

PERPETUAL EVOLUTION: A DYNAMIC INTEGRATIVE APPROACH TO DEVELOPING
PRAXIS IN COUNSELLING PSYCHOLOGY

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Theory Building in Counselling Psychology

An early text lamented, “A good theory is clear, comprehensive, explicit, parsimonious, and useful. We appear to have a paucity of good theories in psychology” (Stefflre & Matheny, 1968). Lent attempted to reduce this paucity by formulating his own theory:

Wellness is intended to capture the notion of health as a dynamic state or process rather than a static endpoint; psychosocial wellness acknowledges the importance of both intrapersonal and interpersonal functioning. The multiple aspects of wellness would include a) self-perceived (domain and/or global) satisfaction (hedonic well-being), b) domain/role satisfactoriness, c) presence of prosocial versus antisocial behavior, and d) low levels of psychological distress or symptoms (e.g. anxiety, depression, disordered thinking). (Lent, 2004)

This attempt at theory building is clear, comprehensive, explicit, and parsimonious. Its utility will be measured by the efficacy of the models of counselling that flow from the theory.

A theory is more than a set of assumptions or guesses. It is a set of assumptions or guesses, hypotheses if you will, that have been tested in some way or that fit the known relevant facts at issue. We must be aware of the difference between theory and practice. It is not necessary that all practice converge in the development of a Kuhnian paradigm in psychology, indeed, a discipline where all practice converged would be sterile. Convergence and consensus occur at the theoretical level and will occur when one of several competing theories establish primacy or when smaller theories merge into a comprehensive theory that the discipline blesses with near-consensus legitimacy. According to Kuhn, such a development is necessary for a discipline to progress as a science (1970a pp. 19, 20).

I believe that Lent's formulation has wide acceptance in the field. He is suggesting that counselling psychology is about wellness, which he defines as a dynamic concept – a definition consistent with that provided by the World Health Organization. With his reference to the “intrapersonal” and “interpersonal” he is recognizing the individual but placing the individual within a relational context – a position compatible with constructivist thought. He suggests that the subjective element of satisfaction both hedonistically and eudiamonically conceived is central to our practice – points respectively addressed by behavioral and narrative therapists. His recognition of a pro-social element reminds one of the Adlerian concept of social interest. Finally, Lent ties wellness to low levels of felt psychological distress – issues often addressed by cognitive-behavioral specialists.

I place more emphasis than does Lent on the concept of the self. In my theoretical understanding, the self exists as a non-material constructed entity in the mind of the individual. I draw a distinction between counselling, which involves a change of behavior without a concomitant change to the self, and psychotherapy which is a developmental process that involves a collaborative effort to change the self of the individual.

Counselling and therapy is about change, and the decision to make change necessitates “will”. The nature of will, especially when accompanied by the adjective “free” has been hotly debated by both philosophers and psychologists alike (Dennett, 1991; Hutcheon, 1996; Ridley, 2003), and it could be argued that a client who comes to us driven by distress is not truly exercising free will. We may sidestep this issue by noting that this client, regardless of the pressures on him or her to act, makes a decision to change in some way and that decision, whether it is cognitively or emotively based, is essential to the therapeutic process.

Yet another plank in my theoretical platform is the understanding that there is objective reality, but that it is subjectively experienced. When client's subjective reality diverges significantly from this external reality, the client may experience distress. Therapy, in these cases, may involve assisting the client in reality testing and re-structuring his or her view of reality.

I hesitate to label the structure that I have outlined thus far as my "personal theory of counselling". I have said little that has not been said more eloquently by other writers. I believe that the uniquely personal is found in praxis, the uniting of theory with practise. Theory, when applied to practise, will reflect the history and memetic structures unique to the individual counsellor. Thus the theory itself becomes changed in subtle ways that can be understood only by understanding the worldview of the theorist. Accordingly, I will trace my development as a counsellor and as a psychologist. I will elaborate on my theoretical understandings outlined above. I will spend some time dealing with the nature of the self, an area where I believe I may be able to make a unique contribution. I will then demonstrate my praxis with the discussion of a case history. Finally, I will add some thoughts on the possible future direction of our profession.

The Impulse Toward Eclecticism

We all want to conduct our therapy in the best interests of our clients. It seems intuitively correct that some approaches will be more effective with some clients than others dependent on their theory of change (Lent, 2004), their cultural background, (Arthur, 2004 p. 68) and the particular issues that they wish to address (Ellis & Harper, 1997 p. 24). Even a specific diagnosis such a "unipolar depression" may be too broad to settle the question of whether some approaches are more effective than others for specific client conditions. It has been suggested that different treatments (Behavioral and Humanistic) may be more appropriate for different subtypes of

depression (Messer, 2001 p. 7). Some therapists would give the client the benefit of multiple approaches from therapists of differing orientations from which the client could choose (Haley, 2002; Adler quoted in Mosak, 1979 p. 64). Other therapists working individually offer a menu of treatment options from which clients may develop their own treatment plan (Bohart, 2001).

