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Theoretical integrative paper : A real life adjusting

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Abstract:

Corey (2005) believes that no one theory possesses all the truth, and he advocates counselors to remain open and to establish a frame of reference for counseling that is conforming with the counselors' own personality and their belief system. This paper shall examine the possible incorporation of the three theories that the writer has studied: Psychodynamic Psychotherapy, Constructive Psychotherapy and Re-decision Psychotherapy into her own personal integrative framework for counseling. The rationale for incorporating these chosen theoretical concepts shall be discussed as to how and why they would be beneficial for working with clients. It is found that problems lived in earlier life, surrounding environments like family members, expectations and not meeting own desires are main problems psychological disorders while sharing these disorders can help to overcome the problems and understand other people more effectively.

Keywords:

Constructive Psychotherapy, Psychodynamic Psychotherapy, Re-decision Psychotherapy

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INTRODUCTION

The field of psychotherapy is characterized by diverse range of specialized models. Notwithstanding these approaches all have some common goals in generally; they have many divergences when it comes to the best route to actualize these goals. Some therapies call for an active and directive stance on the counselor's part, and others place value on clients being the active agent. Some therapies concentrate on experiencing *feelings*, others emphasis recognizing *cognitive patterns*, and still others focus attention on actual behavior. The vital task is to seek ways to integrate certain elements of each of these approaches so that the counselor can work with clients on all three levels of human experience. As the field of psychotherapy has evolved, the notion of integration has become apparent as a mainstay (Norcross & Beutler, 2011).

In this study, Psychodynamic Psychotherapy, Constructive Psychotherapy and Re-decision Psychotherapy are explained and applied to real life of a person. Lack of motivations can result in psychological disorders and failures. As it is stated by Çınar, Bektaş & Aslan, I. (2011) that both extrinsically and intrinsically motivated people are more successful at work life. Hence there is a strong role of parents on the motivations their children in any state of life. Busy and stressful work life can also cause burnout. Confusion, indecisions, constant worry, permanent hopelessness, low motivation, low achievement etc. are apparent outcomes of burnout resulting in physical and mental illnesses as stated by Aslan & Bektaş (2016). Having more roles and responsibilities can increase the burnout and the personnel characteristics play an important role in this situation. Continuously thinking on problems and being hopeless or losing the hope of correcting things decrease instinct motivation.

WHAT IS PSYCHOTHERAPY INTEGRATION?

Psychotherapy integration can be ascertained as pursuits to look beyond the confines of single -school approaches to comprehend what can be attained from other perspectives and how clients can benefit from a variety of ways of administering therapy (Stricker, 1994). The integrative approach is distinguished by openness to miscellaneous ways of integrating diverse theories (Norcross, Karpiak, Lister, 2005). Notwithstanding various terms are recurrently used – eclecticism, convergence and integration-the goals are very much alike. The fundamental goal of integration is to elevate the efficiency and applicability of psychotherapy.

Norcross and Beutler (2011) and Stricker (2010) illustrate four of the most generally known pathways toward the integration of psychotherapies: *technical integration*, *theoretical integration*, *assimilative integration*, and *common factors approach*. Without exception, these approaches to integration look beyond the restrictions of single approaches, however they do so in distinguish ways.

Technical Integration: Addressing at determining the best treatment techniques for the individual and the problem, technical integration tends to focus on distinctness, chooses from many approaches, and is a collection of techniques. An eclectic approach is one in which a therapist chooses interventions because they work. The therapist does not need

a theoretical basis for, understanding of or unnecessary concern with the reason for using the technique other than efficacy (Stricker, 2010).

Theoretical Integration: In contrast, theoretical integration refers to a conceptual or theoretical creation beyond a mere blending of techniques. It requires bringing together theoretical concepts from disparate approaches, some of which may be dissimilar in their fundamental worldview. This approach emphasizes integrating the fundamental theories of therapy along with techniques from each (Corey, 2009, p. 424).

Assimilative Integration: The assimilative integration approach acquainted in a school of psychotherapy, accompanying with an openness to selectively assimilate practices from other therapeutic approaches. It combines the advantages of a single coherent theoretical system with the flexibility of a variety of interventions from multiple systems. Assimilative integration is an approach in which solid grounding in one theoretical approach coincides with a readiness to associate techniques from other therapeutic approaches (Messer, 1992).

