry and scream. Therapists learn how to step back and assume a neutral posture, all the while taking the full force of the client’s emotional energy. As helping professionals adopt a neutral position, they avoid getting caught up in the client’s behaviors and dysfunctional communication patterns. Therapists who are neutral do not allow themselves to be manipulated by clients who try to get them to rescue them. Moreover, providing therapy to individuals from different ethnic, gender, and socioeconomic backgrounds requires therapists to transcend their internalized cultures.

Stages in Choosing a Theoretical Orientation

The process of deciding upon a theory of psychotherapy can be overwhelming for a graduate student. It involves a great deal of soul searching, reading, “trying on of new clothes,” and then trying to find yourself underneath it all. You don’t have to decide at this point in your life on a
psychotherapy theory that will guide your practice from here on out—even though you might be required to write a paper at the end of a course on “your personal theory of psychotherapy.” It is, however, very important to construct your personal approach to psychotherapy out of your training, your reading, your clinical experiences, and your soul searching. Having your own approach to psychotherapy can be compared to having constructed a compass that will lead you and your client out of the woods.

Why are there so many theories of psychotherapy? Which theorist has the right answer? Is there any right answer in psychotherapy? Perhaps the answer lies in the proverbial phrase “It all depends on your perspective.” The Indian parable of the five blind men and the elephant provides some insight why there are so many theories of psychotherapy (Das, 1996):

Five men from India, who were blind from birth met one day and spent their time telling each other amusing stories. While sharing their stories, they heard a rustling in the bushes. Unknown to them, an elephant had wandered in the bushes nearby. Believing that the sounds of the rustling bushes came from a harmless source, the blind men approached the elephant and began touching different parts of its body to determine what was in their midst. The blind men began to disagree vociferously with each other regarding what they had found. The first blind man felt the elephant’s body and believed that he had touched a mud wall. The second blind man touched the elephant’s tusk, and pronounced it to be an ivory spear. The third blind man felt the elephant’s moving trunk and interpreted it to be a python hanging from a tree. The fourth blind man grabbed the elephant’s tail and said it was a rope. The fifth blind man reached around the elephant’s leg and said that it was a palm tree.

Just then, a small boy walked by and asked why they were all touching the elephant. Instead of responding to the boy, the men felt foolish and ashamed at having so boldly stated their limited interpretations of what they felt as the whole truth. Embarrassed at their mistakes, the fourth blind man said: “It might have been better if we had been still and said nothing.” The fifth man claimed that it is best to learn the truth from one who directly knows it. (Das, 1996)

No one theorist has a monopoly on the truth for what works in psychotherapy. No one therapist has claimed that he or she can work effectively with all clients and with all types of presenting problems. Perhaps the best that theorists can do is to find one small snip of the truth. As you read the various theories of psychotherapy, ask yourself, Do I believe this theory represents truth, or is the theorist like one of the five blind men who mistook an elephant’s tail for a rope? Your journey as a therapist will consist of truth seeking and truth determination about what techniques seem to work with what client with what problem. What might your journey as a therapist look like? After taking a course on counseling theories, will you be able to choose a theory or an integrated theory consisting of several theories? One hopes that the answer is a resounding “yes.”

The Theory Orientation Journey According to Watts

Watts (1993) has conceptualized a graduate student’s personal theory development as a process involving four steps or stages. Watts calls stage 1 as “exploration stage.” During this stage, you are encouraged to conduct an internal inventory of your values and beliefs. You explore your personal values and convictions about people and about life in general. How are these values informed by your family, ethnicity, cultural background, and religion? Do not be hesitant to examine your personal values with close scrutiny. Any belief that you have that is worth having should be able to withstand critical scrutiny. From this foundation of awareness, you strengthen your position to explore the major theories of psychotherapy.

During the exploration stage, you explore the major theories of counseling and psychotherapy.
You can learn a great deal about the major theories through classroom study, films consultation, talking with practitioners, and from your own personal experiences. A major goal of the exploration stage is to compare and contrast your beliefs and values with those represented in the various theories.

Watts (1993) labels the second stage the “examination stage.” After reviewing all the theories, you select the one or two that most closely resemble your own values and beliefs. The theories that you choose become your first approximation, your base. Once you have made your first choices of psychotherapy theories, immerse yourself in primary reading about the theory. Read about your chosen theory in depth. Consider taking training workshops to get supervised practice with the theory’s techniques.

Make sure you understand what draws you to this theory and why. Write down your areas of disagreement with the theory and your reasons for disagreement. If you discover that you have more points of disagreement than agreement, recognize that there is not a “goodness of fit” between who you are as a person and the psychotherapy theory that you have chosen. Even though you might feel frustrated and discouraged, remember that your time was not wasted. You learned a lot about who you are, what values are important to you, and the basic tenets of a major theory of psychotherapy. The better you are able to integrate your own values and those espoused by the therapy theory, the better the theory has a goodness of fit for you. When there is not a goodness of fit between you and your chosen theory, start the process all over from the very beginning—that is, go back to stage 1, the exploration stage. Revisit your values and review your understanding of the theories.

