Counsellors' Choice of a Preferred Therapy as Autobiography

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Abstract

For the most part, counsellors and counsellor educators are expected to align themselves with a preferred theory, and for most of them this decision is thought to be a relatively rational process of identifying and selecting the most effective theory for dealing with their clients. However, in light of the extensive evidence that no one therapy is more effective than any of the others, how this choice is made and what it means in practice become less clear. This article reviews the argument and evidence for considering the counsellor's theoretical orientation as a self-revealing, autobiographical statement. The implications of this form of autobiography for both counsellors and counsellor educators are discussed.

Keywords: preferred therapy, choice of theory, theoretical orientation, theory and personal values

What is meant by "choice as autobiography"?

One of the themes at the 2011 Inaugural NZAC Counsellor Education Conference was how to help counselling students integrate various theories of counselling into their own personal practice in a coherent way. In other words, how they might be enabled to construct for themselves a blended personal theory of counselling so that its application with clients would be smooth, confident and effective. This is not a new idea. For example, Ivey and Ivey (2007) suggested ways in which counsellors might determine a personal style and achieve an integration of various theories and practices that are in harmony with who they are. Corey (2001) also encouraged beginning counsellors to embark on the lengthy process of discovering their personal style in order to synthesise various theories into an approach that fits with their own values and

strengths. In Australia, Pelling, Bowers and Armstrong (2006) encouraged beginning counsellors to self-reflect, discover their own personal values and, eventually, construct a "personal integrative approach to learning and practising counselling" (p. 1). In my book *Counselling: The Skills of Finding Solutions to Problems* (1997), I included an exercise encouraging readers to articulate their own theory of helping "by describing the values, attitudes and beliefs that shape and influence your work as a counsellor, the goals you have for clients and the techniques you use in helping others" (p. 9). The latter—their preferred techniques taken from other theories and approaches—I called a form of *personal and professional autobiography*. This article explores what is meant by that term and suggests that counsellors and educators should be more cognisant of the critical role their own personal background, values and beliefs play in forming an allegiance to a particular approach to counselling.

Problems in constructing a personal theory of counselling

I have come to think that such a task is a huge challenge for counsellors, new or experienced, especially when it is considered that, depending on the source and the date of the publication you consult, there are between 250 and 450 (some say more) approaches to counselling and/or psychotherapy (Henrik, 1980; Ivey & Ivey, 2007; MacLennan, 1996). How could counsellors be expected to survey a sizeable number of these approaches, carefully analyse them, and then sensibly integrate them into their own belief systems in an effort to construct their own personal maps for helping others? This is a tall order indeed.

As early as 1934, Carl Jung wrote: "It is in fact largely immaterial what sort of techniques [the therapist] uses for the point is not the technique but the person who uses the technique…the personality and attitude of the doctor are of supreme importance" (as cited in McConnaughy, 1987, p. 304). Since then, researchers have provided substantial evidence to support Jung's view that there is essentially no difference in effectiveness among the approaches (e.g., Ahu & Wampold, 2001; Luborsky, Singer, & Luborsky, 1975; Smith, Glass, & Miller, 1980), including the various family therapies (Liddle, 1982). Although this information is contested in some meta-analyses (see, for example, Cooper, 2008), the differential effectiveness that has been found (usually favouring CBT for certain kinds of client problems) is small, with an effect size of about 0.2. However, even this difference is questioned and some recent reports (see, for example, Hubble, Duncan, Miller, & Wampold, 2010; Miller, Wampold, & Varhely, 2008) have suggested that this modest effect size disappears when

the *impact of therapists' allegiance to the theory they are using* [my italics] is controlled. In fact, Miller et al. (2008) reported that the therapeutic effect of therapist allegiance to a treatment or theory was up to three times larger than the effect produced by the theory/treatment itself. Thus, the statement "all treatment approaches have won, and all deserve prizes" (Hubble et al., 2010, p. 33) still seems to hold.

In the absence of a "best" theory, what makes a difference?

Over 30 years ago, Cummings and Lucchese (1978)—like Carl Jung—speculated that it was the belief of the therapist in the approach or orientation being used that was critical to its success with clients, not the technique itself. On that basis they argued strongly for counsellor education courses to expose students to multiple orientations during their training so they could make a reasoned commitment to a preferred theory and avoid being overly influenced by one approach, or what these authors called being captured by a "psycho-religion." Some years later, Lambert (1986, 1992) identified and ranked his by now famous four common therapeutic factors and their impact on counselling outcome: extra-therapeutic variables (which more recently includes client variables) (40%); common variables (later called relationship or alliance variables) (30%); hope, expectancy, placebo variables (15%); and model or technique (15%).

