

COUNSELING: OPTIONS FOR A CONVERSATION

The eclectic movement in psychotherapy came of age in the 1980s after the profession had splintered into myriad (more than 350) different schools of thought. Seemingly incompatible therapies found points of rapprochement, e.g., behavior modification and psychoanalysis. The purpose of this essay is to build an eclectic framework for the practice of counseling, using it to distinguish its focus and its features from other kinds of communicating.

CLOSED AND OPEN MODELS

This framework conceives of individuals as open systems interacting with their environments along 5 dimensions: ABC MP (affective, behavioral, cognitive; motivational, perceptual), and on two levels (intrapsychically, interpersonally). Individuals presumably enter treatment because they experience negative personal and interpersonal outcomes -- consequences of their interactions with specific situations. The systems perspective posits that an individual encounters a situation, interacts with it along the various dimensions, sequentially and interdependently. For example, a typical scenario might have the individual perceiving a situation as evocative, motivating him or her to dispatch it as soon as possible, and in the process, eliciting various assumptions on how to proceed (C), bringing to the surface a set of emotions (A), culminating in an automatic programmed response (B).

A closed model is a state of the system in which: (1) motivation is extrinsic; (2) perception is highly selective and biased; (3) affect is denied; (4) cognitions are tacit and unsurfaceable; and (5) behavior is automatic and programmed. When individuals operate in a closed mode, they experience their behavior and experience as inevitable, as externally bound and out of their control. If the outcomes that ensue are regularly painful and unacceptable to them, they may seek help. On the other hand, an open model is a state of the system in which: (1) motivation is intrinsic; (2) perceptions are open and flexible; (3) affect is experienced; (4) cognitions are surfaced and challenged; and (5) behavior is choiceful and spontaneous. Individuals do not feel locked into a situation or to the results. They feel free to act or even to experience a situation in ways that are productive and satisfying.

With these distinctions, it may be said that the eclectic goal of psychotherapy is to help individuals move from a closed model to an open one, independent of the particular "issues" they bring. Obviously, clients wouldn't be in treatment if they were completely closed and clearly a state of total openness is unrealistic. Think of each of the 4 dimensions as a continuum and then a general therapeutic objective would be better stated as enabling clients to move toward the open end of the continua.

In order to help individuals with this transition, counseling goes through a process labelled here as the 4 I's: providing information, identification, intervention, and internalization. Again, depending on the emphasis of a given therapy, information refers

to an educational component, in which counselors explain what might be expected, some key concepts, etc. Identification refers to the process of connecting a general pattern, issue, or concept, with a specific example, noting "this is what I feel like when I do X" and "doing X is a sign of my ____". Intervention refers to the process of interrupting a specific act, feeling, or thought process, moving it to another direction. Internalization refers to the process of self-interventions, enacting the interruption and subsequent exploration on one's own (after having been shown how).

FEATURES OF COUNSELING

Counselors approach their task with three features that differentiate them from lay people (friends, bosses, colleagues, etc.). They are outcome-oriented, process-focused, and communication-diverse.

Outcome orientation

To say someone is outcome oriented means (1) that he or she has a goal and (2) that he or she will adjust circumstances to meet that goal. This in itself may sound almost trivially obvious, but it provides a crucial distinction from individuals' typical attitudes in everyday life. Specifically, when a situation arises, various resources are in place to deal with it. Various resources are seen as available, oriented to meeting an agreed upon goal. But if those are not adequate, individuals tend to resort to one of two strategies: pushing harder or giving up. What they fail to do is work on the resource issue or on the link between resources and responses. On the other hand, the outcome oriented person does not take the resources or the link as givens, but rather the outcome as given and works backward, asking what is needed to produce it. An example follows.

A manager and her subordinate have an agreed upon work plan. The subordinate has continued to cut corners and as a result, does not measure up. The manager finds his behavior unprofessional and provocative. She reminds him very strongly that he is not doing the task he has pledged to do. She feels justified in raking him over the coals since he has violated an agreement. She has tried two or three other ways to reach him, but she has exhausted her repertoire. Fundamentally, she feels he has to change because he has agreed to do the task. Fundamentally, she is angry and frustrated, but not fully in touch with these emotions, nor owning them as hers nor sharing them (even when she rebukes him, it is done "professionally"). Fundamentally, her reaction is automatic, flowing from her well-justified assumptions and the ensuing repressed anger. Her motivation is extrinsic (get rid of this problem) and her perception now rigidly selective (he's messing up).

The basic issue that shifts in moving to an outcome-oriented approach is that the individual in charge, here the manager, now considers changing something in her own behavior -- even though she is "justified" in doing nothing and letting the subordinate fall on his face. Similarly, a counselor who could easily dismiss a "high maintenance" client as resistant will, with the outcome orientation, tend to be investigative rather than reactive, asking questions, looking inward, trying out different resources. This outcome oriented individual is willing to change his or her own ways of looking at the world

because the recalcitrant client/subordinate is not simply one "pain to avoid," but one who provides an opportunity to deal with fundamental issues -- and therefore to learn for the future. (The other extreme is the totally reactive manager, who sees no reason to look inside once it's been made clear that someone won't do what he or she is supposed to. Even though the outcome (firing the individual or generating great friction if he stays and a resulting continued poor performance) is acknowledged as poor, this is explained away as "human nature" and statistically inevitable, with disclaimers to the effect, "what else can you do?")

