

Introduction: Toward an Integrative Approach in Counseling

Learning Objectives

- Discover the importance of theory.
- Review the development of deficit model of the traditional counseling theories.
- Consider the necessity of positive psychology in counseling.
- Understand the importance of culturally appropriate counseling.

In the world of various theories in counseling, counselors and scholars face a challenge regarding how to apply theories to explain clients' symptoms. Before selecting the "best theory," this book explores a fundamental question behind it, "why do we need a theory?". Prochaska and Norcross (2010) say,

Without a guiding theory ..., clinicians would be vulnerable, directionless creatures bombarded with literally hundreds of impressions and pieces of information in a single session. Is it more important to ask about color preferences, early memories, parent relationships, life's meaning, disturbing emotions, environmental reinforcers, thought processes, sexual conflicts, or something else in the first interview? (p. 4)

Thus a solid theory is basic and essential to practice. Theory is key to integrating practical applications which can otherwise become directionless. Theories also enable counselors to become competent to identify and use the most appropriate assistance to resolve their clients' bewilderingly varied problems. Meanwhile, conversely, with practical experiences in

mental health services, counselors become able to evaluate critically the theoretical knowledge. It is the purpose of this book that readers will understand how to integrate theory and counseling, thereby enriching both, and thus become skilled in providing coherent and effective services to clients.

Successful integration of theory and practice requires careful consideration of the relationship between the two. Handling theory independently of practice prevents their integration and hinders the application of theory to practice. Actually, the integration of theory and practice advances the current trend of training of mental health professionals. When education and training focus only on either research or practice, this education fails to meet the fundamental requirements of the current training trend (Belar & Perry, 1992).

Thus integration of theory and practice in this volume elucidates three assumptions: (a) integration of traditional counseling theory with positive psychology, (b) multicultural contextualization of such integration, and (c) indispensability of integrating theory and practice. Let us expand on each of these assumptions.

The *first* assumption in this book is that traditional counseling theory can at most describe the mechanisms of people's psychological distress. Unfortunately, such explanation still fails to promote people's well-being and strengths, and their symptom-free status does not equate to positive affects (Seligman & Csikszentmihalyi, 2000). Therefore, this book introduces and incorporates positive psychology to complement traditional counseling theory, and to fill the gaps it leaves. Positive psychology is the scientific study of the strengths and virtues that enable individuals and communities to thrive. In counseling, the principles of positive psychology assist clients to manage their problems and even thrive against their distress (Seligman, Steen, Park, & Peterson, 2005). Positive psychology is founded on the premise that people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves, and to enhance their experiences of love, work, and play. This integration highlights the main purpose of this book: while traditional counseling theory demystifies clients' psychological issues, positive psychology provides the indispensable conceptualization to promote positive emotions of clients. With the two approaches together, people are able to move to a happier and fuller life.

The *second* assumption in this book is contextualization of this integrative approach into the clients' multicultural backgrounds. To counsel multicultural clients effectively, counselors should possess multicultural counseling awareness, knowledge, and skills (Sue & Sue, 2012). Multicultural competence in part entails approaching the counseling process from the context of the personal culture of the client (Sue, Arrendondo, & McDavis, 1992; Sue & Sue, 2012). Professional ethics compel counselors to ensure that their cultural values and biases do not override those of the client (American Counseling Association, 2005). To date, many books on traditional counseling theories and techniques are still based on Western culture (Arredondo, Toporek, Brown, Jones, Locke, Sanchez, & Stadler, 1996). It is apparent that the major reason for therapeutic ineffectiveness for multicultural clients lies in the monoculturalism of Western counseling to them (Sue, 2004). Unfortunately, most books on counseling theories treat multicultural counseling in a single chapter and it is often still treated as ancillary and not an integral part of counseling theories. That is, if anything at all is included about multicultural and cross-cultural issues, they tend to be treated as a chapter in the later part of the book, or a few brief paragraphs at the end of each

chapter. These arrangements demonstrate a sad reality: multicultural cultural competence or counseling multicultural clients is still seen in isolation (and as unnecessary) from the overall presentations of most books on counseling theories.

