ECLECTICISM IN COUNSELLING

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Abstract

A model was proposed for matching client problems with counselling approaches within the framework of an eclectic stance. Problems were grouped according to client's needs which related to Maslow's hierarchy. Counselling approaches were similarly grouped and a schematic relationship presented. A thesis was advanced that certain client problems are best handled using differential counselling techniques.

In an earlier discussion (Conklin, 1971) it was argued that a theoretically eclectic approach was most suitable for a practitioner in an educational setting. The position of eclecticism was defined in the following manner:

1. The eclectic counsellor must have well developed skills of rapport building, interpersonal communication, and observation.

2. The eclectic counsellor should have attained a level of stability and integration not reached by most clients. Growth should continue through the careful analysis of new experience.

3. In addition to possessing a high level of academic ability, eclectic counsellors must be familiar with all major theories of counselling and behaviour change and have a well rationalized philosophy of education.

The purpose of this paper is to extend the notion of eclecticism in counselling by arguing that it is supported both in theory and practice (i.e. it is theoretically consistent with at least one view of psychopathology and consistent with experience in counselling).

Client Problems or Needs

In a study done at the University of Calgary Counselling Centre (Conklin and Handy, 1969) it was discovered that student problems grouped into 7 categories: physical, emotional, social, family, vocational-educational, feelings of inadequacy, and self development. Other studies investigating student problems have found similar groupings. Warman (1960) in a similar study of student problems at an American University found the following categories: social adjustment, educational, vocational and self adjustment. In both studies it can be argued that the problems appear to roughly lie on a hierarchical continuum with external concerns at one end and the more internal, self-oriented concerns at the other.

Theoretically, these groupings are somewhat supported by Maslow (1943) who postulates a hierarchy of needs which if unmet can lead to psychopathology. His hierarchy proceeds from the basic physical needs to the more internal "psychological" needs and alludes to the proposition, in his discussion of counsellors and meta counsellors, that different counsellors may be required to deal with the differing problems.
The argument being presented here is that client problems can be viewed as unmet needs on a hierarchical continuum which, upon indentification, could conceivably be matched with counsellors with differing approaches. The literature already suggests that counsellor - client matching on several other dimensions seems a useful technique to produce more effective outcome than not matching (Garfield, 1971). Matching along the dimension of client problems and counsellor approaches appears to be a reasonable hypothesis.

<table>
<thead>
<tr>
<th>Client Problems</th>
<th>Client Needs (Maslow)</th>
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<td>Physical</td>
<td>Safety</td>
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<td>Emotional</td>
<td>Belongingness</td>
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<td>Social</td>
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<td>Vocational-Educational</td>
<td>Esteem</td>
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<td>Feelings of Inadequacy</td>
<td>Self Actualization</td>
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The above list shows that there is a similarity between client problems and unmet needs. For instance, physical problems such as phobias, and maladaptive habits, fears and neuroses are exactly the outcome of unmet safety needs according to Maslow. He says that any threats to the individual's orderly, harmonious world result in fear, terror and physical punishment. Another example is the similarity of "Feelings of Inadequacy" as a problem, to the unmet "Esteem" needs. Maslow argues that unfulfilled esteem needs are characterized by a lack of self-worth, self confidence and self-respect. The client problem area of self-development has to do with fulfillment — the practice of a growth oriented life-style. Clients with this problem are usually functioning well, but wish to "grow" or fulfill themselves even further. Surely, these persons could be described as striving for greater "self actualization". Assuming that client problems can be grouped according to the above categories and assuming that these groupings are theoretically and experientially valid, let us now add the dimension of counselling approaches to demonstrate the application of these ideas.

**Counselling Approaches**

If one examines the thesis of those proposing the major theories of counselling one finds that each claims the ability to deal with almost the whole range of human disorder. Upon closer examination of the practical application and case studies used to support their positions it is found that each of the approaches tends to have a specialty area. That is, one theory seems best to cope with one type of problem, while another theory boasts an expertise in dealing with yet another type. By elaborating on these publicly stated areas of expertise and placing them in juxtaposition to client problems and Maslow's needs, the relationship across them becomes clarified.