The relative importance of these factors has recently been altered so that model or technique is now thought to contribute only about 1% to successful outcome (Wampold, 2001) while the importance of client, therapist and alliance variables has been elevated. In addition, the original assumption that these factors were discrete and additive was said to be false (Wampold, 2001). Instead, they were to be understood as interdependent, dynamic and influenced by the context in which they were being used (there is a good discussion of this material in Hubble et al., 2010). The important point here is that the therapeutic importance now accorded to theory or technique has been reduced from 15% to about 1%.

Nevertheless, Liddle's (1982) assertion that "Today's clinician is faced with the question—to which school of therapy should I profess my allegiance?" is, I believe, regarded as important, since most counsellors still believe that "one cannot not have a theory" (Liddle, 1982, p. 243). Thus, if asked, most practising counsellors would probably name a preferred theory, while others might say that they were "eclectic" in their use of technique and theory, presumably meaning that they used several theories in some integrated way in their work with clients. Likewise, counsellor education courses also tend to be centred on, or favour, one approach over others (some

exclusively so), even though students might be required to take a survey course of counselling theories as part of the programme using a standard text such as Corsini and Wedding's *Current Psychotherapies* (2005). However, if there are so many competing theories and little if any evidence that any one of them is more effective than the others, why, counsellors might ask, is it said to be important for them to develop a personal theory or align themselves with the one they believe to be the most effective? What do these alignments to a preferred theory actually mean, and how do they come about?

How are preferences for a therapy formed?

According to Guiffrida (2005), McConnaughy (1987), and others, if clients are to receive quality care, counsellors must have a theory of change, and that theory must have significant personal appeal to the counsellor and fit with their notions of how humans grow and change. Therefore, it seems important for both counsellors and educators to understand why a particular theory appeals to them and how their theory came to be chosen. The literature suggests that it is "the character and interpersonal style of the therapist that determine the nature of the therapy that is offered to clients," and that "the therapy strategies [used] are manifestations of the therapist's personality" (McConnaughy, 1987, p. 303). Norcross and Prochaska (1983) found that, for most therapists, personal values and philosophy were very influential when selecting a theoretical orientation. In effect, it seems prudent for both counsellors and educators to be clear about the part their own personal values play in how they work with clients or what they teach their students, and the theory to which they actively align themselves or how they orient their educational programme.

There are both personal accounts and research evidence illustrating how the personal influences the professional in this area. For example, Brown (2005) wrote revealingly about how she became a feminist therapist, citing the importance of such personal factors as family interactions, cultural background and context, and political and religious influences. The nature of these experiences led her to embrace feminist therapy. Ultimately, being a psychotherapist was an activity in which she truly knew herself and could learn things that were important to her. Leading multicultural psychologist Paul Pedersen discussed how his childhood, cultural background, family relationships, and travel experiences led to his professional commitment to multicultural counselling: "issues of spirituality and culture always seem to go together. My interest in one area led to interest in the other" (Cartwright & D'Andrea, 2005, p. 216).

In addition to such anecdotal information, there is research data to support the idea that therapists align themselves with a theory that closely matches their own personal values and beliefs. In a broad sense, such as when dealing with personal racial identity and prejudice, counsellors can be significantly influenced in their work with clients—if often unconsciously—by their beliefs about people of another race. According to Hays and Chang (2003), there is good evidence for examining and contesting counsellors' racial identity development in their training to mitigate any negative effects of such beliefs on their counselling work. The personal, in other words, becomes manifest in how we work with our clients, and this would no doubt influence the theories we apply and how we apply them.

Norcross and Prochaska (1983) published one of the first empirical studies on the influence of counsellors' personal values on their preference for a particular theoretical orientation. After surveying a sample of 479 clinical psychologists, they found that two highly important determinants of theoretical orientation were counsellors' values and personal philosophy, and their life experiences. Rosin and Knudson (1986) interviewed two groups of 40 experienced clinical psychologists who were aligned with either psychotherapy or behaviourism about what influenced their theoretical orientations. There were several differences between the two groups. For example, personal reasons, such as trying to make sense of their own lives, were most important for the psychotherapists in choosing their orientation, whereas for the behaviourists, external reasons such as questioning the meaning of life or a global desire to help others were more important. In addition, several of the less experienced psychologists in the sample made this link explicit by commenting that they selected their training experience on the basis of their personal pre-existing preferences and biases.

