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Article 51

Theoretical Integration of Humanistic and Cognitive/Behavioral Approaches in Counseling

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Counseling involves a process of human interaction that encompasses the client's thought process, emotional makeup, and behaviors. The degree to which the counseling experience focuses on these specific aspects of the individual is generally thought to be strongly influenced by the theoretical orientation of the counselor. Various theories or counseling approaches have as major components a particular focus on specific aspects of the client's condition and/or functioning. According to Corsini and Wedding (2008), there are over 400 counseling theories that have been identified. Most of these approaches would be better labeled as variations on a much smaller number of theoretical themes. Hackney and Cormier (2009) placed them into five dominant categories: psychodynamic, cognitive/behavioral, humanistic, transpersonal, and systemic approaches. Fitch, Canada, and Marshall (2001) stated that their research involving the Council for Accreditation of Counseling and Related Educational Programs (CACREP)

accredited counselor training programs indicated that cognitive/behavioral approaches were most represented in clinical training programs followed closely by humanistic approaches. Therefore, through the contributions of two dominant categories of counseling theory most presented in counselor education programs, this article will focus on the integration of a humanistic counseling approach with a cognitive/behavioral approach.

Two Theoretical Approaches

There are many different interpretations regarding what constitutes a theory. Dictionaries do not agree on a precise definition of theory, however, the most generally accepted definition is that a theory involves what is thought to be true. Theory also seems to have a predictive element. That is, if *this* is presented then *that* will occur. Phemister's (2001) review of a 1998 text by Corey and Corey stated the following:

A theory is understood to be [a] tool that a counselor uses to help organize information into meaningful frameworks that allow him or her to make sense of particular situations and events, to construct definitions, and to identify potential problems and solutions. (p. 5)

According to Hackney and Cormier (2009):

Counseling theories can serve a number of functions. They serve as a set of guidelines to explain how human beings learn, change, and develop; they also propose a model for normal human functioning; and they suggest what should transpire in the counseling process and what the outcomes of counseling could be. In short, a counseling theory offers a "map" of the counseling process and the route its participants should take to achieve certain goals. (p. 5)

Allport (1962) presented two major beliefs about people in general as they influence the work of the counselor. The first is based on determinism, and the second on actualizing. Both humanistic and cognitive/behavioral theories are centered on the second. The difference between the two is in the underlying philosophy guiding their implementation. Humanistic theories focus on the relationship and the "person skills" displayed by the counselor, such as an inviting attitude conveyed by the counselor along with other attitudes including acceptance, honesty, genuineness, and a warmth that the client can sense. The cognitive/behavioral theories utilize more specific techniques and an educational component within the counseling process that is more focused on a client's thought process.

Both of these theoretical themes are based on the underlying assumption that free will is a reality, and that individuals must first look within themselves and then exercise free will for change to occur. Consistent within classical counseling literature is the link between free will and responsibility (Beck, 1994; Furlong, 1981; May, 1969; Tillich, 1952; Yalom, 1980). Responsibility becomes paramount for client change to take place in both theoretical approaches. May (1967) and Yalom (1980) stated that responsibility can be defined as response plus ability. For client change to occur, the individual must choose to respond given his/her ability to do so. Both theoretical approaches mentioned here

honor the essence of the individual and their ability to change, yet the focus for the counselor and how the individual may respond and use his/her ability to change differs.

Humanistic Theories

According to Nugent (2000), person-centered, Gestalt, and the existential theory make up the humanistic counseling approaches. Of these, person-centered counseling is the major focus of the humanistic representation in CACREP accredited counselor education programs. “Person-centered counseling dominated the humanistic category, with more tallies than the existential and Gestalt approaches combined” (Fitch et al., 2001, p. 238). Person-centered counseling involves concepts stemming from terms such as congruence, non-possessive warmth, empathy, and unconditional positive regard. “The person-centered theory focuses on the therapeutic relationship in which the therapist helps the client achieve insight, independence, and development through the client’s innate drive for growth and wholeness” (Fitch et al., 2001, p. 233). For these results to be manifested in the client, the client must feel the real or authentic presence of the counselor who possesses and conveys honest empathy, warmth, and unconditional positive regard in the relationship. Mearns (1994) suggested that a counselor “try concentrating on being fully present with the client rather than on understanding the client” (p. 9). This statement is presented as a key point in reference to the core of person-centered counseling.