Warwar and Greenburg conclude, "A theme that has been emerging more strongly in recent years in the study of therapeutic change is that individual differences are important and that the type of interventions used need to be matched to client characteristics" (Warwar & Greenberg, 2000 p. 577).

One of the concerns expressed about the eclectic approach is that it may lead to a lack of coherence in practice (Slife & Reber, 2001 p. 216). Alternatively, a "meta-theory" would, by definition, exclude practices beyond the scope of that theory thus leaving us with the same problem eclecticism was meant to avoid (p. 217).

In Wampold's meta-analysis of a variety of theoretical or methodological orientations, no significant differences in efficacy between practitioners describing themselves as eclectic and other practitioners were noted (Wampold, 2000 p. 724). On the other hand, significant variability in practice between individual eclectic practitioners in both method and efficacy is possible.

Wampold concluded:

Generic training, emphasizing strategies to build the working alliance, is essential.

However, generic training is not sufficient and counsellors-in-training must build theoretically consistent intervention skills. Master therapists learn to weave interventions into the fabric of the psychotherapy process, creating a therapeutic context that permits the client to change. (p. 735)

I concur with those therapists who suggest a varied or eclectic response tailored to meet unique client issues and characteristics. I also agree, however, that it is necessary to build theoretically consistent intervention skills. This necessitates models and theories that are dynamic and capable of evolutionary change. I propose to discuss how I meet these objectives of flexible response, theoretical consistency, and capacity for change.

My Bohartian History

In Alfred Adler's view the most important determinants of the structure of the self and of a person's worldview are usually found in childhood experience (Adler, 1957 p.17). These and subsequent experiences contribute to each person's unique perceptions and interpretations of life events (p. 49). Some writers have noted the similarity between this view and post-modern constructivist thought (Dowd, 1997; Jones & Lyddon, 1997). Dowd has suggested further that this "Adlerian/Post-modern" approach is also found in cognitive therapies (Dowd, pp. 215-216). He has received support from Albert Ellis who felt it necessary to add the following caution:

Perversely enough, one of the most important psychological discoveries of the past century, emphasized by both psychoanalytic and classical behaviorist schools, has been harmful to many individuals: the idea that people remain inflexibly influenced, in their present patterns of living, by their past experiences. (Ellis & Harper, 1997 p. 187)

Ellis is suggesting that while our perceptions and worldview are influenced by past experience we maintain a capacity to change. The idea of "will" is not foreign to Adlerian or post-modern thought.

While different schools of psychology may use different terminology, a near-consensus appears to exist that past experience influences our present perceptions, and that this process is interactive and dynamic. If this is true for our clients, then it is no less true for us as therapists

and counsellors. To understand someone's personal model of counselling we must understand something of the person behind that model.

Bohart (2001) modelled such a process of therapist self-disclosure. Approximately 25% of the "Boomer" generation identified with the egalitarian, "autonomous rebel" values of the hippie movement (Adams, 1997 p.82), and Bohart identified himself as part of this cohort. It is not necessary to know what childhood experiences led him to this counter-culture worldview, but understanding his identification with that worldview helps us understand his early "dabbling" in existentialism and gestalt and his great attraction to the work of Carl Rogers. Rogers rejected the therapist-as-expert model and taught that the answers the client needs are within himself. The therapist is a facilitator who practices congruence, empathy and unconditional positive regard (Meador & Rogers, 1979). While continuing to identify with the Rogerian framework, Bohart became frustrated with a lack of structured method. He borrowed ideas from cognitive therapy, used "Socratic questioning" to help clients evaluate beliefs, used Gestalt techniques, and saw himself as an "expert interventionist who liberated client creativity" (Bohart, 2001 p. 233).

Bohart eventually came to the view that all this "professional paraphernalia" was not important and he returned to the Rogerian view that "clients are the primary self-healers in therapy, and their power to self-heal, mobilized by any decently provided therapist procedure in any decently helpful relationship, transcends special theories and techniques." (Bohart, 2001 p.236)

Bohart did not really come full circle. Using the skills he developed from various schools of psychology, he now offers clients a menu of alternatives from which they may select. This fits with his overarching model of client-centeredness, but allows for and respects the possibility that clients may operate under other theories of change.

My evolution parallels that of Bohart in several ways; however, the first essay I wrote for an undergraduate class in psychology (1969) was entitled “On why I am a behaviorist”.

Essentially I reviewed research that supported B. F. Skinner’s theory of human development. My professor, who was an avowed humanist, gave me an “A”.

I identified with the egalitarian counter-culture movement of the 1960s and early 1970s, and, like Gergen whose doctoral research supported a behaviorist view of humanity (Gergen, 1996), I rejected Behaviorism because I wanted to believe a different view.

During the mid-1970s that view was represented, for me, in the counselling practices of Carl Rogers. Like Bohart, I excelled in reflective listening, but I experienced his frustration of not having a structured model from which to base my counselling. I also found that some clients failed to respond well to a Rogerian approach.