That precisely is the question that the outcome oriented individual makes real rather than rhetorical. He or she sees a resource repertoire as constantly expandable, both in terms of resources provided and links from resources to responses. The question becomes "what can I provide differently and what can I do differently?" How much time spent in the process is of course an issue, but to have no choice is unnecessarily restrictive.

Process focus

The distinction between process and content focus refers to the fact that in ordinary discourse, individuals put the substance of what they are saying in the foreground. For example, one person may be very interested and empathetic toward another if the content of the revelation is compelling; but on the other hand, this same person may recoil with horror if the revelations are disturbing. Therapists are supposed to be able to listen to any disclosures and not to "rank order them"; supposedly, it is the process of client risking and sharing that is compelling, allowing the therapist to listen with empathic neutrality. For example, a client was afraid to reveal aspects of her early sexual abuse because it was "too grotesque"; even though she had had great success in disclosing other painful facets of her life to her therapist and even to others. She construed this particular event as too threatening for anyone to handle-- and in fact, proof that she was a bad person. This assumption had to be dealt with prior to the revelation of the event.

Neurolinguistic programming practitioners are fond of noting that it is the "structure" of experience, not the content that is relevant in interventions. They make a point of asking an individual to access certain memories, but not to reveal their substance. By directing them and noticing their eye movement, such therapists are able to interpret the sequence of informational access the client is experiencing -- and that allows them to effectively direct the client through a process not based on content.

Communicational diversity

Diversity of communication refers to the therapist's choices in addressing clients from moment to moment. Four dimensions can be identified in making these distinctions: mode, level, focus, and orientation, each of which has several options. By mode, I mean the intent of the communication: is it to direct, educate, support, or explore? By level, I mean the distinction between content, process, and meta-statement. By focus, I mean inquiring into a client's state of awareness in terms of affect, behavior, or cognition. By orientation, I mean the distinction between growth and comfort.

The following table explains and illustrates these communicational options more fully, in three contexts: a client requesting more time with the therapist, a client in acute distress, and a client frustrated with perceived lack of progress (the specifics are a bit artificial):

Type / context	Mode	Level	Focus	Orientation
Request	<p><i>Explore:</i> explain why you need it</p> <p><i>Educate:</i> asking for more time often means...</p> <p><i>Support:</i> sure!</p> <p><i>Direct:</i> think back to when you thought I would say ...</p>	<p><i>Content:</i> what's been happening</p> <p><i>Process:</i> let's talk about you and me for a bit</p> <p><i>Meta:</i> when you ask to change our time, this makes me wonder if ...</p>	<p><i>Affect:</i> are you feeling alone at this time?</p> <p><i>Cognitive:</i> what thoughts are occupying you?</p> <p><i>Behavioral:</i> what have you been doing lately?</p>	<p><i>Growth:</i> I'd like you first to consider...</p> <p><i>Comfort:</i> let's try it for a while, but we need to check on what that does</p>
Acute pain	<p><i>Explore:</i> tell me where it hurts, in your body</p> <p><i>Educate:</i> some times when you come close to core past feelings</p> <p><i>Support:</i> that must be rough</p> <p><i>Direct:</i> lie down, breathe ..</p>	<p><i>Content:</i> is this coming from the situation at work?</p> <p><i>Process:</i> first, I'd like you to consider...</p> <p><i>Meta:</i> I know you're in a great deal of pain</p>	<p><i>Affect:</i> say the feeling</p> <p><i>Cognitive:</i> what are you thinking about right now?</p> <p><i>Behavior:</i> what do you want to do if you could do anything?</p>	<p><i>Growth:</i> don't do that; lie down and let the feelings out</p> <p><i>Comfort:</i> I think you need to get away from that situation right now</p>
Dissatisfaction	<p><i>Explore:</i> what makes you expect more</p> <p><i>Educate:</i> at this stage of therapy, people often tend to...</p> <p><i>Support:</i> I know, it's frustrating</p> <p><i>Direct:</i> try this at home later ...</p>	<p><i>Content:</i> what do you think is getting in the way?</p> <p><i>Meta:</i> you've said that several times so far</p>	<p><i>Affect:</i> how do you feel about that?</p> <p><i>Cognitive:</i> what do you think would be good progress</p> <p><i>Behavior:</i> what can we do to correct that?</p>	<p><i>Growth:</i> let's talk about that and your dad...</p> <p><i>Comfort:</i> you may need a break; you've been working hard in here</p>

In ordinary discourse, individuals quickly become locked into one response mode, level, focus, orientation for a given situation. Again, without being outcome-oriented, they are unlikely to even consider altering any of these variables. Counselors, on the other hand, are trained to enhance their situational repertoire. At the very least, they can focus on affect where others focus only on behavior. In mode dimension alone, they can choose to direct (give advice, set up a behavioral experiment, command), educate (inform, interpret, share), support (reassure, share, show sympathy), or explore (ask questions, focus attention). Ideally, a therapist keeps his or her options open in all of these dimensions, so that there are at least $72 = 4 \times 3 \times 3 \times 2$ choices of response for any one client statement! (And many more if we break down each of the 4 mode options into the sub-types listed above). This is a rich base to choose from. (Actually, it's a bit less than 72 in the original computation because these options are not mutually exclusive; the counselor may invoke a focus on affect in an explore option of the mode dimension).

Conclusion

The broad goal of therapy not specific to a given approach is to change a vicious closed system into a virtuous open system through the stages of information, identification, intervention, and internalization, with the strategies of outcome orientation, process focus, and diversity of communication. In particular, with communication, therapists have many choices -- provided that they remain as eclectic as possible, and are constantly learning so as to expand their specific repertoire.