This book plans to set up a new direction to contextualize the integration of counseling theories and positive psychology and to make such integration sensitive to multicultural clients' needs. Thus, it is believed that to multiculturalize counseling theories, counselors need to be aware of their racial biases, have multicultural knowledge, and possess culturally sensitive skills (Arredondo, Toporek, Brown, & Jones, 1996).

Importantly, it is hoped that this book will serve as an agency for social justice in counseling (Landrine & Klonoff, 1996; Pettigrew, Tropp, Wagner, & Christ, 2011). Social justice mission in counseling endorses an application of theory–practice integration to the clients' contexts. The American Psychological Association indicated that sensitivity to clients' contexts is an ethical consideration (American Psychological Association, 2010). Such application requires being sensitive to clients' cultural contexts, and this sensitivity is an index to practitioners' multicultural counseling competence. Counselors who want to have more multicultural counseling competence need to work on two tasks. First, they deepen their multicultural training. Second, they contextualize their integration of theory and practice. Having knowledge about clients' backgrounds and providing services with culturally sensitive skills are important aspects for multicultural counseling. These culturally sensitive skills are consistent with the American Counseling Association's (2005) *Code of Ethics*. Thus, being multiculturally competent is an integral part of professionals' ethical conduct.

Furthermore, contextualizing mental health services has an important self-reflective ramification. Contextualizing counseling inevitably obliges counselors to reflect on their own worldviews and cultural values, as they provide services which are theory–practice integrated. Imbalanced focus between clients' cultural backgrounds and practitioners' own cultural values may hinder their therapeutic relations and therapeutic effectiveness (Kearney, Draper, & Barón, 2005). To apply in practice the integration of theory and practice to culturally diverse clients, it might be helpful for both white and racial/ethnic minority counselors to reflect on how relevant their own cultural values are to their services to multicultural clients. For white counselors, it would be important for both themselves and their clients to reflect on their respective privileges and how likely they are to inherit the racial biases of their forebears (White & Parham, 1990). That is, it would be a critical awareness for whites to understand how they have directly or indirectly benefited from individual, institutional, and cultural biases on being members in majority (Helms, 1990). For racial/ethnic minority counselors, it might be useful to examine how they themselves are struggling to work through marginalization or discrimination in their *own* life (Sue & Sue, 2008; Vinson & Neimeyer, 2003).

The *third* assumption of integration in this book highlights the role of practitioners as consumers of research, according to the principle that science without practice would be abstract, and practice without science could be blind. Stoner and Green (1992) posed the question: "What scientific knowledge bases form the foundations of the professional practice of psychology, and how should a knowledge base influence practice?" (p. 158). Thus, counselors incorporate relevant knowledge into professional practice. And yet, it requires

sensitive skills to judge what specific components of theoretical variables are to be integrated, and how they are to integrate. These crucial themes will be discussed in each chapter throughout this book.

Moreover, to provide effective counseling, counselors should be equipped with both theoretical knowledge and practical skills. For this reason, in this book there will be a case study and application for major theories. This assumption indicates that counselors well versed in knowledge and practice will be knowledgeable of theory and skilled in counseling. Such theoretical knowledge facilitates an evaluation of psychotherapy outcomes. Thus, the delivery of effective services in clinical practice may depend on counselors' knowledge of empirical studies and specific theoretical approaches. This highlights the importance and necessity of considering case studies after each theoretical exploration; the case study represents the integration between science and practice. Furthermore, it is hoped that counselors are able to appreciate scientific research in order to evaluate the effectiveness of a chosen service, and vice versa to meet the clients' needs effectively.

Historical Background

The journey of treatment or psychotherapy can be traced back thousands of years. In ancient Greece, mental illness was regarded as a medical disease, more than a visitation of malevolent deities. While ancient Greeks' understanding of the nature of the mental illness was not always correct in the present perspective, they did recognize the value and importance of treatment or psychotherapy. In the Middle Ages, supernatural causes were believed to be the reason for mental illness, and thus the use of torture was popular to gain confessions of demonic possession. However, some physicians also began to support the use of psychotherapy to treat patients. For example, Paracelsus (1493–1541) was credited with providing the first clinical/scientific mention of the unconscious, and advocated psychotherapy for the treatment of mental illness (Webster, 2008). Despite scattered information about “talking” in the treatment of emotional problems, the English psychiatrist Walter Cooper Dendy was an important figure in treating mental illness from a psychological perspective. Dendy (1853) first introduced the term *psychotherapeia* to refer to the “helpful influence of a healer’s mind upon that of a sufferer.” Within this term *psychotherapeia* he described the growing belief in the benefits of talking with the patient suffering from emotional problems.