I was introduced to Adlerian Psychotherapy while pursuing an M.Ed. in counselling at the University of Regina. One of the reasons this school of psychology resonated with me is that while Adler may be described as a humanist (Mosak, 1979 p. 51), he also incorporated a respect for a scientific understanding of humanity (Adler, 1967 p. 277). This allowed for a synthesis of the Rogerian and Skinnerian polarities. An Adlerian, for example, could accept Gergen’s doctoral findings that showed how easily the self-esteem of undergraduate students could be manipulated as reality while suggesting that we have the capacity to strive for much more. Evolutionary biologist Richard Dawkins said the same thing more eloquently:

We have the power to defy the selfish genes of our birth and, if necessary, the selfish memes of our indoctrination. We can even discuss ways of deliberately cultivating and nurturing pure, disinterested altruism - something that has no place in nature, something that has never existed in the whole history of the world. We are built as gene machines

and cultured as meme machines, but we have the power to turn against our creators. We, alone on earth, can rebel against the tyranny of the selfish replicators. (Dawkins, 1976 p. 215)

Adler's Individual Psychology assumes that potential resides within everyone, that all behavior is purposeful, and that social interest is necessary for wellness. Adlerian psychotherapy is open to new research and techniques as efficacy is demonstrated. Cognitive-behavioral therapy, for example, has demonstrated efficacy with respect to unipolar depression (Dozois, 2002), anxiety (Liashko & Manassis, 2003; Rodebaugh & Chambless, 2004) and addictions (Trimpey, 1996 p. 15). Eye Movement Reprocessing and Desensitization (EMDR) has demonstrated efficacy in dealing with the effects of early trauma (Wilson, Becker, & Tinker, 1995). The Adlerian theoretical structure allows for the incorporation of these methods.

I have found that many aboriginal clients do not respond well to Cognitive – Behavioral therapy or E.M.D.R. They like to tell “their story”. I allow them to do this and then I might explore with them ideas for elaborating or amending their narratives that makes these narratives deeper or more meaningful. Other aboriginal clients respond well to visualizations and guided imagery. I have used the concept of the medicine wheel with both native and non-native clients with good effect. The Adlerian structure with its emphasis on the uniqueness of each individual including the uniqueness of each worldview (in effect “reality”) allows for the incorporation of these methods as well.

I have come to a point in my practice where, like Bohart, I often offer my clients a menu of therapeutic options from which they can choose, but while Bohart now denies that he is “an expert in anything” (Bohart, 2001 p. 236), Alder suggests that we all have expertise in our

particular areas of knowledge. It is that expertise that allows us to offer such a menu in the first place. It is the client's expertise that allows him or her to choose from that menu.

Adlerian Psychotherapy as Structured Eclecticism

Thomas Kuhn provided an argument that it is not possible to operate from two paradigms simultaneously (Kuhn, 1970a p. 112). The social sciences, in his formulation, are “pre-paradigmatic”. We do not yet have a true paradigm in psychology. What we do have, for the most part, is a series of methods, conceptual models, and stances from which we operate.

While it may not be possible to operate from two paradigms simultaneously, it is certainly possible to mix methods and operate from different conceptual models. The impulse toward eclecticism described at the beginning of this paper speaks to this possibility. Wawar and Greenberg noted “A recent trend in humanistic counselling has been the emergence of experiential approaches that have combined the relational stance of person-centered therapy with the more active interventions, often from other counselling modalities.”(2000 p. 580)

The observations of Dowd in noting commonalities in the structure of reality as seen by Adlerians, constructivists and cognitive therapists (Dowd, 1997) also suggest that we may be moving toward developing a “psychology paradigm”.

It may be instructive to contrast Adler with his two major contemporaries, Sigmund Freud and Carl Jung. Both created charismatic movements centered on their personal interpretation of truth. Freud is known to have attempted to drive therapists who disagreed with the details of his truth out of psychology (Hare-Mustin & Marecek, 1997 p. 113; Hutcheon, 1996 p. 457) Jung said "only a few are capable of individuating" and these few formed a vanguard of a new “spiritual elite." (quoted in Noll, 1994 p. 249). It may be that the influence of Freud and

Jung has led to a tendency in psychology to divide into competing schools that emphasize differences as opposed to commonalities.

While Adler presented himself as being democratic in his approach, he did not accept, uncritically, the “truths” presented by others. He broke with Freud principally over the dominating role Freud gave sexuality. Whereas Freud said, for example, that women feel inferior due to penis envy, Adler said that women feel inferior because, certainly in the patriarchal culture of his time, women are undervalued (Mosak, 1979 p. 49). Adler also believed that Freud was unduly reductionistic in his formulation of the id, ego and superego. His “individual psychology” referred to the indivisibility of the individual who must be viewed as a “whole”.

Unlike Freud and Jung, Adler did not insist that his colleagues agree with him. For example, after Karen Horney was expelled by Freud for disagreeing with his concept of penis envy, she was not driven out of psychology as implied by Hare-Mustin and Maracek (p. 213); she studied with Adler. Later she published material in her own right as did others who also studied with Adler such as Eric Fromm, Victor Frankl, and Rollo May (Mosak, 1979 pp. 54, 55). Still others, such as Albert Ellis and Abraham Maslow, acknowledge a debt to Adler. Each took Adlerian ideas, added their own, and developed their personal theories of counselling. Thus inspired, I propose to examine some major tenants in Adlerian thought.