If, however, you resonate with your chosen theory of psychotherapy, then continue with the examination stage by learning how to apply the theory with clients under supervision in a prepracticum or practicum course. Apply what you have learned about the theory in your work with clients. Evaluate how well this therapy approach works for you in a clinical setting. If your application of the theory leaves you feeling uncomfortable or ineffective in working with clients, this might be a signal that you need to study the theory and its applications more thoroughly. Feelings of discomfort with your application of the theory could also mean that you might be discovering your therapy limitations or might be identifying those situations in which the theory does not work well. Extreme feelings of discomfort with using a particular theory of psychotherapy should be taken as a signal to go back to the beginning and start the process of exploration all over again.

If you have found a goodness of fit with your own values and the theory of psychotherapy, you enter the third stage, which is labeled the “integration stage.” Integration takes place when your chosen theory becomes an intimate part of who you are. You make a commitment to refining, expanding, and clarifying your personal values and their relationship to the process of therapy. You might consider this stage an immersion into your base or “anchor” theory. Also during the integration stage, you incorporate techniques from other counseling theories into your personal approach to therapy, a process known as technical eclecticism. Some therapists never reach the integration stage because they do not develop a sufficient level of self-understanding. Therapist self-understanding is critical to the practice of effective psychotherapy. The effective therapist is a reflective practitioner who spends time thinking about what he or she is good at in therapy and on what he or she needs additional practice, reading, or understanding.

Watts (1993) labeled the fourth stage as the “personalization stage.” During this stage, you make a lifelong commitment to clarifying, refining, and expanding your values and their relationship to your personal theory of counseling. It is recommended that you identify those situations in which your chosen theory does not work for you. During this stage, you also take a good hard look at other theories of psychotherapy. Do
any of the other theories offer a technique that fits well with your chosen theoretical anchor base? Do any of the other theories provide any explanatory concepts that are philosophically consistent with your anchor or base theory? Do concepts from these theories blend well with your values and beliefs?

Whereas the first two stages (exploration and examination) of Watts’s (1993) stage model of personal theory development can be mastered by the work you complete in your graduate program of study, the latter two stages (integration and personalization) rely on your investment of time in becoming a competent therapist. At this stage of development, it is critical that you explore yourself and the goodness of fit with the theory you are considering.

It is important to remember that the process that Watts (1993) has described never quite ends. As new approaches to psychotherapy are constructed, you might examine them and integrate them within your theoretical base. You will not gain the knowledge and experience required to integrate meaningfully different theories of psychotherapy merely by completing a beginning course in theories of psychotherapy. The process of psychotherapy integration usually takes years of study, training, and practical experience.

INNER REFLECTIONS

Looking at your life now, where would you place yourself in the journey toward finding your personal theory of therapy?

Among the stages that Watts has described for choosing a therapy orientation, where would you locate yourself?

INTEGRATIVE PSYCHOThERAPY: THE FOCUS OF THIS TEXT

A major contribution of this text is that it acknowledges from the beginning that the average practitioner will probably pick and choose from the various therapies what works for her or him. Often times, however, a therapist might evidence scant theoretical rationale for selecting certain elements of a particular theory. There are pathways to psychotherapy integration; the picking and choosing that practitioners engage in does not have to be haphazard. To develop an integrated therapy perspective, one must have an in-depth knowledge of psychotherapy theories; a therapist cannot integrate what he or she does not know.

There has been a recurrent, 40-year finding that therapy theories and their related techniques have a limited influence on therapy outcome (Lambert, 1992). The majority of client improvement is attributable to factors common to the various psychotherapeutic approaches and not to factors specific to individual therapy theories. There is also a large body of research that shows that the personal qualities of the therapist contributed almost three times more to the variance of psychotherapy outcome than did the therapy theory framework used (Luborsky, Crits-Christoph, Mintz, & Auerbach, 1988).

This book provides guidelines for constructing an integrative psychotherapy practice. It encourages the therapist to ask certain questions of himself or herself, such as: What have I learned about my own values, my own culture and its influence on my behavior? How might my attitudes and beliefs promote or retard the establishing of an effective therapy relationship? The ensuing sections of this chapter examine psychotherapy integration: what it is and what it is not. It begins with a definition of integrative psychotherapy and a brief history of key people and developments in the movement.

Definition of Integrative Psychotherapy

What is integrative psychotherapy? Integrative psychotherapy involves an attitude toward the practice
of psychotherapy that affirms the underlying factors of different theoretical approaches to therapy (Stricker, 2001). Integrative psychotherapy takes into consideration many views of human functioning, including the psychodynamic, client-centered, behavior, cognitive, family therapy, Gestalt therapy, object relations, and psychoanalytic therapy. Therapists subscribe to the view that each theory is enhanced when integrated with another.

**Psychotherapy integration** has been conceptualized as an attempt to look beyond the confines of single-therapy approaches for the purpose of seeing what can be learned from other therapy theoretical schools (Stricker, 2001). It represents an openness to different ways of integrating diverse therapy theories and techniques. Psychotherapy integration is not a particular combination of therapy theories; rather, it consists of a framework for developing an integration of theories that you find most appealing and useful.