A basic premise of the person-centered theory is that change will occur in a positive direction given the environment that will enhance that opportunity. The counselor’s role focuses on creating that environment to enhance the client’s potential to make healthy choices. The center of that environment is manifested more on the affective relationship between the counselor and the client than it is on the actual physical surroundings of the counseling session.

Mearns (1994) also stated, “It is commonly supposed that the person-centered approach has no goals for the client beyond that which the client has for himself” (p. ix). He believed that goals are global in nature and through the counseling process the client will grow in personal power and ability to make healthy decisions for himself or herself. The counselor seldom, if ever, focuses on specific behavioral goals. Mearns also noted that, “the person-centered counselor must always remember that he/she is a guest within the client’s world of experience” (p. ix).

In the humanistic counseling process, typically the effective counselor is authentic in representing who he or she is in the relationship. The client, through the process of feeling validated as an individual, also feels free to share their honest impressions of who they are and through that process gains true insight into themselves. The choice then becomes whether the client wants to accept what the insight has indicated and embrace who they are. The premise is that change cannot occur without initial acceptance. When there is a foundation of trust, honesty, and acceptance in a counseling relationship, there is a solid base from which to build. The goal is that the client will experience feelings that were previously denied to their awareness, then a client can move toward an increased awareness, spontaneity, trust in self, and inner directedness (Corey, 2009).

Cognitive/Behavioral Theories

A basic premise of a cognitive/behavioral theory is that a feeling or emotion is a result of cognitive processing or thought. This, in turn, can affect behavior. How one thinks about something, including themselves and other people, determines how they feel. The person's perception of reality becomes far more important as an emotional and behavioral catalyst, than reality itself. New cognitive processing (a change in our thought process) is therefore very important for emotional and behavioral change to occur. Simply put, thoughts must change in order for feelings and actions to change. If this premise is accepted, feelings and actions are not automatic, but are a result of cognitive processing either consciously or below the level of actual consciousness. Cognitive/behavioral approaches are generally psychoeducational, which emphasizes counseling as a learning process, including acquiring new ways of thinking, learning and practicing new skills, and acquiring more effective ways of coping with problems (Corey, 2009).

A phobia is a fear of something that normally has very little, if any, basis in reality. For an individual to not feel anxious in an enclosed space (claustrophobia), that individual will have to think differently about the situation. For example, an individual who is afraid to ride in an elevator will have to think differently about that experience in order to not experience a feeling of anxiety. In cognitive/behavioral terms, cognitive restructuring will have to take place in order for that individual to ride comfortably in an elevator. Cognitive counseling involves the process of cognitive restructuring for the client. Ivey, D'Andrea, Ivey, and Simek-Morgan (2007) believe that cognitive restructuring is where the counselor "seeks to change clients' thinking patterns and way of constructing their worldviews" (p.208). The counselor assists the client in learning new reality-based ways of thinking about whatever is triggering their faulty, often anxiety generating, cognitions.

In the example presented above, changing the internal dialogue and how one thinks about riding in an elevator can play a central role in one's behavior. A client willing to accept their fears/beliefs as irrational, may then actually ride in an elevator (often, to repeat successful results), and this will reinforce their new reality-based thoughts. The thoughts of being relatively safe while riding in an elevator will lead to one's ability (behavior) to ride in elevators without feeling highly anxious.