Although the history of psychotherapy or counseling is quite ancient, counseling as a profession is a relatively new occupation, traceable back to some events in the twentieth century. Counseling as a profession arose in response to societal problems that plagued the United States at the turn of the nineteenth century, such as industrial revolution and urbanization. The advent of World War I and World War II further stimulated the development of psychology as a science and an occupation. Additionally, the US government furthered progress in professional counseling by formally sponsoring counseling services. After World War II, a deficit model of treating people led to remarkable progress in treating a variety of mental illnesses.

In recent decades, mental health services have been controlled and developed not by new ideas, but by economic issues. Traditionally, psychotherapy was a long process, often involving years of treatment. As mental health services became more widely

available, emphasis was placed on briefer forms of treatment. This trend was further driven by the arrival of managed care insurance plans and limitations to coverage for mental health issues in Western countries. Today, virtually all therapeutic modalities offer some sort of brief therapy designed to help the persons themselves deal with their own distinct problems. Another influence came from government-sponsored grants such as the National Institute of Health which tended to fund research on treating existing illness more than preventive intervention or enhancement of well-being (Seligman, 2001). At present, the new integration approach presented in this book has two scenarios, enumerated as follows.

Integration I: Counseling in Positive Psychology

This Introduction elucidates the reasons for the development of integrative counseling, which attends to clients with an understanding of their *strengths* as well as their symptoms. Thus “positive psychology” is an indispensable component in this book, in addition to traditional mainstream theories. Both traditional counseling theories and positive psychology together make this book a comprehensive and interesting sourcebook for graduate students. An understanding of clients’ symptoms within the traditional approach, integrated with a new appreciation of their *strengths*, captures the burgeoning trend in counseling, and moves beyond the traditional deficit model of traditional counseling focusing solely on clients’ negative aspects.

In the human quest for knowledge, each phenomenon presents us with the desire to probe its purpose, though the phenomenon itself is not its purpose. This is the same for counselors when presented with clients’ symptoms. The appearance of psychological issues that counselors and practitioners treat appeals for discovery of its purpose and meaning. For example, Corsini (1995) indicated that,

Psychotherapy is a formal process of interaction between two parties, each party usually consisting of one person but with the possibility that there may be two or more people in each party, for the purpose of amelioration of distress in one of the two parties relative to any or all of the following disability or malfunction: cognitive functioning (disorders of thinking), affective functions (suffering or emotional discomforts), or behavioral functions (inadequacy of behavior), with the therapist having some theory of personality’s origins, development, maintenance and change along with some method of treatment logically related to the theory and professional and legal approval to act as a therapist. (p. 1)

Because psychotherapy and counseling seem interchangeable to some people, Sommers-Flanagan and Sommers-Flanagan (2004) defined counseling as a process in which,

... a trained person who practices the artful application of scientifically derived principles for establishing professional helping relationships with a person who seek assistance in resolving large or small psychological or relational problems. This is accomplished through ethically defined means and involves, in the broadest sense, some form of learning or human development. (p. 9)

From the above two definitions of psychotherapy and counseling, three points are derivable. First, to date, the service that counselors and practitioners provide appears to be mostly repairing and solving psychological, affective, and cognitive problems. Do treatment and reducing symptoms alone compose the identity of counselors? Second, and perhaps most importantly, therapists should ask themselves why they avoid defining the purpose of treatment as they provide it. In other words, should counselors pursue only treating and repairing symptoms? Or else, should they define themselves as “cheerleaders” to clients and only attend to rosy aspects of clients by avoiding immediate and urgent distress? Or, as a third alternative, should counselors balance their help between these two approaches by providing treatment of symptoms together with enhancement of strengths?