My Adlerian Roots

Adler believed that psychologists must examine the macro-society to determine societal cause for patient/client distress. If we understand the context within which the behavior is found, and the worldview of the client, then we can understand the logic inherent in the behavior.

Central to Adler’s theory was the family constellation. One could not understand the individual without understanding the family from which the client came. Family culture, birth

order, parenting styles, significant traumatic or transition experiences leads to the development of a cognitive map or worldview. In that this worldview is a subjective filter through which future experiences are mediated, Adler is like “Postmodernists”. Adler’s view that these filters lead to mistakes in thinking is similar to the Cognitive – Behaviorist view of “irrational beliefs”.

People with a positive self-concept will typically exhibit “secure” motivations for behaviors such as cooperation, production, innovation, and creativity. People with poor self-concept will typically exhibit “insecure” motivations: attention getting, power, revenge and withdrawal. The safety of the therapeutic relationship assists people in moving from insecure to secure motivations.

Insight, similar to that sometimes produced by narrative therapists, may come from a review of childhood experiences. Rational and behavioral means may be used to assist the client to a more self-secure level of functioning. Given that the client is recognized as the expert on himself, behavioral “homework” assignments are co-constructed.

Adler believed that clients come to a counsellor because the counsellor has some expertise in his field. He did not believe that clients were “mentally ill” but that discouraged individuals may exhibit self-defeating behaviors. Therapy, therefore, includes teaching new behaviors that could bring different results.

Adler’s methods included elements of systems theory, cognitive-behavioral therapy, humanism, constructionism, constructivism, narrative therapy, and holism. With respect to human nature, Adler said:

Individual psychology goes beyond the views of philosophers like Kant and the newer psychologists and psychiatrists who have accepted the idea of the totality of the human being. Very early in my work, I found him to be a unity! The foremost task of Individual

Psychology is to prove this unity in each individual - in his thinking, feeling, acting; in his so-called conscious and unconscious - in very expression of his personality. (Adler, 1967 p. 69)

If this belief that the individual is a unified totality applies to therapists as well as their clients, then eclectics must have an overarching (if unarticulated) model of counselling from which they practice. This, then, would answer at least one of Slife's concerns about eclecticism.

Beyond Adler: Robertsonian Meme Therapy

In some ways my approach is eclectic, but with a humanist understanding of the nature of man. As my unique contribution, I am in the process of developing a technique for mapping the individual self and using that method in therapy.

The Nature of Self

Much in psychology depends on the concept of self. Erik Erikson said, "The ability to form intimate relationships depends largely on having a clear sense of self" (Corey & Corey, 2003 p.98). William Bridges said that adult transition takes longer than change because it involves the development of "a replacement reality and a new self" (Bridges, 2001 p. 3). Other writers have dealt extensively with self-concept (Dinkmeyer, Pew, & Dinkmeyer, 1979; Meador & Rogers, 1979), self-esteem (Ellis, 1979; Meador & Rogers, 1979) and self-actualization (Maslow, 1987; Simkin, 1979) Little has been done, however, in determining the structure of the self at the core of these concepts.

Damasio provided a neuro-biological mechanism for the self. He suggested that a proto-self ordinarily exists in humans and other animals as a moment-to-moment feeling of the existence of a "me" and a "not me". The proto-self is the body mapping its states without consciousness (Damasio, 1999 pp. 153,154).

There is a difference between having a feeling and knowing we have a feeling. Becoming conscious of our moment-to-moment feeling of self necessitates a self-definition. Out of our memories and sensations we create stories about our selves that feel true. "You know that you exist because the narrative exhibits you as protagonist in the act of knowing." (Damasio, 1999 p. 172)

Decades before Damasio, Adler defined the self as "the convictions I have about who I am" (Mosak, 1979 p. 58). When people answer the question "Who am I?" they often answer in culturally determined categories such as "mother", "mechanic", "lover" or "thief". It is not the actual biological fact of motherhood that exists in the self-definition; it is the mental construct that the term "mother" represents to that individual. Dawkins coined the term "meme" to represent these "smallest units of culture that are self-replicating"(Dawkins, 1976). According to E. O. Wilson the Dawkin's "meme" has gradually replaced such synonyms as "mnemotype", "idene", "sociogene", "concept" and "culturgen" in describing this phenomena (Wilson, 1999 p. 148).

Fernanda Robles-Diaz-de-Leon elaborated the Dawkins meme with the following:

A meme is defined as a unit of cultural transmission containing a specific substantive message. Memes are ideas that are self-disseminating and self-protecting that have a certain architecture to their presentation." (Robles-Diaz-de-Leon, 2003 p. 31)

She co-constructed the following meme with villagers in Jalisco, Mexico:

Limpio (Clean)

Would you like to have a clean town?

Everything is better if we make an effort.

Pick up the garbage off the streets.

You know the truth about the environment.

Talk to others about it.