Moreover, psychotherapy integration is based on several key beliefs. First, all theoretical therapy and personality models have limited applicability to clients in therapy. Second, the therapeutic relationship is much more important than any specific expert therapy or theoretical technique. Third, what clients think, feel, believe, and desire is more significant to therapy outcome than any academic or theoretical conceptualization (Hubble et al., 1999).

Psychotherapy integration is a process to which therapists must decide whether or not they want to commit themselves. This approach to therapy emphasizes the personal integration of theories of psychotherapy. Integrative psychotherapists maintain that there is an ethical obligation to dialogue with colleagues of diverse theoretical orientations and to remain informed of the developments in the field.

Psychotherapy integration is based on the belief that no one theory of psychotherapy has all the answers for all clients. Each theory conceptualizes human motivation and development with its own particular slant. Dattilio and Norcross (2006) maintain that most clinicians currently acknowledge the limitations of basing their practices on a single theoretical system and are open to integrating several theories. Practitioners may find that several theories play crucial roles in their therapeutic approaches. As therapists accept that each theory has strengths and limitations, they become open to integrating different theoretical approaches into their clinical practices. To construct an integrative approach to therapy, you need to be very familiar in several theories and open to the idea that you can unify them in some kind of meaningful way. It is important to recognize that an integrative perspective to therapy requires a great deal of reading, research, clinical practice, and theorizing.

### The Need for Cultural Diversity and Psychotherapy Integration

I advocate taking an integrative perspective for theories of psychotherapy for other reasons. The world is changing rapidly. We have moved toward a global economy and a global workforce. Many countries in the world have experienced an influx of people from diverse nations. The United States, for instance, is becoming increasingly diverse, with citizens who have immigrated from all over the world. Understanding cultural differences is not just politically correct. It is absolutely necessary if therapists are going to be able to work with all Americans and not just those whose origin is Western countries.

For the most part, theories of psychotherapy are based on a Western view of life. It has only been relatively recently that non-Western healing methods have been explored for the purpose of integrating them into Western psychotherapy. Moodley and West (2005) provide a rich description of a large number of psychotherapeutic healing methods from culturally diverse contexts that can be integrated into the current largely Western theories of psychotherapy. They contend, in part, that their review of non-Western healing approaches is necessary because Western psychology and psychotherapy have failed to address the needs of culturally diverse clients. They recommend that various culturally diverse approaches to healing be...
integrated into Western psychotherapy. Similarly, Wong and Wong (2006) discuss a number of culturally diverse approaches to be taken into account when managing stress.

While the broader world is moving toward psychotherapy integration, most textbooks on counseling theory are still stuck in the past. There have been at least 40 books published on Buddhist mindfulness; yet few psychotherapy theory textbooks contain a section on mindfulness therapy. Practicing therapists have made a clarion call to integrate Buddhist mindfulness with different theoretical approaches to psychotherapy. For instance, Epstein (1995) integrated mindfulness with Western psychodynamic theory. Likewise, Segal, Williams, and Teasdale (2002) have integrated mindfulness with cognitive therapy to deal with issues relating to relapse from depression. McQuaid and Carmona (2004) have integrated mindfulness and cognitive behavioral psychology to help clients suffering from depression. Hayes, Follette, and Linehan (2004) offer a series of articles that seek to widen the field of cognitive behavioral therapy by integrating concepts from mindfulness and acceptance. Brantley (2004) has used mindfulness and compassion in his integrative approach for dealing with such client problems as anxiety, fear, and panic.

Clearly, the Western paradigm in psychotherapy is inadequate in addressing the needs of a culturally diverse population. The Western paradigm in psychotherapy is ethnocentric because it restricts the field to only those approaches that it defines as part of the helping profession. It eliminates most non-Western approaches by labeling them as belonging in the realm of the spiritual, philosophy, or superstition. Non-Western approaches are considered to be unscientific.

The major challenge is to find areas of commonality between Western psychotherapy and non-Western approaches. According to Santee (2007), the teachings of Buddhism, Daoism, and Confucianism are basically stress management programs. The Chinese believe, as do many Western therapists, that psychological disorders are caused by the chronic and repeated activation of the stress response. Given that the point of commonality between Western and Chinese approaches is stress management, there is room to integrate the culturally different approaches to healing. As Santee (2007) has stated:

Once the commonality is established, theory and practice from non-Western approaches can be integrated for the purpose of informing, enhancing, and expanding the Western paradigm of counseling and psychotherapy. This being the case, it is necessary to build a bridge, if you will, between Western counseling and psychotherapy and non-Western approaches to allow for the transference of theory and technique. This bridge will allow for a solution to the previously noted problems of (1) the restrictive paradigm in Western counseling and psychotherapy and (2) the removal of ethnocentric bias. (p. 3)

Even though most counseling theory textbooks endorse multicultural competencies, very few consider non-Western approaches to psychotherapy. It might be more accurate to label such texts as describing Western approaches to psychotherapy (Ishii, 2000; Maeshiro, 2005; Yoshimoto, 1983). Your need to integrate theories of psychotherapy goes beyond just integrating Western theories. Consideration must also be given to integrating Eastern and Western approaches to psychotherapy.