Across time and space, traditional counseling and psychotherapeutic modalities have typically included the following:

1. A suffering, confused, or distressed person or group of persons seeks relief from mental, spiritual, and physical distress. They seek mental services mostly because their daily life is disturbed by their mental distress. Or else, their symptoms may make them unable to function well enough to meet daily life adequately.
2. A mental health professional is expected to treat his or her clients. This professional acts as a mental health expert and guide.
3. This system of treatment is based on a few assumptions such as “the client is sick” and “the practitioner acts like a doctor who prescribes a mental guide to reduce negative symptoms.” When the symptoms are treated, it is time to end this therapeutic relationship.
4. Because the traditional therapy model is based on a deficit perspective on the client, and the professional attempts to explain the origins of the client’s distress, there appears no need to address clients’ strengths, well-being, and resources.
5. There are a series of contacts (e.g., 6–10 sessions) over time, and these contacts are defined as therapeutic in nature. Although symptom-free does not equate to feeling happy, the traditional approach in counseling still focuses on the former more than the latter.

In sum, within the general framework espoused here, it is recognized that many forms of traditional treatment or therapy are deeply embedded in the system of disease. But it may be misleading and restrictive to focus only on treating symptoms, instead of perceiving clients as human beings with various dimensions. Essential as it is, fixing symptoms alone cannot compose a whole therapy. It is *both* the treatment of symptoms and attending to clients’ well-being that compose the total therapy, for both components are interdependent. Without treatment of symptoms, clients’ strengths may be overshadowed by weaknesses. Without enhancement of strengths, clients may have no energy to fight against their symptoms. So, a beneficial therapy depends on (a) a well-defined plan of treatment of symptoms, and (b) that focus to be collaborated with clients’ strengths. Otherwise, the self vanishes into some scattered haphazard collection of mental diseases, and well-being is neglected.

To be ready for therapy in the twenty-first century, many scholars proposed to redefine the focus of the mental health profession. This newly defined focus in the counseling profession should reflect what human beings are. Human beings, while experiencing loss, have hope. While knowing the cruelty of sorrows, they also taste the sweetness of joy. In

other words, when treatment of symptoms is *integrated* with enhancement of positive strengths, human beings turn out holistically wholesome. In this way, an integrated treatment (i.e., treatment of symptoms together with enhancement of strengths) issues a clarion call to a new approach in counseling. This new call is a much better place to adequately tackle common, basic, and actual psychological phenomena, positive and negative combined.

To integrate treatment of symptoms into enhancement of strengths is not to put “vintage old wine in a new and better bottle” as Sternberg and Grigorenko said (2001, p. 1078). Instead, the integration is to keep the vintage wine out of the bottle, and then neither symptoms nor strengths will overshadow the other. Thus, to better serve clients in need, integration has been seen as inevitable and could become a new trend in counseling (Seligman, 2002). Scheidlinger (1999) mentioned a *mother group therapy* where the mother role represents nurturing and healing. The mother group is the mother milieu that consolidates diverse positive and negative experiences. Integration of treatment of symptoms and enhancement of strengths invigorates holistic recovery (Seligman, 2002). In Scheidlinger’s (1999) example, integration is possible only in the motherly milieu of concerted focuses (i.e., traditional psychology and positive psychology). Here the integration of these two approaches facilitates enrichment of one another and moves toward an unbiased and holistic approach to better understand human beings (see Table 1.1).

Now, in addition to integrating traditional treatment of symptoms and positive psychology into a holistic approach, it is critical to know that the integration has four features.

First, neither the integrated approach nor a particular theory can be the orthodox principle for the human mind. Yet, they must complement one another to exist respectively as themselves. That is to say, after finding the integrated approach between traditional counseling and positive psychology, it is important to explore how to connect the integrated approach to clients. The principles of the integrated approach are based on the traditional theories in counseling and positive psychology, thus, without an understanding of the traditional theories, the integrated approach could be empty, abstractly without focus or base.