In Australia, 103 psychologists who were aligned with one of four general orientations (cognitive behavioural, psychodynamic, family-systemic, and experiential) were interviewed about their choice of theoretical approach (Poznanski & McLennan, 2003). There were significant differences among the groups in the reasons they offered for choosing one approach over the others. Cognitive behaviourists cited the importance of their training and their natural problem-solving dispositions; psychodynamic therapists cited their own personal therapy and ongoing efforts at self-healing; family therapists cited their own families of origin and their belief in the family as a powerful formative system; experiential therapists cited their own life experiences and the meaning of those experiences. In addition, each of the groups "tended to be associated with a different cluster of [measured] personal characteristics" (p. 225). Finally, Vasco,

Garcia-Margues, and Dryden (1993) studied the dissonance between the assumptions underlying therapists' preferred theories and their own personal values. A survey of 140 Portuguese therapists revealed that among the five "schools" of practitioners there was a significant negative correlation between practitioners' satisfaction with their theoretical orientation and the degree of dissonance between their personal values and those of their preferred theory. Such dissonance has long been thought to be associated with therapeutic ineffectiveness (Cummings & Lucchese, 1978). According to Vasco et al. (1993), one cause of this dissonance was "having not given enough weight to personal values in the selection of the initial theoretical orientation" (p. 191).

Why is the match between a counsellor's personal values and theory important?
A close match between the personal and the theoretical becomes important in the absence of clear-cut evidence favouring one theory over any other. According to Hubble et al. (2010), how the "common factors" of client variables (the desires and preferences of the client), the counsellor (his or her skills and beliefs) and the therapeutic alliance (the interaction between client and counsellor) are blended in counselling will determine the outcome, and in the process of counselling "the faith of both the therapist and the client in the restorative power and credibility of the therapist's rationale and related rituals" (p. 37) are critical in fostering hope for improvement. The packaging (of healing rituals), as they say, is also important in encouraging positive expectations and building hope, and it is the counsellor's job to "present a cogent rationale to the client, offer an adequate explanation for the presenting problems, and implement a set of procedures consistent with the rationale and explanation to develop a properly working alliance" (p. 28). It follows that fostering hope in their clients would be more effective if counsellors believed in the efficacy of the approach they were using. Such belief can be generated by encouraging therapists "to give sizable weight to personal philosophy and values when selecting a theoretical orientation" (Vasco et al., 1993, p. 193). Interestingly, research has shown that even clients "may be predisposed to prefer a counseling approach that is consonant with their dominant epistemological commitment" (Lyddon, 1989, p. 427), which would be an argument for allowing clients to make an informed choice about the theory or model they preferred before beginning counselling.

In the absence of a close match between counsellors' personal values and therapeutic orientation, as happened to some New Zealand students learning cognitive therapy (Fraser & Wilson, 2011), the result was described as a "learning barrier."

When faced with such cognitive dissonance in their learning or their counselling work, Vasco et al. (1993) suggested that counsellors might adopt one of three responses: become even more entrenched (and unquestioning) in one's chosen approach (up to 50% of practitioners, according to McAuliffe and Eriksen [2000]); revise or enlarge one's theory or repertoire by adopting an eclectic approach; or abandon one's career. In regard to the second strategy, evidence from New Zealand and elsewhere shows that a substantial number of counsellors actually do change their personal values and theoretical orientations following training and over time (Beitman, Goldfried, & Norcross, 1989; Guiffrida, 2005; Guy, 1987; Vasco et al., 1993). However, it is not clear how often that change is triggered by dissonance (Fraser & Wilson, 2011; Guiffrida, 2005), or by normal professional growth as a result of age and clinical experience. Guiffrida (2005) and Skovholt and Ronnestad (1992) reported that the majority of counsellors eventually come to espouse a different theory from the one they were taught. While the percentage in New Zealand is lower, Miller (2010) also reported that 21% of counsellors initially trained in solution-focused therapy had changed orientation or incorporated other approaches into their way of working several years after completing their training. One can reasonably assume that for most counsellors, the move toward a new orientation is an attempt to more closely align their personal beliefs and clinical experiences with the needs of their clients and the approach(es)/techniques that they think best meet those needs.

How does counsellor education influence the selection of an orientation?
In the research cited above, notably Brown (2005), Cartwright and D'Andrea (2005), Cummings and Lucchese (1978), McConnaughy (1987), Norcross and Prochaska (1983), Poznanski and McLennan (2003), and Rosin and Knudson (1986), it was suggested that counsellor training and attendant academic experiences are important to students, at least to some degree, in forming an allegiance to a theory. In New Zealand, both Fraser and Wilson (2011) and Miller (2010) have found the same. Miller (2010) surveyed 34 graduates of a solution-focused counsellor education programme about the factors that influenced their development as a counsellor. Predictably, training was said to have had a strong impact, with "clinical factors" (e.g., talking with lecturers and other counsellors, work done on placements), supervision of counselling while on the course and academic requirements (e.g., readings, assignments, library research) all being rated as important. However, as expected, students also rated events that happened outside of their training experience

as helpful in their development—experiences such as contact with their peers and personal life events.