Integrative psychotherapists maintain that there is an ethical obligation to dialogue with colleagues of diverse theoretical orientations and to remain informed of the developments in the field. Psychotherapy integration is usually the end point of therapist training. To reiterate, before you can integrate your own therapy theory, you must know yourself as a therapist and understand your values, beliefs, and culture, as well as the cultures of others.
or not psychotherapy integration is a position, process, or a combination of the two. Therapists who see psychotherapy integration primarily as a position to be arrived at tend to emphasize bringing together two or more theoretical approaches to produce a new integrative theory that stands on its own. Some individuals who advocate that psychotherapy integration is primarily a position may even push for a single paradigm that will define the psychotherapy profession.

The average integrationist will take the route of bringing together two or more existing approaches to create new integrative models. This approach to psychotherapy integration is open to criticism because it proliferates therapy approaches, and it does little to eliminate or reduce the number of therapies that already exist. Therapists who view integration as primarily a process view it as a quest that does not end. It is viewed as an ongoing process in a continual state of development and evolution.

### Questions to Consider in Developing Your Own Integrative Theory of Psychotherapy

In developing your own integrative psychotherapy practice, you work to achieve a balance between knowledge of the particular theories from which you will draw and a thorough description of why each theory is important and relevant to you as a therapist. You should be able to explain in-depth your reason for choosing your theories and their basic tenets. What are the core ideas or central themes that run through your integrated theory of therapy?

I have posed five categories of questions that I hope you’ll ask of yourself in formulating your own personal integrated theory of psychotherapy. You may decide to select theories to form your integrated theory based on how closely they resemble the views you adhere to for each of the categories.

The first category of questions deals with your personal belief system, your worldview, or your way of understanding the world and the people around you. The second category relates to your understanding or views on human development, including the establishment of healthy and unhealthy behavior. The third addresses the therapist as a person; the fourth, views of your client’s world; and the fifth category elaborates on the therapy process, including your therapeutic interventions.

1. **Worldview and Way of Understanding the World.** The term *worldview* refers to the manner in which you construct meaning in the world. Your worldview includes your beliefs, values, and biases that you have developed as a result of having been brought up in a particular culture or cultures. For instance, individuals who are monocultural (meaning having been raised in only one cultural framework) have a different worldview than those who are bicultural. Each one of us experiences cultural conditioning, which in turn affects the way we see ourselves and others. Our worldview also influences our views on what constitutes mental health, adaptive behavior, and appropriate coping and healing.

   Each theory of psychotherapy presents a worldview. For example, the existential-humanistic worldview tries to understand how the client makes sense of his or her world. These theorists take the position that clients will eventually find their own answers to life’s issues. The psychodynamic worldview emphasizes that the past is a window to the present and the future. Psychodynamic therapists tend to believe that in order for change to be long lasting, clients need to understand how their present situation relates to their past life experiences. In contrast to both the existential-humanistic and the psychodynamic worldviews, the cognitive worldview is oriented toward action and observable behavioral change. A multicultural perspective uses the therapeutic process to examine how culture and social processes have impacted individuals.

   In choosing a theoretical orientation, give careful attention to the worldview that the theory espouses, for it may or may not be compatible with your own. You might also consider how relevant your theoretical worldview is for helping your
clients. Is your theoretical worldview compatible with your clients’ ways of construing the world?

Most therapy theories have a Eurocentric worldview rather than an Afrocentric, Latino, or Native American perspective. For instance, Western, Eurocentric therapy worldviews emphasize individuality, autonomy, and self-actualization, overemphasizing individual, intrapsychic features in the therapeutic setting while sometimes failing to attend sufficiently to social issues and social changes that might lead to positive outcomes for individuals from minority backgrounds (Smith, 1991). It has been found that 50% of minority individuals do not return for a second therapy interview (Sue & Sue, 2008).

In developing your theoretical framework, consider asking yourself:

- What is your worldview, including your view of human nature?
- What are some of your basic assumptions about people, their nature, and their ability to change?
- To what extent do people orchestrate their own lives? Are they governed by forces out of their unconscious awareness (free will or determinism)?
- To what degree are people influenced by their environment or by heredity (nature vs. nurture)?
- What role does the past or the present play in individuals’ lives (past or present orientation)?
- Are people controlled by the early events in their lives, or can they change and move beyond whatever happened to them when they were young?

In terms of your own cultural identity:

- How do you describe yourself culturally?
- Which ethnic or cultural group other than your own do you think you understand the best?
- In what ways do your cultural values and attitude influence your therapeutic approach?
- What is your knowledge of other cultures, your knowledge and awareness of your culture, and what skills do you have to assist diverse clients?
- What is your level of self-awareness of the influence of cultural factors in the therapy relationship?
- What are your ethnic attitudes toward others, and how do you communicate these to clients?

2. **Views of Human Development.** Your outlook on human development also influences your therapeutic orientation. What is your view of human development? What is the theory’s concept of personality? Does the theory focus on interpersonal functioning? This orientation suggests that therapy is inclined to work primarily with the individual because the basic problem is assumed to lie within him or her. Conversely, a theory might stress the sociopolitical nature of most problems or how problems are connected to the sociopolitical system in which the individual finds himself or herself.