A quality of these memes, first noted by Dawkins and later observed by others (Blackmore, 1999; Dennett, 1991, 1995; Freidman & Sing, 2004) was that some memes appear to attract others. For example, the meme “faith” is almost always alongside of the meme “God” in personal belief systems where the meme “God” exists.

Some authors (Blackmore, 1999; Kenyon, 1993) have observed that this self is a relatively stable network of these elemental units of culture. The resultant “self” tends to repel memes not compatible with the original complex of memes that make up a stable self (Robertson, 2001). For example, a student whose self-definition includes a meme for “stupid” may excuse a good academic mark with rationalizations. The meme for “learner” will, therefore “bounce off” the individual’s “selfplex” (complex of memes making up the self) with little lasting impact.

In summation, the self has been a concept central to the practice of psychology. Recent work in neuropsychology has suggested that the self is essential to our individual functioning. Memetic writers have traced connections between this self and larger cultural systems.

The Potential for Using Memes in Counselling

It is possible to create two-dimensional maps of autobiographical selves using the concept of the meme. The stability of these self-structures is a function of attractive forces between particular memes. These attractive forces are, in turn, a function of the cognitive and emotional valences placed on the meme by the individual concerned. Some memes tend to repel certain other memes. This may result in some memes not being internalized (as in the example of the “poor learner” noted above), or this may lead to an unstable self.

This tool of memetic mapping, when developed sufficiently, will enable counsellors whose theoretical orientation includes the centrality of the self in the practice of psychology, to

see concretely the dynamics present in the change effort required by their clients. It will allow clients to see themselves in a way that may empower them to make decisions to effect change, thus engaging them in the change process. In the end, the client must decide what, in their self-definition, they want to change and what they want to keep. Counsellors and clients can then work collaboratively to reach those goals.

Robles-Diaz-de-Leon (2003) has demonstrated how the construction of new memes can lead to behavioral change. She found that the presentation of a positive and relevant meme was more effective than community participation in leading to changes in community behavior impacting on environmental concerns. Extrapolating from this finding, the co-construction of memes may prove to be even more efficacious than behavioral methods in memetically re-engineering a client's self.

The self is constructed from infancy, initially from memes generated verbally and non-verbally within the environment of a family culture. Later, the individual begins to interact directly with the wider cultures of community and society. Some memes from the wider settings will be repelled if they are at variance with the initial structures developed within the family environment. Interaction with one's environment begins a process of negotiation and co-construction that has produced the suggestion that the self is situated "dialogically" between psychological and social polarities (Neimeyer, 2002).

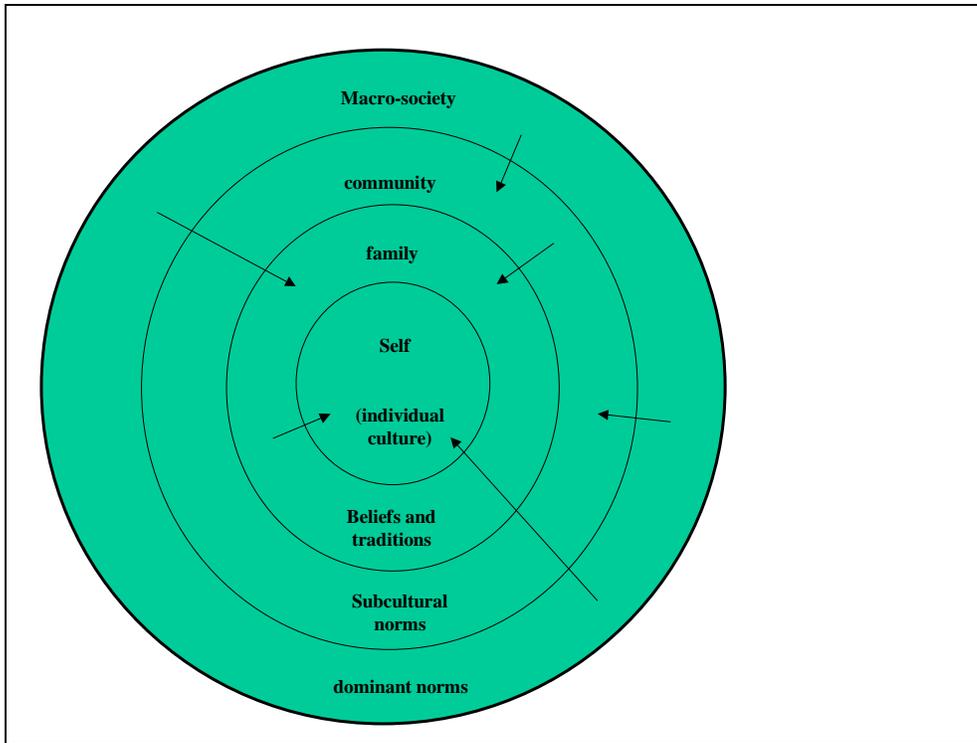


Figure 1: *The unidirectional nature of memetic transfer in a hierarchical society*

Figure 1 demonstrates a one-way transfer of memes as may be found in a hierarchical colonial society. The concept represented in Figure 1 may be useful in empowering clients to resist particular harmful memes, such as those contained in societal messages that contribute to anorexia and bulimia. The Neimeyer ideal, of course, is to have memes travelling in both directions, from various levels, with the client empowered to be selective as to which memes he or she wishes to incorporate into their construction of their worldview and their self.