McConnaughy (1987, p. 310) described this process of training influencing orientation as assisting "therapists in training to discover those techniques that are the best expressions of their individual selves." For some practitioners this influence is stronger than for others. Cognitive behaviourists, for example, cited a stronger academic influence than did psychotherapists (Poznanski & McLennan, 2003). This influence of training on choice seems reasonable and perhaps explains why so many notable counsellor educators advocate teaching a broad range of therapies in order to help students to understand and analyse the common and divergent elements among them. For example, Corey (2001) advocated teaching a broad survey of therapeutic approaches to enable students to gain a balanced view of the theories in order to begin integrating them into their own personal worldview. He cautioned that although this process could take years, failure to engage in it could result in what he called undisciplined eclecticism (p. 3). Ivey and Ivey (2007) illustrated a way of accomplishing this integration by means of matching a microskills analysis of several approaches to therapeutic interviewing with one's own natural use of those skills (see p. 490). The resulting "match" was said to be indicative of a counsellor's theoretical leaning.

Facilitating this personal exploration

The process of counsellors' personal self-exploration into their own values, motives and assumptions about how and why other people need help with their problems has been called an "epistemological declaration" (Liddle, 1982, p. 247). The results of such self-examination become the counsellor's "own idiosyncratic statement of what we know and how we know it, what and how we think, and what and how we make the clinical decisions we do." Ultimately, the result of such an examination will be "to make a particular orientation more tantalizing than others" (Vasco et al., 1993, p. 182) and to lead counsellors to "use [existing] therapy strategies in ways that suit their individual styles" (p. 310). This declaration ought to be carried out not just once, but periodically, because counsellors' values and beliefs—about themselves and about their work with clients—can change with time and experience. In this way, choice of a therapy, or alignment with a particular approach, becomes *autobiographical*: that is, the chosen theory says or reveals more about a counsellor's personal beliefs and values than it does about the current standing of that theory as a method of helping.

This notion of *choice-of-therapy as autobiography* has several practical implications.

Implications for counsellor educators

- It is suggested that prospective students be fully informed about the training course and its orientation so that they can decide whether it matches their personal values and beliefs before they apply for admission (Poznanski & McLennan, 2003).
- The course should include a survey of at least several mainstream theories in a way that highlights their similarities and differences (Corey, 2001; Cummings & Lucchese, 1978; McConnaughy, 1987). How this is done and sequenced in the course curriculum is itself a topic of considerable discussion (see, for example, Fraser & Wilson, 2011; Guiffrida, 2005; Winslade, Monk, & Drewery, 1997).
- Counsellor educators should themselves be clear about their biases and preferences for particular theories and be open with their students about the reasons for their preferred orientation (Vasco et al., 1993). By "thinking aloud" on these matters, students can be helped to gain insight into an educator's beliefs and values and how their own values may be similar or different (Manthei, 1997).
- Educators should alter their expectations that students can "develop a personal theory of counselling" to one of expecting students to know and understand their own personal beliefs and values and how closely those match the assumptions of the various theories they are studying (Vasco et al., 1993). This would be a more realistic goal for them.

Implications for counselling students

- Students should be encouraged to understand that their personal values, philosophical ideals, worldview and life experiences all "combine to make a particular orientation more tantalizing than others" (Vasco et al., 1993, p. 182).
- They should be encouraged to engage in the process of *epistemological declaration* (Liddle, 1982) before aligning themselves with a particular theory. This process includes several areas to explore and questions to answer:
  - The values, attitudes and beliefs that presently shape students' views of counselling and how it should be conducted. Where did these views originate? How do they translate into practices with clients? How do they govern the students' aims or goals for clients?
  - Possible influences from their childhood, adolescence, family circumstances, and life experiences in adulthood.
  - The influence of their country of origin, cultural background, worldview and religious experiences on values and beliefs regarding "helping."

- Key people who were influential to them when they were growing up, gaining an education, when working or recreating, or as their own therapists. Why was this so?
- Current beliefs about counselling, the role of a counsellor, and the aims of helping.

In the end, "no matter which approach therapists adopt, they use therapy strategies in ways that suit their individual styles" (McConnaughy, 1987, p. 310) and that realisation is important in becoming an effective counsellor.

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