There is a wide array of healing systems available to counselors, including humanistic, psychoanalytic, cognitive, and behavioral. In addition to these primary orientations, there are countless eclectic combinations and lesser known systems of counseling (Corsini & Wedding, 1995). For the most part, these systems have underlying assumptions that are incompatible (Messer & Warren, 1995). For example, psychoanalysis posits unconscious conflict as the source of psychopathology, whereas behaviorism attributes symptomatology to environmental contingencies. Notably, meta-analysis of counseling outcome studies clearly shows that no one approach has emerged as the correct or most helpful. As a result of these studies it seems that all well-established approaches promote healing (Frank & Frank, 1991; D. A. Shapiro & Shapiro, 1982).

This situation—the existence of multiple, incompatible systems that have approximately equal ability to heal—has been a perplexing theoretical puzzle for mental health professionals. If everything works, what is it, precisely, that is responsible for psychological healing? One speculation is that the common factors of counseling approaches cause clients to get better (Frank & Frank, 1991). In other words, factors that are common to all counseling process, such as support and the ability to express oneself without being judged, facilitate healing, not the specific methods prescribed by a particular theory, such as interpretation or reframing.

Although this speculation seems plausible, it only addresses the process aspect of counseling. If there are common healing factors inherent in counseling process, it is reasonable to assume that the content, or narrative framework, of counseling systems have commonalities that contribute to positive treatment outcomes. Establishing these common content factors of counseling approaches would be a significant step toward theoretically integrating the approaches. However, speculations about common content factors of counseling approaches are seldom mentioned in the counseling literature. This lack of attention is probably due to the seemingly impossible task of integrating such a multiplicity of healing systems (Messer & Warren, 1995).

The purpose of this article is to present a model that begins to theoretically integrate counseling approaches in a postmodern context by examining common content features of counseling narratives. Postmodernism emphasizes the constructed, narrative nature of knowledge, in contrast to modernism, which considers truth as fundamentally singular and objectively verifiable (D’Andrea, 2000). Unlike previous theorists who have explicated common process factors of counseling (e.g., Frank & Frank, 1991), my aim is to examine the narrative, content features of counseling approaches to determine some of their common elements. Once ascertained, these common narrative features will form a beginning foundation for a theoretical integration of counseling approaches. I shall accomplish these goals by discussing types of eclecticism, modern and postmodern contexts, and common narrative features of counseling approaches.

**Types of Eclecticism That Have Been Proposed**

To propose an integration of counseling approaches, various categories of integration, or eclecticism, must be considered. Messer and Warren (1995) described three types of eclecticism: common factors, technical, and theoretical. Common factors eclecticism posits that the common factors of various counseling approaches, such as support and the positive regard of the counselor, are responsible for healing (again, see Frank & Frank, 1991). Therefore, this type of eclecticism emphasizes an integration of the common factors that are effective across various orientations. Common factors eclecticism, thus, is not concerned with integrating...
the various theoretical assumptions of counseling approaches. This type of eclecticism is process, not theory focused, in that it advocates a certain mode of counseling practice.

Technical eclecticism proposes that the most helpful techniques in counseling should be used, regardless of the theory from which they originated. For example, if systemic desensitization is the most effective method available for the amelioration of phobias, this technique should be used with phobic clients. Counselors who practice technical eclecticism endeavor to use the most effective techniques available for client problems, without regard for the various theories that gave rise to the techniques. Therefore, like common factors eclecticism, technical eclecticism is process or technique focused and places little or no emphasis on underlying theories of counseling.

Theoretical integration, in contrast to the aforementioned varieties of eclecticism, represents an attempt to integrate diverse theories of counseling. Therefore, it is theory, not process or technique, focused. Although theorists have attempted integrations of diverse counseling approaches (e.g., Hansen, 2000b; Wachtel, 1977), theoretical integration is inherently problematic because theories are often “conceptually incompatible with one another. Therefore, one could never expect to put them together in one grand synthesis” (Messer & Warren, 1995, p. 241).