- What, if any, do you believe are the critical periods in personality and behavior development?
- How do people develop mental disorders?
- What constitutes healthy and unhealthy personality development?
- What are your beliefs about change and people’s ability to make changes in their lives?
- How is behavior changed?
- What motivates people?
- What is the relationship among cognition, affect, and behavior?

3. **Views of the Therapist as a Person.** The person of the therapist is extremely critical in therapy.

- What are your key values and how do these values impact on how you see yourself as a therapist? For instance, if a client came to you expressing ambivalent feelings about coming out, what influence might your values have on therapy with the person?
- How would you describe your personality? How would you describe yourself to another person?
- What in your background or in your personality resonates with a certain theory or theories?
- How have your experiences and personal history contributed to your integrated theory of therapy?

4. **Views of Your Client’s World.** How you think about your client’s world is highly significant for therapy. Therapists need to understand how their own worldviews affect the manner in which they work with clients, and they need to understand how their clients think about their own worlds. Theories of psychotherapy help you to work with clients from varying perspectives. Sometimes you may have to
integrate theories to meet your clients’ needs. If you can meaningfully enter your client’s world, understand life from her or his perspective, walk with her or him on the journey for understanding, you will have made a contribution to this world.

- What is the client’s worldview?
- How does your client view his or her problem?
- What does the client say were the first signs of the problem?
- What efforts has the client made to resolve his or her problem?
- How does the client's worldview influence the steps he or she has taken to deal with the presenting issue?
- How successful has the client been in resolving the presenting issue?
- What does the client believe is the ideal way to resolve the presenting issue?
- What, if any control, does the client believe he or she has over the presenting issue?

5. Views on the Process of Psychotherapy and Ways of Intervening. Your integrative theory of psychotherapy must deal with your understanding of the therapy process and your views on ways of intervening during therapy.

- What are your goals of therapy?
- What is the role of the therapist and the client in establishing therapy goals?
- How does your integrative theory conceptualize what constitutes a problem in therapy?
- What is the nature of the therapy relationship?
- What is the assessment process during therapy?
- What role does diagnosis have in your integrated theory?
- What are some of the strengths and weaknesses of the theories you have chosen to integrate?
- What therapy intervention techniques do you believe are essential to you in your practice?

Forming an integrative theory of psychotherapy is not an easy task. For most therapists, it takes years to become comfortable with an integrative way of providing therapy services. In developing such a perspective, it is important that you understand your own worldview, the worldviews of your clients, human development, characteristics of effective therapists, and your views on the process of psychotherapy and ways of intervening. Each theory presents a different perspective from which to look at human behavior. If you are currently a student, it will take a while for you to develop a well-defined integrative theoretical model. This goal can be accomplished with much experience, reading, and studying. Your first challenge is to master one or two theories of psychotherapy that resonate with you and that meet the needs of those with whom you work.

CASE STUDY: JUSTIN

Justin is currently under PINS (Persons in Need of Supervision) with the Utah District Family Court because he has repeatedly gotten into trouble at school and because he was with some boys who stole items from the local Walmart. Justin denied that he stole anything; but because he was with the boys who did steal, he was given a citation for appearance in family court. The court has informed Justin that he must meet with it periodically and that he must not get into any more trouble; otherwise, he may be placed in a residential treatment facility that has a school for young boys. The family court judge has specifically stated that Justin must improve his grades in school and that he must not get into any more fights in school. The judge will obtain periodic reports from his school to see whether Justin is acting responsibly.

The judge has also indicated that if the school and Justin’s mom, Sandy, can come up with a workable plan to improve Justin’s grades, this will serve as a mitigating factor in the judge’s decision to let Justin remain at home or to send him to a residential treatment facility. Further, Justin must be on time for all
court appearances, because he was late for the past two appearances. The court has also assigned Justin a probation officer who will gather the material from his school and mother for the purposes of reporting back to the judge and giving his recommendations for Justin. The judge has placed the question on his file: What will it take to save Justin? Can he be helped?

Justin could achieve much higher than what he has performed academically in school. He complains that he can't seem to remember all that he reads and that he can't focus his attention on reading an entire chapter. Justin has asked for a tutor, but his school has been unable to provide one for him on a personal basis. Justin sometimes acts up in his class. While everyone else is reading or working on an assignment in class, Justin gets up and starts walking around the classroom. Sometimes he pokes a student or makes fun of one of the smarter students in the class. He has gotten into several fights at school and has been suspended for fighting at least three times. The principal has indicated that if he gets into another fight in school, he may be expelled.

Despite these observations, Justin’s art teacher seems to believe in him. She has indicated that Justin has a lot of raw talent for painting. Despite his considerable talents in painting, Justin paints very little. Last year, he won the school’s artistic award for painting.

Except for standardized tests, Justin has not been tested in school. He has met the guidance therapist and psychologist on only two occasions. This semester he has received three Ds and two Cs; he is in a regular seventh grade class. Justin told his mother that he did not like the psychologist or the guidance therapist because they seemed to act like they thought he was crazy or retarded. Both the psychologist and the guidance therapist read the riot act to Justin, and they tried to impress upon him the seriousness of his behavior. Also, they informed him that if he ever wanted to talk about what was going on, their doors would be open. Neither the guidance therapist nor psychologist has contacted his mother. Justin’s teachers have called her at home about his acting-out behavior in class and his dismal academic performance. Sandy has visited the school about Justin on at least three occasions, but each time she felt unwelcome.