Common Factors

The common factors approach pursues for mutual elements across diverse theoretical systems. It refers to aspects of psychotherapy that are present in most, if not all, approaches to therapy (Weinberger, 1995). Notwithstanding there is no resolute established list of common factors, unanimity implies that such a list would encompass: a therapeutic alliance; exposure of the client's prior adversities followed by a new curative emotional experience; expectations by the therapist and the client for positive change; favorable therapist qualities, such as attention, empathy and unconditional positive regard; and the stipulation to the client of a rationale for problems (Lambert, 2011).

No matter what kind of therapy is practiced, each of these elements is present. It is hard to comprehend a treatment that does not begin with the establishment of a therapeutic alliance. The collaborative work between the therapist and client is jointly committed to a process of change occurring in the client. Within every approach of treatment- the exposure of client's prior adversities is present. Occasionally, the exposure is in vivo, as a client may be challenged to confront the source of adversities. Generally, the exposure is verbal and in the imagination. Nevertheless, in every case, the client must share those adversities or articulate them in some form and by doing so, experiences those challenges again. Hence for the treatment to be deemed successful, the exposure often is ensued by a new corrective emotional experience. The corrective emotional experience depicts to a situation in which an old problem is re-experienced in a new and more benign way. As the client unlearn to re-experience the problem in a new way, the client discover that it is possible to master the problem and move forward to a higher level of adjustment.

When the exposure takes place within the therapeutic alliance, both the therapist and client expects positive change to occur. Without the positive regard of this belief on the part of the therapist, it is unlikely that the therapist can deliver an intervention in a way that is beneficial and effective. If the client does not have the desire and not expecting

change, it is implausible that the client will be responsive to that intervention. Ensuing to another common factor, there must be favorable therapist qualities; being empathetic with the client's circumstances and predicament, listening attentively and attuning and upholding an unconditional positive regard for the client. Beyond any doubt, among the common factors, the client is equipped with a rationale for the problems that are being experienced. The rationale comes directly from the therapist's hypothesis. The same client going to a series of therapists may be accommodated with a series of rationales for the same problem. This leads to the discussion of the three-possible incorporation of the 3 theories that I have studied, based on my personality and belief systems, Psychodynamic Psychotherapy, Constructive Psychotherapy and Redecision Psychotherapy, into my personal integrative framework for counseling.

MY PERSONALITY AND BELIEF SYSTEM

As a 3rd child among the four siblings, I remember I grew up inquisitive and always curious what lies ahead after life. Raised by a strict homemaker whereas my father occasionally returned home from sailing overseas, I grew up seeing more of my mother compared to my father. Sibling rivalry and comparisons were norm during my childhood as my mother wants the best for all the children. However, I found myself struggling in my academic performance as I slowly lose my self-confidence each time my result is not as good enough as the rest of my siblings who were doing well in classes. I always felt that I am being signed up in a competition where our school results will be compared and talked about during family gatherings and I felt so compelled not to let my parents down. I recalled an incident in school where I saw my primary 3, classmate, crying after get she received her mathematic result. She did not fail though, she scored 74 marks out of 100. Whereas for me, I was the only Malay student that was the top 3 in the class that scored a high distinction for the Math paper. Naturally, I could empathize straight away that she cried because she feared that her mother would reprimand her for not able to meet her mother's expectation of getting the score that her mom has set upon her. Whereas for me, I remember it was smooth to do well for that paper as my mother has made sure that I was well prepared for the test questions. But of course, it was through hard work, sheer and determination that I had to put up as everyday my mother would sit down and coach my siblings and myself revising our school work. I can recall how I tend to rely on my memorization as my mom grew anxious and impatient as I could not give the correct answer when questioned. I was fearful of mom when she starts raising her voice, talking down on you like, "Why are you not as bright as your siblings", "You're stupid and slow", "You're useless!", "I wished you died and not burden me since young" etc. These negative remarks slowly scarred my bright innocent childhood as I began to find ways to win back my mother. I began to take up sports and found comfort when I get to win many medals and I felt a new sense of accomplishment.

I was slowly figuring my self- identity my teenage years and recalled how much I wanted to please and seek the approval of my parents, I was slowly turning to books at the library for a source of strong positive affirmation on how to make life better and coping with stress. I became more confident of myself again when I slowly began to receive a lot of attention in school and was recognized as someone who brings great contribution to the school's national sports record. I represented my school in local and international

competitions as a school runner and the captain for my school's team netball. Leadership skills was naturally ingrained and I had to thank my father as I was always proud of my father's profession as someone who leads the crew on the ship vessel. Aside from that, at home I had to face a lot of unpleasant experiences as I get to watch my parent's intense argument and shouting at each other and watching how my elder sister tried to harm herself when she was facing with relationship issues. I was determined not to burden my mom with more problems. Hence, I become more independent and rarely opened to my family members if I have some difficulties. I would in turn open to my close friends whom I selected carefully based on their kindness and genuineness of an act of befriending me. It was a challenge to trust people as I learned from home that good things do not last and I will fiercely guard myself and make sure that nobody can ridicule or talk bad about me if I could perform well academically or be good at sports.