However, the apparent difficulty in integrating counseling approaches may be a by-product of the modernistic context in which these approaches are usually considered. That is, the difficulties in theoretical integration may be because “theory integration tends to assume an objectivist stance on the nature of reality” (Messer & Warren, 1995, p. 242). Messer and Warren alluded to the idea that within a constructivist context the task of theory integration would have different consequences. Therefore, an understanding of modernistic and constructivist, or postmodern, assumptions and the way these philosophical systems epistemically contextualize counseling approaches is necessary to proceed with the task of theoretical integration.

**MODERN AND POSTMODERN CONTEXTS**

Modernism and postmodernism are broad based epistemic philosophical systems that posit certain assumptions about the acquisition of knowledge (Elliott & Spezzano, 1996; MacKay, 1988; Zerin, 1995). Modernism contends that phenomena have certain objective truths. As an observer, the way to ascertain these truths is to observe as objectively and dispassionately as possible. Once the subjective biases of the observer are overcome, the truth about phenomena can be understood. For example, to determine the effectiveness of a particular drug on a disease, a researcher would objectively test the drug, typically by using several groups (e.g., one that receives the drug, a group that receives the placebo). Objectivity is carefully ensured by using certain techniques, such as removing the investigator from the study and keeping the research personnel blind to the nature of the drug they are administering (i.e., whether it is a placebo or the actual drug). Using these methods, the investigator can view the degree of drug effectiveness with objectivity, and the truth of the phenomena can be ascertained. Thus, through the establishment of objective observation, the singular, actual truth of particular realities can be known. Modernistic philosophical assumptions form the bedrock of all scientific inquiry.

The predominant systems of individual counseling (i.e., psychoanalysis, behaviorism, cognitive, humanism) were conceived within a modernistic epistemic framework (Corsini & Wedding, 1995). That is, each system, as it was originally conceived, placed therapeutic emphasis on some truth about clients that could be ascertained and altered by an objective counselor. For example, traditional psychoanalysis posits the actual, objective existence of unconscious conflict in clients. Psychoanalytic clinicians, by using a treatment method designed to promote objectivity, assume they can come to know unconscious conflict and address it therapeutically. Likewise, cognitive theory assumes the existence of real cognitions, humanists of actual mental contents with which to empathize, and behaviorists with objective environmental contingencies. Postmodern thought has had some influence on these theories (e.g., Leary, 1994; Lyddon, 1995; Moore, 1999). However, each of these counseling approaches originally emerged in a modernistic context.

Postmodernism, alternatively, does not posit one, real truth about phenomena. Postmodernism contends that reality is constructed by the observer (i.e., constructivism) or social group (i.e., social constructionism; D’Andrea, 2000). Thus, objective reality and singular truth are de-emphasized or rejected altogether. The world exists in the minds of the observers, not in an objective reality. For example, written text does not signify one, objective reality. Rather, the reader is always constructing the meaning of the text. The text, like all reality, is transformed and constructed by the idiosyncratic processing of each reader (Spence, 1982).

When considered from a postmodern perspective, counseling approaches become explanatory narratives about reality, or “stories” rather than essential truths” (McAuliffe & Eriksen, 1999, p. 269). Counseling, in the postmodern context, then, involves the counselor enculturating the client in a particular explanatory system that organizes and gives new meaning to the presenting problems (Fancher, 1995; Frank & Frank, 1991; Moore, 1999; Schafer, 1992). The very act of naming the source of a problem, regardless of the objective truth value of the name, often has great therapeutic value (Torrey, 1972). For example, a client seeking relief from depression may be confused about the depression, why it persists, and what will be helpful. Being told that the depression is due to irrational thoughts, a chemical imbalance, or unconscious conflict may have an organizing effect on the client’s experience and impart hope, regardless of the literal truth value of the counseling theory. Healing becomes persuasion (Frank & Frank, 1991) rather than the identification of actual psychological phenomena.