Second, counseling theories are irreplaceable for the integrated approach, just as arms cannot do what eyes do. So this book does not attempt to discard the traditional theories. Instead, what this book does is to synthesize individual theories with positive psychology to become an integrated approach which can accurately describe clients. The synthesis could be a unique process making use of traditional counseling theories alongside positive psychology to conceptualize clients’ issues.

Table 1.1 Traditional counseling vs. positive psychology

	<i>Traditional counseling</i>	<i>Positive psychology</i>
Conceptualization	Disease model	Strengths-based model
Focuses	Dysfunction Mental illness or other psychological problems	Well-being; strengths
Purposes of counseling	Reduce symptoms	Promote people’s positive affects, strengths, and positive characters

Third, each theory (e.g., psychoanalysis) thus collaborates with positive psychology to carry out a task. Such collaboration happens when a traditional approach opens itself from a symptomatic mode to a balanced approach to appreciate the human mind. Thus, the integration of traditional counseling theories and positive psychology shifts our perspectives from only fulfilling the mission of reducing negative symptoms to comprehensively embracing human beings, including their weaknesses and strengths. What is crucial here is how counselors best apply the integrated approach in order to energize the client's fullest potentials. Such careful studies of human nature are important. A lack of theories disables the integrated approach, turning it quite haphazard and ineffective. Therefore the integrated approach relies on counselors' thorough understanding of theories and effective application to clients.

Finally, this book weaves new perspectives on psychology into a healthy wholesome system which supports improving the client's health. This is created through the above considerations on the indispensability of traditional counseling theories and positive psychology into an integrated approach. Counselors' urgent task is not to debate whether traditional theories should be kept or replaced with other approaches. Counselors do not debate which counseling theory should receive more attention than others. In this book, it is believed that all components of counseling theories and positive psychology have their unique contribution to counseling. That is, different theories (e.g., cognitive therapy, psychoanalysis) are indispensable and play significant roles in counseling.

Integration II: Counseling in Multicultural Populations

This approach highlights how integrative counseling can benefit multicultural clients. Integration in a multicultural context can effectively benefit culturally diversified clients, according to Sue et al.'s (1982) key article. This multicultural context reveals three interpretations of psychological distress and its treatments:

The psychosocial interpretation

For centuries, healing has been a focus in many cultures. For example, Albert Ellis, the founder of relational emotive behavior therapy, credited Epictetus (c. AD 50–138) with providing a foundation for his system of psychotherapy (Ellis & Dryden, 2007). This Greek philosopher proposed that individuals are responsible for their own actions, which they can examine and control through rigorous self-discipline, and individuals have a duty to care for all fellow humans. These principles of self-examination, together with caring for fellow humans, will help people achieve happiness (Seligman, 2002; Stephens, 2007).

While the Stoic Epictetus explored happiness and peace of mind, Buddha, Siddhartha Gautama (563–483), encouraged people to follow a path of balance rather than extremism, and to keep a peaceful mind, saying, "The secret of health for both mind and body is not to mourn for the past, nor to worry about the future, but to live the present moment wisely and earnestly" (Wilkson, 2008, p. 64). Thus, despite coming from different cultures, languages, regions, and period of time, both Epictetus and Buddha can be considered forebears of contemporary cognitive theory and therapy. Similar to therapists in our modern days, they proposed theories

and principles to help people reduce their struggles and suffering. Additionally, for many Native American tribes, tribe authority and spiritual leaders still hold as much or more salience for healing than do most forms of counseling or psychotherapy (Sue & Sue, 2008). The same holds true for many other native indigenous peoples. Many Asian and African cultures also have their respective cultural interpretations about psychological matters. Thus, to reduce symptoms and promote well-being seem to have a long history in various cultures.

Even though psychological treatment has received scholarly attention from philosophers and healers of different cultures over the centuries, after Freud, psychotherapy has been dominantly claimed by Western culture as “Western.” Psychotherapy approaches from cultures outside the West are taken as “other” and considered unorthodox. This West ethnocentrism on psychotherapy is being challenged by numerous scholars and practitioners in multicultural counseling. To counter the Western-centered psychotherapy or counseling, this book will incorporate theories that respect diverse cultures.