A Use of Meme Theory in Counselling a Suicidal Youth

This account is of a 17-year-old youth who had been referred to me following five separate suicide attempts. She had received cognitive-behavioral and pharmacological therapies prior to this referral. Her scores on the Suicide Probability Scale revealed levels of low self-esteem, anger, suicide ideation and depression within the clinical range.

I initially conducted an Adlerian interview that revealed a number of traumatic childhood instances and a dysfunctional family culture that had contributed to her present functioning. I attempted to normalize some experiences and reframe others so as to place responsibility on the perpetrator of emotional and physical abuse (her father), and to empower her to see herself as a competent actor and problem solver with increasing ability as she got older. We co-developed behavioral “homework” assignments that included positive affirmations, meaningful and enjoyable activity, regular physical activity, and reality testing discover the accuracy (or inaccuracy) of perceived slights from teachers and others. I had her retell her “story” with suggested amendments to engender hope, and emphasized positive possibilities when she left home after graduation. When these types of activities proved ineffective, I attempted Eye Movement Desensitization and Reprocessing to deal with specific instances of childhood trauma. She participated in all suggested activities but progress was minimal.

Finally we co-constructed the memetic map of her self (Figure 2). Each word or phrase on this map represents a meme that includes cognitive and affective elements. Its creation allowed us to see visually the large number of memes that were helping to hold a “depressed person” meme in place in the client’s self-definition. Indeed, “depressed person” formed the hub of her self.

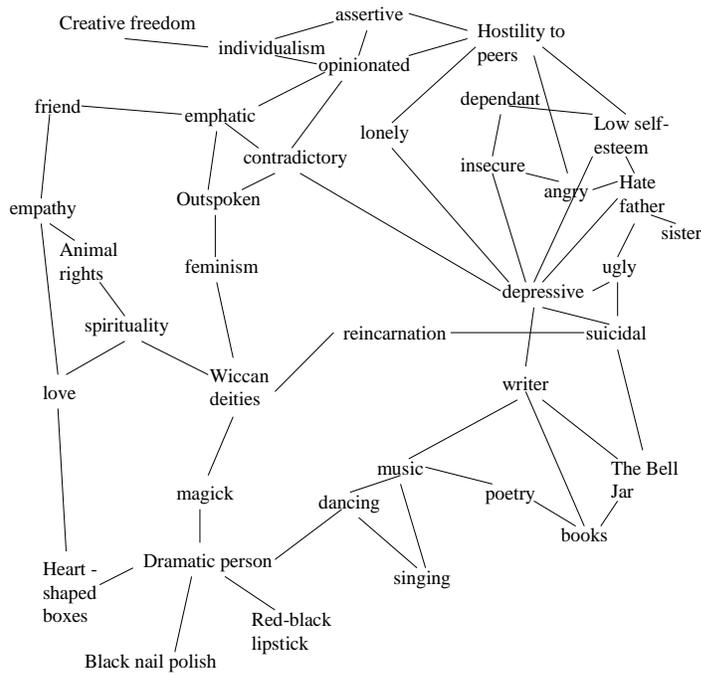


Figure 2: A memetic map of a suicidal youth

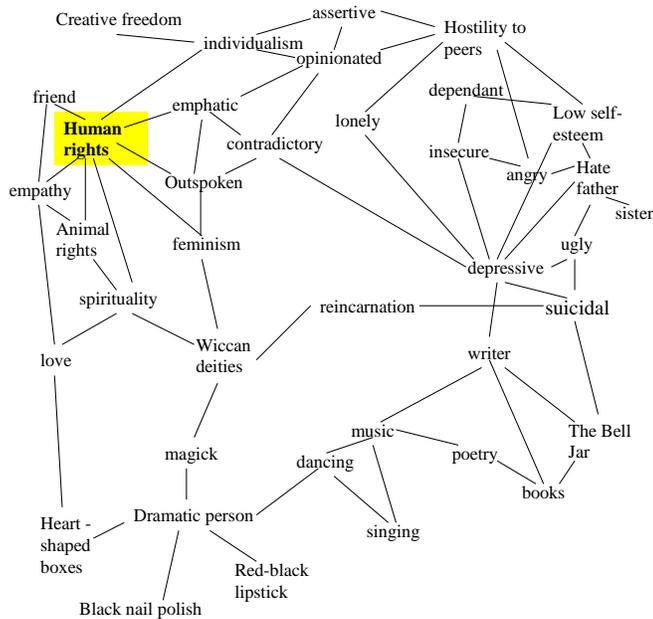


Figure 3: A revised memetic self of a suicidal youth showing the location of a co-constructed new meme – “human rights”

We then co-constructed a new meme to serve as a new hub for her self and named that meme “human rights”. Figure 3 shows where we situated this meme in the girl’s self. Her writing, both pros and poetry, had been negative and bleak, thus reinforcing her “depressive self” meme. She began writing from themes that circled her new human rights meme, and she published some of her work in her high school newspaper.