Thus, modernism emphasizes the enduring truths of reality that can be known by an observer who uses objective
Theoretical Integration of Counseling Approaches

Methods to ascertain knowledge. Postmodernism, alternatively, posits that the observer is always constructing what is being observed. What is observed, then, can never be objective truth, but must always be some combination of the observer and the observed.

Modern and postmodern assumptions each pose particular challenges to theoretical integration. In a modernistic context, for example, each counseling approach must, necessarily, maintain some exclusivity from the others (Messer & Warren, 1995). Simply put, each approach purports to have discovered the most important determinants of the human psychological condition and mental healing (e.g., cognitions, unconscious conflict). Each theoretical system idealizes its own truths as central to all human functioning and minimizes or ignores the truths of competing theories (Fancher, 1995). Integration is tantamount to crossbreeding animal and plant life: The underlying genetic structures that determine the life forms are so completely different that it is impossible to develop a hybrid that retains the essences of each. Thus, modernism inherently entails mutually exclusive counseling approaches.

If the various approaches are considered in a postmodern context, however, integration of objective truths is no longer necessary. From this point of view, the challenge of theoretical integration takes a different form. If it is argued that all counseling approaches are simply narratives or stories, this serves the purpose of integrating diverse theories, but it does not provide any theoretical structure or boundaries for the integration. Thus, any persuasive system that promotes healing must be considered counseling. Astrology, past-life regression, and the assumptions of fanatical cults are all narrative systems that would theoretically be equally as valid as healing enterprises as are the standard approaches to counseling (Torrey, 1972). Counseling approaches would have no special status in the larger narrative community. Thus, the problem for theoretical integration in a postmodern context is a lack of boundaries in terms of what must be integrated. Note that this is the opposite problem that modernism creates: mutually exclusive systems.

Neither epistemic, then, naturally provides an optimal context for integration of the various approaches. However, there are several reasons why a theoretical integration of systems within the postmodern epistemic is more desirable than a modernistic integration at this point in the evolution of counseling: (a) The status of the various counseling approaches as pure, scientifically derived bodies of knowledge has been increasingly questioned (Fancher, 1995; Frank & Frank, 1991; Messer & Warren, 1995; Moore, 1999; Popper, 1968; Szasz, 1978; Torrey, 1972). Contemporary thinking, more and more, de-emphasizes the importance of the approaches as representations of objective truth (D’Andrea, 2000). With these contemporary theoretical developments in mind, it seems timely to pursue a theoretical integration in the postmodern context. (b) It is seemingly impossible to achieve a theoretical integration that retains the essential properties of each approach in the modernistic context (Messer & Warren, 1995). (c) A systematic examination of the content of counseling narratives, in isolation from process variables or scientific concerns about the accuracy of the systems, has not been undertaken. Finding narrative common denominators of counseling approaches will be a valuable beginning step toward theoretical integration.

If theoretical integration in the postmodern epistemic context is to be achieved, then, this integration must provide conceptual boundaries so that not all persuasive systems will meet eligibility requirements to be called counseling. The essential question then becomes, what is it about a narrative that distinguishes it as a counseling narrative? What are the defining features of counseling narratives as contrasted with other narrative systems? Answering these questions will provide the boundaries for theoretical integration necessary in the postmodern context. These questions can best be answered through an examination of the common narrative elements of the predominant approaches to counseling in existence today. Ascertain these common narrative features will result in a theoretical integration that avoids the exclusionary pitfalls of modernism yet provides the boundaries needed within a postmodern epistemic framework.

**COMMON NARRATIVE FEATURES OF COUNSELING APPROACHES**

In what follows, I present a beginning list of the common narrative features of the predominant schools of counseling. Although this list cannot conceivably cover every extant approach to counseling, it does begin to unify the predominant approaches. Furthermore, it is my intention to isolate and examine the content of counseling narratives. Therefore, I will not focus on the common process components of counseling (e.g., accepting relationship, opportunity for client catharsis) that have been elaborated elsewhere (e.g., Frank & Frank, 1991).