The importance of cognitive restructuring becomes clear when working with clients with suicidal ideation. In their work involving suicide and cognitive-behavioral counseling, Carney and Hazler (1998) stated, "Cognitive approaches to conceptualizing suicide emphasize how thoughts influence emotions and behaviors; individual interpretation of a situation impacts feelings and actions. These interpretations develop into personal belief systems that guide behaviors and influence perceptions and memories" (p. 30). Predictors of suicide risk, according to Hughes and Neimeyer (1993), were cognitive perceptions of hopelessness and a negative impression of self. Weishaar and Beck (1992) indicated that suicidal individuals typically have a low concept of self, do not see possibilities of improvement, and see no reason to go on living. These cognitions must change in order for the suicidal client to not feel like killing himself or herself.

Because a main focus of counselor responsibility in cognitive/behavioral approaches involves helping clients learn new reality-based ways of thinking about

whatever is triggering their faulty cognitions and then assisting clients to specify goals and follow a treatment plan, a fairly directive counseling approach is most often employed. However, a consistent variable in all effective counseling remains the strong relationship between the client and the counselor.

The Integration of Humanistic and Cognitive/Behavioral Approaches

Theoretical approaches are often debated within the counseling profession and the differences between them are the main focus of discussion. One theory is pitted against the other to show how one theory is *better* than another, sometimes with a focus on how one theory is better for a given client or a given presenting concern. Commonalities are more important in accounting for success in counseling than the unique factors that differentiate among them, yet we seldom have conversations centered on the integration of counseling theories.

The integration of multiple techniques and strategies to meet the unique needs of clients was introduced by Arnold Lazarus' multimodal approach. Lazarus believed that clients are troubled by a multitude of specific issues that should be dealt with using a broad range of specific methods. In relation to multimodal counseling, Corsini and Wedding (2008) stated, "Clinical effectiveness is predicted on the therapist's flexibility, versatility, and technical eclecticism" (p. 369). Corey (2009) further explained:

Multimodal therapists take great pains to determine precisely what relationship and what treatment strategies will work best with each client and under which particular circumstances. Multimodal therapists are constantly adjusting their procedures to achieve the client's goals in therapy. (p. 252)

Therefore, the counseling profession has witnessed an increased convergence among theorists and a growing realization that no single theory can explain or fit all client challenges. The result is an emerging view that theory is meant to serve the user, and when no single theory totally fits the counselor's needs, then a blending of compatible theories is an acceptable practice. This is known as an *eclectic* or *integrative approach* (Hackney & Cormier, 2009).

Theoretical integration refers to a conceptual or theoretical creation beyond a mere blending of techniques. The goal is to produce a conceptual framework that synthesizes the best aspects of two or more theoretical approaches with the assumption that the outcome will be better than either theory alone. The emphasis is in integrating the underlying theories of counseling along with the techniques of each (Corey, 2009). It is best-characterized by attempts to look beyond and across the confines of a single counseling approach to see what can be learned from other perspectives. The majority of counselors do not claim allegiance to a particular theory, but prefer some form of integration (Norcross, 2005; Norcross & Beutler, 2008). In a survey conducted by the *Psychotherapy Networker* (2007), only 4.2% of respondents identified themselves as being aligned with one counseling approach exclusively. The other respondents, 95.8%, claimed to be integrative, meaning they combined a variety of approaches in their counseling practice.

Motivational interviewing provides another example of the integration of theoretical approaches. Miller and Rollnick (2002) linked the development of

motivational interviewing with the Transtheoretical Model (TTM; Prochaska & DiClemente, 1983, 1984; DiClemente & Prochaska, 1985, 1998). In particular the “stages of change” aspect of TTM has played an integral role in the interventions using a motivational approach. The first stage (pre-contemplation) is characterized by a client’s perception that “there is no problem.” Stage two (contemplation) is characterized by ambivalence – “sometimes I think there may be a problem, but I’m really not sure.” Miller and Rollnick found that during the stages of pre-contemplation and contemplation, client-centered and reflective listening counseling skills associated with a humanistic approach fit better with the needs of clients in those stages.