Being tall and physically attractive in my teenager years, I was exposed to the modeling industry as my elder sister signed herself up in an agency. I took part in one of the local competition but I slowly realized that I am not able to fit in the culture as I felt I am a conservative person and I may not be able to portray myself as someone who wears skimpy clothes and flaunt her assets around. Though my short stint as a model has helped me overcome my issues in accepting myself as a beautiful and confident person, I realized that this industry may not be the right fit me. I learned what disciplines means and how to overcome being shy in public and feeling of being judged. Married at 26 years old and divorced with 2 young children at age 30 years was a turnaround for me. From having to go through the phase of accepting your new motherly shape figure, post-natal depression and trauma from the infidelity, I could recall telling myself that I had enough and I want to get myself out of this situation and recover and win back my sense of dignity and discover my self-identity. I was referred by my sibling to seek counseling, not knowing what will I get or benefit from the first session. The attributes of my counselor really ease me in opening and win my trust. We were committed to get a positive change through subsequent sessions and clearly the rapport and therapeutic alliance was already established. She could guide me and make me more self-aware and recognized my coping and defense mechanism. She made me believe in myself again and the miracle question that kicks me to start to take responsibility of my life again was "Who are you exactly?" From that day, onwards, I now held on to three life principles; To love yourself first, to loved and be loved. I could let go of the need to be perfect, to be who we are means to accept our past-our history-exactly as it is. Accepting and loving ourselves is how we enable growth and change. My new beliefs encompass my life experiences, lessons and wisdom behind all the pains as I slowly discover the real strength and resilience I have in me up till now. I continue to seek new exciting discoveries about my limitations and my own capabilities. I am grateful for the immediate and long term rewards of recovery. If I am recovering for a while, I will pause to reflect and be grateful for my overall progress.

Personal Integrative Approach:

Being mindful of my personality and beliefs, as therapist-in training is often adjured to ascertain between the inter-relational attitude of a technician and that of a therapeutic person (Corey, 2009). I have for most part, taken the assimilative integration pathway

which offers grounding and emphasis while capacitate a holistic view of clients and versatility in practice. The existential approach is my preferred foundation as it is aligned with my personality and beliefs. It is essentially an experiential approach to counseling rather than a firm theoretical model whereby human conditions are stressed. Interest is on the present and on what one is becoming. The approach has a future orientation and stresses self-awareness before action.

Forasmuch as I preferred an existential orientation, I borrow techniques from postmodern approaches such as Solution-Focused Brief Therapy (SFBT); client-directed, outcome-informed practice which core elements consist of an irrepressible belief in the ability of clients to resolve problems and improve their life quality, clearly define their goals and apply what has worked in the examining faulty assumptions and misconceptions and replacing these with effective beliefs and Reality Therapy; clients' primary focus is what are doing and how to get them evaluate whether their present actions are working for them where this approach rejects the notion of transference, the unconscious and dwelling on one's past (Corey, 2009). These techniques deliberately allow me to move between various integrative pathways to maintain therapeutic effectiveness.

INCORPORATING CONSTRUCTIVE, PSYCHODYNAMIC AND REDECISION PSYCHOTHERAPY

In this section of this paper, I shall discuss the incorporation of the three aspects of Constructive Psychotherapy (CP), Psychodynamic Psychotherapy (PP) and Redecision Psychotherapy (RP) that complement my personality, belief system and current integrative framework via the technical eclecticism and theoretical integration routes.

Constructive Psychotherapy (CP): Constructivism provides a humanistic perspective on psychology, social functioning, and personal transformation (Mahoney & Granvold, 2005). In CP, the five basic themes of constructivism are – (1) active agency; human experiencing involves continuous active agency, (2) order; these ordering processes are radically emotional, tacit and categorical and they are the essence of meaning making, (3) self: personal identity or sense of selfhood, (4) social-symbolic relatedness; persons exist in living webs of relationships, many of which are conciliate by language and symbol systems, and (5) lifespan development; each human life reflects principles of dynamic dialectical development – complex flow among essential tensions (contrasts) are reflected in patterns and cycles of experiencing that can lead to episodes of disorder (disorganization) and under some circumstances, the reorganization (transformation) of core patterns of activity, including meaning making and both self-and social relationships (Mahoney, 2006).