1. Overlaps With the Societal Values of the Time

It would be a mistake to read the history of counseling as the gradual discovery of truths about the human condition that were incorporated into healing systems. This interpretation of history, although it may contain an element of truth, largely ignores the fact that counseling approaches are narrative structures that emerged in reaction to the values of the times in which they originated. Torrey (1972), in a cross-cultural study of healing systems, made this point when he said that “psychotherapy is related to the political and sociocultural organization of the society at any given time” (p. 95), and that “it would be reasonable to expect a temporal relationship between cultural values and techniques of psychotherapy” (p. 95).

Indeed, even the progress of knowledge in the natural sciences is heavily influenced by societal values. For example, whether medical researchers choose to explore cures for AIDS, diseases that typically afflict women, or alternative treatment approaches is largely determined by the values of society at the time when these decisions are made. The cur-
syntactic and pragmatic counseling approaches, the foundational elements of these approaches, must, necessarily, have been largely constructed in direct reaction to the value system of the time in which they originated. In turn, counseling approaches have had a profound effect on societal values. Concepts such as unconscious mental life and the actualizing of the individual have a dialectical relationship with societal values, and the actualizing of the individual are woven into the fabric of our culture. Thus, counseling narratives have a dialectical relationship with societal values, each progressively influencing and defining the other.

This process of socially constructing truth, as opposed to discovering it, although fundamentally unscientific, is absolutely essential for narrative truth systems (Spence, 1982) to come into existence and thrive. For counseling approaches to have persuasive power, and ultimately to heal, the approaches must be consistent with, and forged out of, the values of the times (Torrey, 1972). A cursory glance at the history of counseling from this vantage point reveals the extent to which systems of counseling are dependent on the societal values of the times when they emerged.

During the late nineteenth and early twentieth centuries, science was idealized as a method for finding truth. Thus, counseling approaches that claimed to be fundamentally scientific were developed during this time. In Europe, psychoanalysis was born. In keeping with the meaning systems of the culture, psychoanalysis combined scientific assumptions and a tragic European view of life. In terms of the scientific portion of the psychoanalytic narrative, structural reductionism, biology, and objective observation (i.e., the neutral psychoanalyst) were emphasized (Gay, 1988). The more tragic dimension of psychoanalysis (Messer & Warren, 1995) lies in its postulates that neurosis is an inevitable part of living (Freud, 1930/1958b) and that human psychology is a mere by-product of baser motives (Freud, 1905/1958a) that ultimately determine our lives.

On the other side of the ocean, American theorists were also enamored with positivism. However, the pragmatic American mind-set, combined with the idealization of science, resulted in behaviorism (Watson, 1919). The behavioral narrative was forged out of early twentieth century American ideals: Science was used to bring about rapid relief from suffering without regard for the complications of mental life.

It is interesting that psychoanalysis, when it was eventually imported to America, underwent a transformation that was also consistent with the American value system. In order to survive as a persuasive, narrative healing system, American psychoanalysis emphasized adaptation to one’s environment (i.e., ego psychology; Hartmann, 1958) far more than the tragic dimensions of living that were originally underscored by Freud. This narrative shift occurred, I contend, because the psychoanalytic narrative could not have survived as a persuasive system in America unless some element of pragmatism was emphasized (i.e., optimal adaptation to one’s environment; Frank & Frank, 1991).