Miller and Rollnick (2002) also found that before people can move into stage three and four, the preparation and action stages, they must first resolve the ambivalence dominating the contemplation stage. While clients are in the contemplation stage, if counselors inadvertently align themselves with one side of an ambivalence issue through early arguments intended to convince clients they have a problem -- along with proposed changes/solutions-- clients find themselves with little choice but to defend the other side of the ambivalence issue. The end result is that clients get stuck defending the lack of a problem which tends to produce “resistive clients.” Therefore, it is essential to first meet clients at their understanding of the world and establish rapport, freeing them to draw out and resolve their own ambivalence in favor of a need for change. Even the most highly skilled counselors cannot resolve ambivalence for their clients. Clients will not be ready to move into change until they have resolved their own ambivalence. After clients resolve their ambivalence and move into the “preparation stage,” counselors can effectively shift into using counseling strategies that are more directive -- like those found in a cognitive/behavioral approach. Stages three, four, and five -- preparation, action, and maintenance -- can be thought of as that building on top of the foundation in our metaphor.

Counseling skills associated with cognitive/behavioral approaches are usually more directive, while humanistic approaches are generally non-directive. Non-directive skills can be relationship enhancing as the counselor’s goal is to empower the client to lead and guide their own personal growth; whereas directive skills assist the counselor and client to focus on specific problem-solving processes, such as cognitively restructuring a client’s faulty perceptions/irrational beliefs. Integrating these two theoretical approaches by implementing both directive and non-directive skills may enhance the development of a healthy counseling relationship, as well as focus on specific immediate change for the client.

An analogy can be visualized involving the construction of an actual physical structure; a home or office building, for example. A solid foundation is necessary to supply a solid base for the structure to be built upon. Without a firm foundation, the structure will crumble. Carrying the analogy further, imagine the foundation as components of humanistic counseling that have the potential to strengthen the relationship between the counselor and client. Utilizing a humanistic approach, the client will be able to build his or her own house, given the strength of the counseling relationship. The counselor’s role is to be with, listen, encourage, and support the client in the process. Given the same foundation (client-counselor relationship), the cognitive/behavioral counselor takes a more directive role in helping the client see how to make changes involving the construction of the house by pointing out faulty perceptions and

“reality checking” with the client to see how one aspect of the construction affects the entire house. The cognitive/behavioral counselor goes beyond that and suggests to the client possible ways to change their thinking (cognitive restructuring) in order to build a better house.

Conclusion

Counselors traditionally operated from within their own theoretical frameworks, often to the point of ignoring alternative conceptualizations and potentially superior interventions. No single theory is comprehensive enough to account for the complexities of human behavior, especially when the range of client types and their specific problems are taken into consideration (Corey, 2009; Hackney & Cormier, 2009). Because no one theory contains all the truth, and because no single set of counseling techniques is always effective in working with diverse client populations, integrative approaches hold promise for counseling practice. Norcross and Beutler (2008) maintain that effective clinical practice requires a flexible and integrative perspective: “Psychotherapy should be flexibly tailored to the unique needs and contexts of the individual client, not universally applied as one-size-fits-all” (p. 485). Brooks-Harris (2008) stated, “Psychotherapy should be intentional, multidimensional, multitheoretical, strategy-based, and relational” (p. 40).

Blending the conceptual framework of a humanistic approach with the techniques of a cognitive/behavioral approach, the skillful counselor may be better equipped to help a variety of client problems. Building a strong therapeutic relationship with a client through genuineness, warmth, empathy, and unconditional positive regard (humanistic approach), while helping clients restructure their thoughts and modify responding behavior (cognitive/behavioral approach), may accelerate client change. We must recognize the contributions of pure-form therapies and collaboratively enlist their respective strengths (Norcross & Beutler, 2008). It is proposed that humanistic counseling approaches and cognitive/behavioral counseling approaches do not need to have opposing views; rather, when skillfully integrated, they can complement one another and enhance the efficacy and applicability of counseling.

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