Justin believes that, for the most part, he is on his own—that is, except for his brother, mother, and “home boys.” According to his philosophy, you have to get someone before he gets you. He was glad that he had his home boys to back him up. His home boys were his real family. He could trust them because they would not leave him and they would fight for him if anyone tried to jump him.

Although Justin is biracial, he hangs out primarily with African American kids. He does have a few White friends, but two of these individuals shy away from him because they are performing reasonably well in school, and Justin gets into so much trouble that the two do not want to be associated with him. Justin hangs out with kids older than he is. For instance, the third White kid he hangs out with is 16 years old, and he is a member of a gang.

Justin’s older brother, James, has been in repeated trouble with the law. Just this past semester, he dropped out of school after completing the 10th grade. James smokes pot on a regular basis. Most of James’s friends are in a gang. Justin looks up to his older brother. In a surprising admission, James said that he wanted things to be better for Justin than what he has experienced in his life. Sometimes James makes Justin complete his homework. It’s clear that there is a strong bond between Justin and James.

For the most part, Justin hangs around with a small group of people who seem to look up to him for leadership. Justin “gets over” in part because of his good looks. He has brown curly hair, green eyes, and his skin color is of a caramel hue. He is slender and agile. Justin has evidenced only passing interest in girls.

Justin suffers from feelings of inferiority because of his mixed racial parents. Students at school sometime refer to him as half-breed, and that is one of the reasons that he got into a fight. People at the mall and other places ask him where his mom is, even when she is near him. When he points to his White mother, they say something like, “Oh, I’m sorry. I didn’t know that she was your mother. . . .”

(Continued)
In addition, Justin has inferiority feelings about the low grades he has received in his courses. Sometimes, he feels just like hauling off and hitting a couple of the bright kids—just because they think that they are all that much. On his standardized IQ test, Justin scores within an average range; however, his performance IQ component score is higher than his verbal IQ score. Except for art class, many of the so-called bright students mock him in class—not so much with words, but by their looks to each other whenever he is called upon by the teacher. They expect that he either won't have the right answer or that he will say something really stupid. Justin won an award for having the best art work for a 7th grader.

Justin’s relationship with his mother is tumultuous. One day he loves her, and the next day he is cursing and yelling at her, especially if she disciplines him. Sandy loves Justin very deeply; she calls him her baby. When Sandy becomes angry with Justin, she curses him out and sometimes hits him. Sandy has said that Justin is all that she has left. In addition, Sandy needs some training in parenting because sometimes she hosts pot parties in her home with Justin and James present. She excuses this with the explanation that pot helps her to cope and her kids should do as she says, not as she does.

Sandy can’t seem to get a handle on understanding Justin and his needs. One minute he is smoking like an adult and cursing, and the next minute he is crying like a little baby. For instance, he cried in court and in the car on the way home because the judge told him that if his behavior did not change he was going to send him to the county's residential treatment center for wayward and out of control boys. As if to encourage him, the judge did praise the residential treatment center and noted that several of the boys he sent there to get their lives straight came out and did well. These boys completed college and obtained good jobs.

Justin’s mother has attended one year of community college. She said that she breast-fed Justin and that she used to read stories to him at night. At best, however, Sandy belongs to a lower socioeconomic group. She says that as soon as the court gets out of her life, she is going to get a full-time job. She keeps a neat house, but she is challenged in doing so. Justin and James provide little assistance in keeping the house clean and organized. In addition, Sandy is challenged when setting up structure for her children to follow. For instance, Justin and James eat whenever they want, with no set time for dinner or for getting up and completing homework or chores.

Justin’s response to the court has been mixed. He has arrived more than 20 minutes late on two occasions. His mother has to call him repeatedly to get out of bed so that he wouldn’t be late for court. Justin has struck up a positive relationship with his probation officer. For the most part, Bob, the probation officer, has given encouraging reports to the presiding judge. One consequence of these reports is that they have kept Justin from being sent to the residential treatment facility. Bob is concerned, however, that Justin is not going to make it. He points to Justin’s brother, James, and the life of crime he has lived.

Justin is terrified that the court will take him away from his mother and place him in the residential treatment facility for boys. Most of the time he covers up this fear with a great deal of posturing and bravado. Justin says that he is going to do better in school; but thus far, he has not achieved very much. Moreover, he and his mother have failed to come up with a workable plan for the improvement that the judge indicated he would consider a favorable action in Justin’s case. Every time Sandy mentions creating a plan, Justin says that he will do it tomorrow. The truth of the matter is that Sandy has few clues regarding how to go about creating a plan for helping Justin to deal successfully with his issues at home and at school.

When the therapist asked Justin about his earliest memories, he first said that he couldn’t remember anything when he was very young. “It’s all kind of like nothing is there. It’s as if my entire life did not happen when I lived in Chicago. I keep trying to remember what my house looked like, but I can’t remember anything.” The therapist paused for a few moments.