Along with science, existential forms of philosophy were also having a strong influence in Europe in the twentieth century. Existentialism, with its emphasis on the tragic truths of life—such as meaninglessness, freedom, isolation, and death—achieved its ultimate expression in Europe, probably because European sensibilities were attuned to these dimensions of living due to the devastations caused by the World Wars (Hansen, 2000b). Existentialism was eventually incorporated into a counseling approach that emphasized these tragic truths of existence (Hansen, 1999; May, Angel, & Ellenberger, 1958; Yalom, 1980). However, existentialism, as appealing as it was to the Europeans, was not a completely sellable narrative to Americans. Americans took the existentialist emphasis on human will, antireductionism, and the importance of authentic human encounter and combined it with post–World War II American optimism. The result of this blending was psychological humanism, a counseling approach that appealed to the American mind-set (Hansen, 2000b).

Currently, in this era of busy lifestyles and rapid advances in technology, reductionistic counseling narratives that emphasize quick and emotionally painless symptomatic relief are in vogue. EMDR (F. Shapiro, 1995), solution-focused therapy (Miller, Hubble, & Duncan, 1996), and biological psychiatry (Torrey, 1994) are examples of this trend. Again, the primary reason for the emergence of these mental health narratives, I contend, is only partly because of new discoveries that have been incorporated into healing systems. The fundamental reason for the popularity of these systems is that they are persuasive (i.e., healing) narratives within the current societal value system. Indeed, if a counseling approach were to be introduced today that emphasized difficult
emotional work over an extended period of time as a requirement for healing, as in traditional psychoanalysis, it would probably not be accepted.

Counseling approaches must be persuasive to be effective. Persuading a client that the chaos they are experiencing is actually meaningful and logical within a particular counseling narrative is a healing act that imparts hope for change (Frank & Frank, 1991). However, counseling narrative systems cannot be persuasive unless they emerge from and reflect the value system of the client’s culture (Torrey, 1972). Thus, this quality begins to distinguish counseling narratives from other narratives that claim to be healing.

2. Promoted as Science but Is Actually Not Scientific

Many of the major counseling approaches have claimed science as their foundation. Freud considered psychoanalysis to be fundamentally scientific, with the psychoanalyst as the objective scientist exploring the client specimen (Gay, 1988). Behaviorism based its treatment methods on the scientific principles of learning (Watson, 1919). Rogers, founder of client-centered therapy, a humanistic form of treatment, often used the scientific method to provide support for his approach to counseling (e.g., Rogers, Gendlin, Kiesler, & Truax, 1967), even though this system was originally rooted more in philosophy than science (Hansen, 1999). Moreover, becoming a counselor normally entails achieving a graduate-level university degree, which is usually displayed in the counselor’s office as a reminder of the supposed intellectual and scientific respectability of the counseling methods (Torrey, 1972). Being associated with science seems to be an important part of the persuasive narrative requirement in our society (Frank & Frank, 1991). However, even though the primary systems of counseling all have strong scientific associations, I believe these systems must become fundamentally unscientific to survive as healing narrative structures.

Popper (1968) noted that to be scientific a theory has to have provisions for falsifying itself. If a theory cannot meet this falsifiability requirement, it is not science. For example, if a chemist theorized that mixing two chemicals would produce a particular result, and upon mixing the chemicals that result was not attained, the chemist, if practicing science, would then deem the original theory false. However, this criterion of falsifiability is clearly not present in theories of counseling. Indeed, “if we accept Popper’s contention that the scientific status of any theory rests on its potential for falsification, no theory of psychotherapy qualifies as scientific” (Corsini & Wedding, 1995, p. 6). Within psychoanalysis, for example, poor client outcomes are not attributed to errors in psychoanalytic theory. On the contrary, the theory itself has multiple concepts to protect itself from being falsified, such as client resistance and countertransference (Greenon, 1967). When Rogers conducted his major scientific study of client-centered therapy with clients who were schizophrenic, he achieved a relatively poor outcome. Rather than allowing client-centered therapy to be falsified by this finding, he concluded that these clients simply had not received enough client-centered therapy to make a significant difference (Rogers et al., 1967). Likewise, I know of no behavioral or biological psychiatric treatment study, conducted within the bounds of their own camps, that attributes outcome failures to basic flaws in the theoretical systems. Each theory has multiple trap doors built into it—if threatened with contrary evidence, the theory can escape unscathed.