The youth appeared to gain some energy and she developed a plan to move in with an aunt in another community. She then found more acceptance from peers and a greater freedom of latitude to try new behaviors. After two months her mother, who had appeared to the girl as quite ineffective, moved to the new community along with a younger sister. Her father, who at one time loomed quite large, now appeared pathetic in the youth’s eyes and she lost much of her anger. She now saw herself as an actor in her own future. She scored within the average range on a subsequent administration of the Suicide Probability Scale.

A cognitive-behavioral therapist might suggest, with some justification, that this youth was stimulated to change ineffective and obsessive cognitions through the visual stimulation provided by a cognitive map. Such a therapist might add that subsequent behaviors reinforced a more positive self-image with the conclusion that I was practising cognitive-behavioral therapy. A narrative therapist, with equal justification, might conclude that the youth changed her personal story to see herself as an activating agent capable of dealing with unfortunate circumstances in her life. The fact that both could draw such separate conclusions suggests to me that the theoretical underpinnings under which each operates are not dissimilar.

Holistic, Dynamic and Integrative: Looking Forward in Our Profession

I begin this section by summarizing the application of my approach to counselling. I then examine some additional applications of holism, with applications coming from aboriginal traditions. I conclude by commenting on the theoretical underpinnings of our profession.

Summarizing the Foundational Principles of My Practice

I agree with Lent that most clients seeking counselling fall into two categories: “a desire for symptom relief and restoration of life satisfaction (in rough terms, 'the unhappy client'); or b) a desire for growth learning, change, or understanding ('the self-actualizing client')” (2004).

Irrespective of the reasons for seeking counselling, the client is well served if he or she receives empathy, unconditional positive regard and genuineness in the counselling relationship. Although Person-Centered Therapy is no longer a leading school, the ideas of Carl Rogers have permeated the profession, providing a background to the therapeutic relationship from which other methods may be applied.

Clients who enter the counselling relationship prepared to undergo self-change will likely make more progress than those who don't. One of the things we can do as counsellors is remind clients that the only person they can really control is themselves, and therefore, that is the place where the client can effect change. Having said that, the client must define what is normal for himself or herself, and use that definition to establish appropriate goals.

This process of defining “normal” or “well-adjusted” is not purely relativistic. Part of the counsellor's role is to help the client predict outcomes, anticipate consequences, and offer alternate interpretations. Counselling is largely a reasoning exercise and we trust that with support, information and encouragement clients will choose reasonable courses of action. I

appreciate Adler's view that people who make irresponsible choices are discouraged individuals; they do not believe they can meet their needs through pro-social activities.

A second aspect of the counsellor's role is that of a facilitator. By providing a safe and supportive relationship the counsellor facilitates the client's growth. The client is free to experiment with new behaviors in the safety of the therapeutic relationship before gaining the confidence to use those behaviors in a non-counselling setting.

I agree with Adler that the counsellor also has a role as an expert. The client comes to us because he thinks we have some knowledge he wishes to access. It is our job to be experts in the change process. The specific methods employed will depend on the issues the client wishes addressed and client characteristics including the client's view of how change happens. I like and have used Bohart's method of presenting a menu of possible treatment options from which the client may select. This, I believe, satisfies the Adlerian principle that the client is also an expert on him or her self.

As a co-expert it is the client's role to collaborate with the therapist. That role is facilitated via a feedback mechanism whereby each party assesses progress and communicates their assessment to the other. The assessment may consist of informal observations and feelings. A more formal assessment may involve client checklists. Sometimes a standardized instrument may be used as a measure of success. In the end, the client must gauge success because only the client can be responsible for change.

The best client-counsellor relationship is dynamic. The counsellor as well as the client should be prepared for change. By integrating methods from various schools or models of practice, and by intuitive exploration, the counsellor can respect the uniqueness of each client.

Revisiting Holism

As discussed in this paper, Adler viewed the individual as a totality. Examining the family constellation and reviewing the individual's position contextually within society are two ways of approximating that totality.

Within aboriginal cultures the circle is taken to represent totality. Elders in their storytelling often do not begin at a beginning and proceed linearly to a conclusion. There is no beginning or ending in a circle, and were they to straighten the circle something would be lost in the understanding of the totality. I have found that many aboriginal clients respond well to the invitation to tell their story in their own way. The process of re-telling, sometimes aided by directed questioning, sometimes aided by mutually constructed "homework assignments", often leads to an evolution of meaning. As Adler said "we give meaning to life, each his own fashion" (in Mosak, 1979 p. 48).

Another way the circle is used in aboriginal cultures is in the form of the medicine wheel. The wheel or circle represents totality, and the component parts of that wheel represent those aspects of life that make up that totality. Traditionally there are many ways of dividing the wheel, none right or wrong. In keeping with the principle that the client is the expert on himself, I have sometimes encouraged the development and illustration of one's personal medicine wheel. Both native and non-native clients have benefited from examining their life practices to uncover congruence and balance between their ideal and their practice.