“Tell me about your father. What do you remember about your father?”
Justin’s eyes began to fill with tears, and he began fidgeting in his chair, signaling that he was uncomfortable with the therapist’s line of questioning. The therapist reached over and handed Justin a tissue to wipe his watery eyes. “My question has resulted in your tears, Justin. Can you tell me about those tears? What are they saying to you?” “Tears can’t talk, you know that.” “But sometimes they provide a signal to us that we are experiencing pain. I sometimes cry when I am sad. I also cry sometimes when I am very, very happy.” In response to his therapist, Justin added, “My mom cries when my brother and I get into trouble. She says that we are trying to send her to the crazy house.” We laugh at her. She’s supposed to be a grown-up, but she cries when things don’t go the way that she wants them to be.” “So, how do you feel Justin, about your tears as we are talking together?” “Embarrassed . . . like I’m a baby or something. I’m no baby. I know how to take care of myself.” Justin went on to discuss his relationship with his father, whom he barely remembered. His earliest memory of his father was with his mother and father arguing loudly in the kitchen. Justin tried to get in between his parents with a plea that they not fight any more. First, his father knocked him on the floor, but when he began crying his father picked him up and said, “Hey Champ, big boys don’t cry.” Then, seemingly catching himself from this outburst of anger, he said, “Come on,” cajoling Justin, who was still crying, and he took his fist and he playfully touched him a couple of times with fake punches. Justin said that this was his last memory of his father—asking him to be strong when he really just wanted to be comforted by his father. For Justin, the memory of his father was both positive and negative. He could never understand why his father was not like the fathers he had seen on television. Justin’s family was at war then, much in the same way that it is now embroiled in turmoil.

SUMMARY

This chapter has introduced you to the concept of theories in psychotherapy. A theory can be a good thing if it provides a well-thought-out, organized way of conceptualizing human development and behavior.

However, when most theorists mention integration of psychotherapy approaches, they are really talking about integrating only Western, Eurocentric theories. When therapists focus on only integrating Western, Eurocentric theories, they severely restrict their knowledge to what is happening in the rest of the world and they assume a monocultural approach to therapy rather than a multicultural one. Emphasis was placed on the idea that therapists must consider integrating Eastern and Western approaches to psychotherapy. The process of choosing a theory can be described as a long process, and for some individuals, a lifelong process that involves continually evaluating, incorporating, and fine-tuning one’s practice to conducting psychotherapy. Psychotherapy integration has become the norm rather than the exception. Most therapists are choosing to incorporate aspects of several theoretical models in their therapy practice.

DISCUSSION QUESTIONS AND EXERCISES

1. “Why I Want to Become a Therapist.” Ask a class to divide into groups of four or five people. Designate one person as the group recorder. Each student writes down and describes three reasons he or she wants to become a counselor or a therapist. The group’s recorder keeps track of these reasons. What common themes came forth from the group? What differences did you find in the reasons that
people gave for wanting to choose the helping profession? Each group reports back to the class as a whole so that students will be able to examine their own reasons for becoming a counselor or a therapist as well as the reasons that their classmates give.

2. Values Inventory. These questions are designed to get at your values. There are no right or wrong answers. Take the brief survey independently or alone. Then in small groups of four or five, discuss your answers.

   a. Would you work if you had sufficient money so that you did not have to work? Why or why not?
   b. How would you describe yourself if you could choose only five words? What would those words be?
   c. People who know me think that I am . . .
   d. What are your three highest values? Prioritize them from most important to least important.
   e. Rank the following sources of reward from your job from most to least important, according to their degree of desirability they have for you, your mother, and your father.

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   f. What values or conflicts do you see between your values and the counseling or helping profession?
   g. What are your three lowest priorities in life?
   h. On a scale of 1 to 10, indicate the number that you believe represents the degree that you would be successful in counseling or psychotherapy. State your reasons for giving the score that you did.
   i. What I value most in my interpersonal relationships with those closest to me is . . .
   j. List two things that you would like to change about yourself. Have you tried to change those things before? To what extent have you been either successful or unsuccessful in changing the two things?

3. Value Conflicts in Therapy. Answer true or false for each of the statements that best fits your belief or value.

   a. I believe that I should be open to receiving therapy in order to better help my clients.
   b. I would not feel comfortable sharing anything about me with my clients other than those things mentioned in my professional disclosure statement.
   c. I understand the impact of my own cultural background on my values.
   d. Therapy should be directed at social and political change if therapists are really going to help people who come from disadvantaged backgrounds.
   e. I would feel uncomfortable working with a gay or lesbian client.
   f. My client's cultural background should not have a great impact on the counseling relationship. People are just people, regardless of their cultural backgrounds.
   g. I would try to keep my values out of the therapy hour.
   h. I would prefer to work only with those clients whom I like.
   i. I believe I should be flexible in working with my clients and use techniques from a cross-section of therapeutic approaches.
   j. My present level of psychological well-being is the most important variable that determines the outcome of counseling.
k. I would be uncomfortable working with an adolescent girl who wanted to explore having sex with her boyfriend.

l. I would hesitate to work with a client who had strong religious beliefs.

m. I would not want to work with a gay or lesbian couple who desired to adopt a child.

n. I would work to encourage a female client from a submissive culture to become more independent and less submissive.

o. I would feel comfortable working with a client whose values were different from mine.

p. I believe that my relationship with a client is more important than my ability to use a specific therapy technique.

q. It is okay to express my views and values as long as I do not impose them on clients.

r. I would feel comfortable working with a client who was suffering from a physical disease.

s. I am unwilling to challenge my values because they are important to me.

t. I would seek supervision if I found that a client repeatedly elicited inappropriate responses in me during therapy.