A requirement for a narrative to qualify as a counseling approach, at least in Westernized cultures, then, is that it must have some initial association with science. This is an important part of what makes these systems persuasive, because science is highly valued in our society. This association with science is advertised as a fundamental part of the system and contributes to its persuasive power. However, the narrative that is generated must contain concepts that make falsifiability of the basic tenets of the theory impossible. Thus, counseling approaches have scientific beginnings but become fundamentally unscientific.

This lack of ability to falsify, although detrimental to formal science, seems essential for counseling narratives to survive and actually serves to enhance the healing capacity of counseling. If healing is dependent on the persuasive powers of the narrative, the narrative must be able to deflect contrary evidence so its ability to persuade remains intact. If the narratives contained provisions to falsify themselves, which they would if they were truly scientific, their ability to persuade, and therefore heal, would be severely compromised.

Thus, a factor that distinguishes counseling narratives from other narrative systems is that counseling narratives must have some association with science, and then become fundamentally unscientific by building conceptual elements into the narrative that make falsifiability impossible. As further evidence, note that systems of healing that were easily falsifiable (e.g., mid-century psychosurgery) or that claimed little or no scientific association (e.g., primal scream therapy) have failed to thrive as mental health narrative systems.

3. Independence Is a Fundamental Goal

Counseling narratives promote client self-reliance. This feature generally distinguishes counseling narratives from religious ones. Religious narratives often promote lifelong adherence to the religion, whereas eventual client independence and termination of counseling is a fundamental feature of all counseling narratives, even in more extended treatment orientations such as traditional psychoanalysis (Freud, 1937/1958c).

Note that this narrative requirement excludes biological psychiatry as a system of counseling. Often when psychiatric patients are indoctrinated into the psychiatric narrative, they are told that they must remain on medication for life (Breggin, 1991). Dependency on the psychiatric institution is an important part of this narrative. In fact, patients who refuse to take their prescribed medicine regularly, after having been diagnosed with a mental illness, are often accused of having no insight into their illness (Breggin, 1991). Undoubtedly, psychiatric medications have been of tremen-
dous benefit to many people. However, from a strictly narrative point of view, the biological psychiatric narrative, like many other meaning systems, has elements that promote and protect the narrative, discourage falsifiability, and create lifelong dependency on the psychiatric profession. It is only the last criteria listed that distinguishes biological psychiatry as a noncounseling narrative.

CONCLUSION

In a postmodern epistemic context, then, counseling approaches can be theoretically integrated as meaning structures that have common narrative features. The essential features are consistency with the values of society, an initial association with science and internal features that protect the narrative from being falsified, and client independence as a fundamental goal. Although there are certainly qualities that define the counseling situation, in terms of process variables, the aforementioned features begin to distinguish the narratives of counseling from other meaning systems. Thus, a beginning theoretical integration of counseling approaches can be achieved by recognizing that they all have similar narrative properties.

Notably, when defined by these criteria, counseling narratives can be distinguished from religious or spiritual ones. Past theorists who have compared counseling to spiritual forms of healing have not isolated the narrative elements from the healing process (e.g., Torrey, 1972). Certainly, when examining the process features of spiritual and counseling approaches to healing, there are many similarities, including the identification of reasons for the suffering (Torrey, 1972) and the healing elements of the relationship itself (Frank & Frank, 1991). However, a narrative comparison of religious and counseling narratives reveals that they are generally distinguished by their respective claims to a scientific foundation and their attitude about people becoming independent from the institution that generated the narrative system.