My presentation is essential for bringing out positive therapeutic outcomes. Principled with the value of compassion, I seek to build an authentic, caring and collaborative relationship in which I allow my clients to feel and to feel freely, but do not convey the message that they must be emotionally expressive if they are to make progress or win my respect or caring. When feelings emerge, I shall invite elaborations and exploration and locate felt emotions in bodily sensations. I shall allow and invite myself to feel

emotional in the process of counseling and recognize that a primary responsibility of your role as a professional helper is to maintain a spirit of centeredness large enough to accommodate the combined energies of my client and myself. I will help my clients to develop compassion for themselves and others, encourage forgiveness and teach self-care.

Psychodynamic Psychotherapy (PP): In PP, the goals of the therapy are to make the unconscious conscious. To reconstruct, the basic facilitates clients in relieving earlier experiences and working through repressed conflicts. The aim of the therapy is to achieve intellectual and emotional awareness (Corey, 2009, p. 435). I would integrate PP with my counseling framework due to the alignment of belief that psychological pain, maladaptive behavior and adversities that bring clients to seek treatment, are remarkably influenced by unconscious processes that can be traced to unresolved issues in childhood or past relationships. The key techniques are interpretation, free association, analysis of resistance, analysis of transference and counter transferences. Techniques are designed to facilitate clients to gain insights and eventual assimilation of new material by the ego. Understanding the theory of therapeutic techniques helps me to keep my perspective, as does recollection of my own therapy as it allows me to understand my conflicts that could impair the effectiveness of my professional role. Whilst I can minimize the counter transference, it can never be eliminated. Hence it is critical that I monitor my feelings and reactions about my clients, making voluntary consultations with my supervisor about my feelings and interventions as part of the effective means for evaluating and minimizing detrimental effects on counter transference. My examination of my own counter transference reactions to my clients may be of value of enabling to understand my client; often my unconscious reactions provide clues to a client's dynamics and to the reaction that others must the client.

Redecision Psychotherapy (RP): RP is a contractual therapy that blends the framework of Transactional Analysis and the experiential, emotionally charged techniques of Gestalt Therapy. RP views at the self-limiting decisions and life positions that clients have developed from their child ego state, in response to parental influence from an early age. The therapeutic goal is to facilitate client work through her early decisions and evaluate her Child ego state to make a rededecision leading to behavioral changes (Goulding & Goulding, 1997). An imperative reason for incorporating RP into my integrative framework, because its principles, processes and techniques tremendously contributes to existential therapy, CP and PP. By attending cognitive, affective and behavioral elements, RP is also an integrative approach. In RP, the study of the client's racket systems provided the client and the therapist to evaluate and understand the client's entire range of internal and over behaviors that correspond to the client's script and social environment. This is aligned with PP and existential therapy's emphasis on self-awareness. Racket system is an instrument for change. Erskine and Zalcman (1979) state any therapeutic intervention which interrupts the flow of in the Racket System will be an effective step in the person's changing their Racket System and hence their script. This extensive study will facilitate my conversations with my client on exploring ideas to break her out of the system or maladaptive patterns of behavior and becoming free from the script. The therapeutic contract in RP sets the focus for treatment. My client decides

specifically, in terms of beliefs, emotions and behavior, what she plans to change about herself to reach self-designated goals. The client will work with me to determine the contract and makes the contract with herself. I shall serve as witness and a facilitator. Ultimately, if my client is at an impasse or taking a passive stance, I may use the Gestalt two-chair technique, to help her access her child ego state to make a redecision that leads to changes in behavior. A heightener may be introduced to facilitate the therapy, to generate ample frustration and disgust, by asking my client to reflect on the consequences if she were to remain in her current script decision.

CONCLUSION

To conclude, integration is more than borrowing techniques from various therapeutic approaches. It is a thoughtful and researched-informed approach that seeks to improve treatment effectiveness. In applying my integrative perspective to incorporating the 3 theories I have acquired, PP, CP and RP, into my own integrative framework for working with my clients, I have dealt separately with the cognitive, affective and behavioral dimensions of human experience. Self and foremost reminder, if I am practicing from an integrative perspective, it would be a mistake to assume that it is best to always start working with what clients are thinking (or feeling or doing). Effective counseling begins where the client is, not where a theory signifies a client should be.

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