This grouping of counselling theories has been done by viewing an individual's problem as coping with external factors at one extreme to coping with internal forces at the other. Grouping counselling approaches in this way allows the counsellor to examine the type of problem, relate it to an unmet need, and then attempt to match...
with an appropriate technique. This interrelationship of technique, need, and client problem results in an hierarchical scheme which, although there is a great deal of overlap, gives direction and rationality to the counselling function. The scheme can be illustrated by considering the method used in dealing with a client's general feeling of inadequacy. Roger's Client Centered approach or a more philosophical existential approach can be applied with encouraging results. At the other end of the continuum, a client with a specific phobia may best be served by a counsellor utilizing behaviour therapy or more specifically, desensitization. The above scheme tries to illustrate how other problems could be handled. Common to all counselling approaches is a fundamental requirement for counsellor understanding of the client, and, in return, client trust in the counsellor. Wolpe (1960) states that:

the only common feature to all therapies seems to be that there is a private interview in which the patient confidentially reveals and talks about his difficulties to a person he believes to have skill, and a desire to help him. (p.100)

The above line of reasoning is supported by most major theorists (Eysenck, 1960; Krumboltz, 1970; Ellis, 1971; Glasser, 1965; Rogers, 1961; Van Kaam, 1966; May, 1957). Rogers (1961) is generally credited with being one of the original and strongest advocates of placing a large, if not total emphasis, on this aspect of counselling. In recent years, Carkhuff (1971) has developed an explicit model for establishing a necessary counselling relationship.

After a mutual counsellor-client rapport has been established, the next concern for the counsellor becomes one of facilitating productive action-oriented client behaviour. With some clients the problem will be one of eliminating undesirable behaviour; others may wish to acquire new behaviours. Others, still, may wish to acquire a model for decision-making, become aware and gain new self insights, or clarify and/or develop a philosophical basis for life. Each of these concern areas can be treated differentially and some counselling approaches will be more effective than others.

In the case of eliminating habits, tics, phobias, fears, and specific anxieties, behaviour therapy has been found to be most helpful. Fear of school or teacher, test anxiety, public speaking phobia and drug related problems are some of the more specific concerns, which various, conditioning and deconditioning approaches have found to be effective.

Some helping situations require the acquisition of new behaviours or the extinction of old ones. In these instances, an approach termed behavioural counselling has been found to be most effective. Behavioural counselling (Krumboltz, 1970; Osipow and Walsh, 1970; Watson and Tharp, 1972) provides a model for ascertaining what behaviours are involved, a programme for acquisition or extinction, and provision for assessment. It has been shown to be an effective tool for the teaching of social skills, effective study skills, efficient organization of time, career choice, and generally in a variety of decision-making paradigms.

Behaviour therapy and behavioural counselling deal more with external behaviour and not with internal or covert behaviour. Ellis (1971), and to some extent Glasser (1965), provide a framework for dealing with abstract concepts such as responsibility in a concrete manner. Both theorists require introspection or self-exploration on the part of the client. Problems of lack of awareness, incomplete values, ambivalent attitudes can be dealt with and it is the hope that changed cognitions will lead to corresponding behaviour changes. Examples of client concerns are such things as lack of motivation to achieve, feelings of remorse or guilt, sexual problems, delinquency, and illogical thinking. In Ellis's (1971) words, rational emotive therapy almost immediately begins to undercut and disembowel the conscious and unconscious assumptions that make him and keep him emotionally disturbed. This is particularly true of his unsubstantiable negative assumptions about himself, which create his "feelings" of inadequacy, worthlessness, anxiety, guilt, and depression. (pp. 1-2)

Problems associated with the need for recognition of self-potential are best handled by the use of client-centred therapy, gestalt therapy, or existential therapies. Since Rogers concentrated primarily on the relationship, existentialism gives a firmer footing in cases requiring discussion of philosophical bases of life. May (1969) explains it in this fashion.

The deepening and widening of consciousness we seek in psychotherapy consists not of the solutions of these dilemmas — which is impossible anyway — but the confronting of them in such a way that we rise to a higher level of
personal and inter-personal integration.

(p. 164)

Van Kaam (1966) states that “therapeutic care is to will the existence of the counsellee as a responsible and free 'you' who finds his own destiny”. The need for these counselling approaches tends to increase as the counsellee becomes capable of meeting his or her basic needs and while appearing successful in the eyes of others, still feels personally that life is meaningless.

In review, the hierarchy approach moves from the external and concrete to the more internal and abstract. Behavioural approaches are most effective with the former while the verbal self-exploration types are more conducive to the latter.

SUMMARY

The purpose of this paper was to propose a model for matching problems with counselling approaches within the broad framework of an “eclectic” stance. Problems were grouped according to client’s expressed needs and these were found to relate well to Maslow’s hierarchy. Counselling approaches were similarly grouped and a schematic relationship of groupings was presented. The suggestion was made that certain client problems are best “treated” using differential counselling approaches.

References


Conklin, R. C. and Handy, L. Client problems as perceived by counsellors. The Journal of the Canadian Association of University Student Personnel Services, Spring, 1969, 14-16.