With the aforementioned criteria in mind, a new counseling approach could be developed and promoted. For example, I could develop an approach that required counselors to direct clients to stand on their heads. Certainly I could scrape together some scientific findings that demonstrate the healing powers of blood flowing into the brain. In this age of brain chemistry reductionism, such an idea might actually have powerful appeal. Of course, only highly trained professionals could administer such treatment, due to the expertise needed to execute the intricacies of the method—proper pillow selection and placement, the ability to evaluate the exact duration of time on one’s head needed to achieve an optimal result, assessing facial redness to determine when to instruct clients to return to their feet, determining readiness for termination, and so on. Due to the high level of expertise required, my head-standing training institute would only accept graduate-level mental health professionals who desire a 5-year postgraduate training program in head-standing theory and technique. Negative treatment outcomes will be explained by a failure to follow the intricacies of the method or will be blamed on lay professionals who attempt to administer the method without going through the institute program. Of course, after a few years, radical splinter groups espousing heretical ideas would emerge. It is not blood flow into the head that is healing, they would vehemently insist, it is blood flow away from the feet that is actually responsible for cure. They would develop their own radical treatment techniques, such as instructing clients to elevate their feet rather than stand on their heads. I would promptly kick these blasphemers out of my institute and they would start their own training centers.

Although the content of the preceding example seems absurd, the process of narrative theory development, and the accompanying politics, is strikingly similar to the ways in which current approaches to counseling have evolved: An initial idea that is consistent with the current values of society is proposed; an association with science is established; the approach creates internal features that protect it against falsifiability; and the treatment aims to make clients independent, after an initial period of dependency and indoctrination into the narrative. Again, this developmental process and the accompanying narrative features begin to distinguish counseling approaches as particular types of narratives.

The recognition that counseling approaches are primarily narrative explanatory structures rather than theories built on a bedrock of indisputable, objectively derived truth has practical implications for the way counselors function with their clients. First, counselors should primarily emphasize the narrative, coconstructed truths that emerge in the counseling relationship, rather than the supposed literal truths of a particular theory. When counselors regard a particular counseling approach as representative of truth, counseling can easily become an evangelical process in which counselors attempt to convert unenlightened clients. Alternatively, conceptualizing counseling approaches as potentially healing explanatory structures will naturally lead counselors to focus on the developing relationship, the palatability of the coconstructed meanings to the client, and the healing benefits of the explanations. Thus, in counseling practice, considering various counseling approaches as explanatory narratives places the emphasis on the counseling relationship, whereas considering the approaches as scientific facts naturally takes the focus off the relationship and puts it on defending and promoting the narrative.

Second, beginning counselors, who are still in the early phases of developing an identity as practitioners, often identify with a particular counseling approach (Hansen, 1997). Counselors in the early phases of their training can easily be daunted and overwhelmed by the inherent ambiguity of the profession (Hansen, 2000a) and the plethora of theoretical perspectives. Aligning oneself with a particular approach can relieve that anxiety (Hansen, 1997). However, if the approach is considered a representation of scientific truth, the initial identification may become a dogmatic, career-long adherence to the particular orientation. Because the theories are scientifically based, internally consistent, and have multiple internal protections against being falsified, adopt-
ing a particular orientation as part of one’s identity will necessarily make it difficult for alternative theories to be assimilated into that identity. If, however, the various approaches are conceptualized as narrative explanatory structures, beginning counselors can create less rigid professional identities that will naturally translate into more flexible, client-centered practice.

Fundamentally, then, counseling is an art, much more akin to rhetoric (Frank & Frank, 1991; Szasz, 1978) than science. Just as great art transforms the vision of the viewer and classic literature recasts the reality of the reader, counseling, as a persuasive art, transforms the experience of the client from chaos to organization, from despair to hope, and from helplessness to self-reliance. Considering phenomena from a new, creative vantage point has always been the hallmark of the arts, and effective counseling, like art, also engenders a new mode of experiencing. The basic curative feature in counseling is an experiential transformation in the client that is initiated by a rhetorical plea from the counselor. In the end, then, clients can only be healed if they are persuaded that their suffering contains seeds of hope.

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