The medicine wheel concept may be used to examine, holistically, the practise of counselling psychology. I have prepared such a model pictured in Figure 4. The "x" axis represents a polarity between physical and mental. "Mind" stands apart from the physical world, is culturally influenced and "is capable of internally consistent thought" (Johnson, 2003 p. 58).

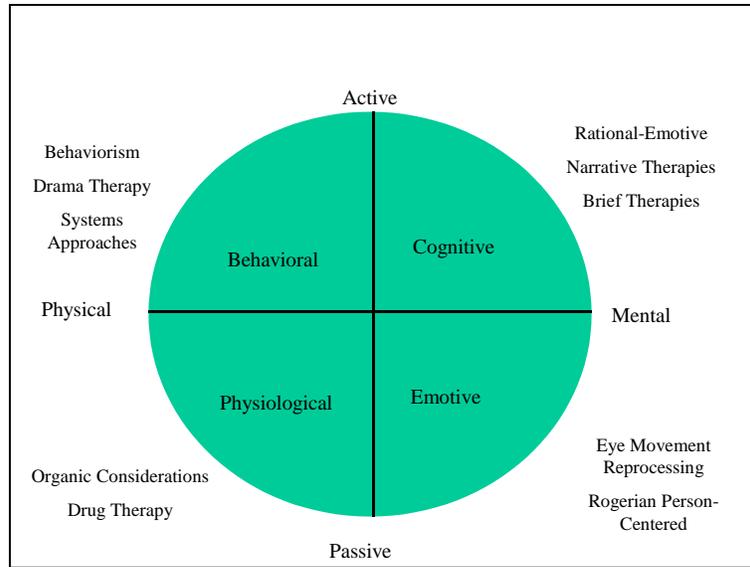


Figure 4: *An application of the aboriginal concept of the medicine wheel to the practise of counselling psychology situating various therapies in quadrants defined by two axis: physical / mental and active / passive*

The “y” axis represents a continuum between the individual’s active and passive states. The quadrants are then labelled according to four constructs that seem to fit with this two dimensional model. Therapies were selected for those quadrants that they appear to primarily address.

There are at least two applications of the above model to counselling. First, numerous researchers have found it difficult to establish the efficacy of some therapies over others (Miller, Hubble, & Duncan, 1995; Wampold, 2000; Warwar & Greenberg, 2000). This is hardly a surprising result if we view the individual at a totality. Intervention directed at any one quadrant will necessarily create change in the other three. This, of course, does not negate the possibility that specific issues and particular client characteristics may indicate a preference for one therapy over another in any given situation.

This leads to a second application of this model. Therapists may be advised to be aware of all four quadrants when counselling, and consult with clients as to their preferred area of

intervention. A menu may then be presented. I intend to address how this may be accomplished while maintaining theoretical consistency, in the last section of this paper.

Future directions

I began this paper with a discussion of the paucity of good theories in psychology. E. O. Wilson writes:

Nothing in science – nothing in life for that matter – makes sense without a theory....

Theory: a word hobbled by multiple meanings. Taken alone without *a* or *the*, it resonates with erudition. Taken in everyday context, it is shot through with corrupting ambiguity.

We often hear that such and such an assertion is only a theory....

Science, to put its warrant as concisely as possible, is the organized, systematic enterprise that gathers knowledge about the world and condenses the knowledge into testable laws and principles. (Wilson, 1999 pp. 56-58)

I suggest that we, in the practise of psychology, have used multiple definitions of the word “theory”, and in the resulting confusion, have missed some important trends. We suggest that Cognitive-Behavioral Therapy, Adlerian Psychotherapy, and Constructivist Therapies are all separate theories of counselling. Then we suggest that it is not possible to practice from two theories or paradigms simultaneously and lambaste eclectics for their apparent inconsistency. Yet Dowd found that the Cognitive concept of “core cognitive schemata”, the Adlerian concept of “worldview” and the Constructionist “constructed reality” are identical (Dowd, 1997 p. 215, 216). Further, all three include a social dimension to human activity. The theory here is that we create cognitive maps that are largely a result of our social experience, and we use those maps to plan our behaviors. Come to think of it, this is exactly the theory behind my process of memetic mapping.

The hypothesis that I have been developing is that if we were to strip away practice from theory, we would find that a Kuhnian paradigm has been rapidly evolving in psychology. This hypothesis is testable by tracing the theoretical evolution of major models or schools of psychology over the past 30 or 40 years. This is, of course, beyond the scope of this paper.

The theoretical component of my praxis includes:

- People require an element of social-interest for a sense of wellness
- People can choose to change
- There is an objective reality that people experience subjectively
- We create cognitive maps that are largely a result of our social experience
- People are worthy of unconditional positive regard
- All behavior is purposeful
- Change in one area of functioning will create changes in other areas

I do not believe that my theoretical underpinnings contain anything new. If there is an emergent paradigm developing in psychology then I would situate the theories from which my practice flows within that paradigm. My praxis, however, is unique. It is dynamic and integrative incorporating elements from traditional aboriginal teachings, memetics and a variety of schools of psychology. It is continually growing in perpetual evolution.

Footnotes

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