4. Your Personal Theory. Most people have beliefs about the way that the world works. What do you see as the cause of most problems in the world? Do you tend to believe that people are trustworthy or untrustworthy? What is more important to you: a change in a client’s behavior or insight about the causes of that behavior? What level of activity do you think you would be comfortable with in conducting therapy: high, medium, or low activity in counseling? Do you believe that the client or the therapist is the expert on the client’s life?

5. Exploration of a Psychotherapeutic Approach. Watts outlines several stages for developing your own personal theory of psychotherapy. One such stage involved exploring the theory of psychotherapy under consideration. The following questions deal with how you might react or evaluate a theoretical approach to psychotherapy:

a. Briefly describe the theoretical approach.

b. Discuss your emotional reaction to the approach. Do the values espoused by the theory coincide or fit with your own values? What attracts you to this theoretical approach to psychotherapy or turns you off? How do you think you would feel as a therapist or a client using this approach? Explain briefly.

c. What is your intellectual reaction to the theory of psychotherapy? What do you feel about the underlying assumptions and research approach for this theory?

d. What is the cultural background of theory. Each theory reflects the values and philosophies of the culture of the theorist. To what extent, is your chosen theory one that would work well with a diverse group of clients? Is the theory compatible with your cultural outlook on life?

GLOSSARY OF KEY TERMS

eclecticism Process that involves a therapist choosing certain features of a theory of psychotherapy. An eclectic approach does not necessarily seek a meaningful integration of assumptions and critical concepts but rather usually focuses on using techniques from different theoretical schools.

evidenced-based therapy (EBT) Practice based on the belief that solid, empirical research as well as clinical experience should inform therapy and professional decision-making regarding interventions to use.

psychotherapy integration Approach to psychotherapy that integrates in a meaningful way two or more theories of psychotherapy for the expressed purpose of meeting the needs of a therapist and his or her clients.

technical eclecticism Most common approach to psychotherapy integration for therapists who regard themselves as eclectic. In this approach the therapist chooses interventions from a variety of schools to work with his or her clients. This integration approach lacks any unifying theoretical understanding of the various schools from which it draws therapy intervention techniques.

worldview A person’s worldview may be defined as the way in which he or she constructs meaning in the world. A worldview contains the different
beliefs, values, and biases a person develops as a result of having been raised in a given culture.

**WEBSITES**

The following is a list of professional associations that can provide more information about your chosen theory or theories.

- **American Association for Marriage and Family Therapy (AAMFT; www.aamft.org)** has a student membership and sponsors a conference each October.
- **American Counseling Association (ACA; www.counseling.org)** provides student memberships to both undergraduate and graduate students enrolled at least half-time. ACA sponsors a national convention each year during March or April.
- **American Psychological Association (APA; www.apa.org)** offers a student affiliates category instead of student membership. APA holds a national convention each year in August. APA has a number of research articles and books listed on its website. It also lists the many journals that it sponsors.
- **American School Counselors Association (ASCA; www.schoolcounselor.org)** is the major professional organization for school counseling. It has a student membership category.
- **Association for Addiction Professionals (NAADAC; www.naadac.org)** helps addiction-focused professionals in the areas of education, advocacy, standards of practice, ethics, and research.
- **International Association of Marriage and Family Counselors (IAMFC; www.iamfc.com)** offers online discussions so that members can network with each other.
- **National Association of Social Workers (NASW; www.socialworkers.org)** offers a student membership category. NASW publishes pamphlets that give information on current topics.

**JOURNALS**

The following list contains journals that you might want to use in conducting research.

- *American Journal of Family Therapy*
- *American Journal of Psychotherapy*
- *American Psychological Association Monitor*
- *American Psychologist*
- *Counseling and Values*
- *The Counseling Psychologist*
- *Counselor Education and Supervision*
- *Journal of Clinical Psychology*
- *Journal of Consulting and Clinical Psychology*
- *Journal of Counseling and Development*
- *Journal of Family Counseling*
- *Journal of Marriage and the Family*
- *Journal of Multicultural Counseling and Development*
- *Rehabilitation Counseling Bulletin*
- *School Counselor*
- *Social Work Abstracts*
- *Social Work in Education*
- *Social Work Research*
- *Social Work With Groups*

**ANNOTATED BIBLIOGRAPHY**


While most psychotherapy textbooks maintain that a graduate student will choose a single theory, Brooks-Harris provides a guidebook for those who decide to explore a new integrative approach. This text rest on the premise that thoughts, actions, and feelings interact with one another and are shaped by biological, interpersonal, systemic, and cultural contexts.


This book provides a global and integrative approach to counseling that incorporates multiple concepts. Santee compares Eastern and Western approaches to psychotherapy by contrasting the underlying cultural assumptions of Western counseling with those of the Chinese perspectives of Confucianism, Daoism, and Buddhism.