The religious/spiritual interpretation

Psychological suffering is a topic which has been discussed over millennia by clergymen, shamans, mystics, monks, elders, and other religious and spiritual leaders. Religion refers to individual and corporate beliefs and practices dealing with our relationship with some ultimate being or reality, and is distinguished from spirituality. Spirituality typically refers to the more experiential component of that relationship, or more broadly to one’s core values or search for meaning. Such religion also specifies a code of behavior by which individuals may judge the personal and social consequences of their actions.

As one of the eternal themes of all cultures, religion has been of interest to psychologists and practitioners for centuries. For example, William James’s (1902) *The Varieties of Religious Experience* initiated a tradition of phenomenological work in the psychology of religion. Later, Jung (1939) and Allport (1953) provided a basis for personality and social psychologists to examine religion, following which a rich empirical and theoretical literature has developed.

Two factors have, however, limited our understanding of the issue of religion in psychotherapy or counseling. First, the discipline of psychology has had an ambivalent relationship with religion. Most twentieth-century philosophies of science in psychology followed the trend of European positivism, which saw religion as an impediment to be eliminated. Freud largely adopted this positivistic stance toward religion as a primitive defense mechanism that had no place in a modern scientific world. Second, practitioners and researchers have neglected the relation between culture, religion, and psychotherapy. Even if religion is incorporated, most practitioners and scholars focused on Western versions of Christianity in populations of European and North American Caucasians. Despite these two factors limiting the relationship between counseling and religion, people of diverse backgrounds may believe that religion is the only way to promote their well-being. Thus, it is important to understand the relationship between these two entities.

Recently, some scholars and practitioners have recognized the significance of religions of non-Western culture (e.g., Taoism, Zen, Buddhism) for psychotherapy, and some practitioners also acknowledge healing potentials in non-Western spiritual practices and beliefs (Olson, 2002). Religious and spiritual leaders often have great wisdom, compassion, and insight into

the human condition. Some theories we'll cover in this text are more open than others to these spiritual dimensions of humanity, though this book will not directly address spiritual practices as such in psychotherapeutic theories.

Since the clients' religious and spiritual backgrounds are an integral part of multicultural counseling, an effective therapist would do well to take into account the totality of the client's conditions, biological and spiritual, in treatment. Of course, counselors will vary in the relative weights they give to these dimensions. But our task at hand is to recognize that the totality of the client's cultural conditions must *all* be understood, in the context of traditional theories of psychotherapy and counseling, and integrated with the vigorous approach of positive psychology.

The current status of multiculturalism in psychotherapy

Since the 1800s, psychology originating in Euro-American regions has been written about by white men. As with many psychology and mental health specialties, counseling resulted from World War II. Despite some differences of historical interpretation, scholarly consensus is that counseling was developed at a time when women and under-representative populations (e.g., racial/ethnic minorities, homosexuals, immigrants) deserved no higher education. Consequently, much of the history of modern psychology is written from the perspective of the privileged class of white males. Unfortunately, this perspective also came to pervade the specialty of counseling.

Now, however, as racial/ethnic minority populations increase in Western countries, how to work effectively with culturally diverse clients has become a predominant quest for almost all Western practitioners. It has been over three decades since Sue et al. (1982) published the landmark article on multicultural counseling, thanks to which the American Psychological Association (1993) changed its accreditation standards, even mandating multicultural training, for trainees to acquire knowledge and skills relevant to clients of diverse cultural backgrounds.

In this multicultural context, *theories* on counseling are essential to explaining psychological changes of depression or well-being that differ among different cultural backgrounds. Therefore, those who use Eurocentric theories to conceptualize treatment planning and prognosis of non-Western people will encounter potential problems (Kearney, Draper, & Barón, 2005; Lucas & Berkel, 2005).

Ignorant of the cultural worldviews of non-Western groups, counselors may unintentionally misconceptualize or psychopathologize multicultural clients (Anderson, 2003), as Western-centered theories may misinterpret their situation of mental health. Using culturally insensitive theories would legitimately raise the question as to whether current counseling theories in general are meeting the needs of this population. This suspicion was confirmed when the US Surgeon General's (2001) Supplement, *Mental Health: Culture, Race, and Ethnicity*, concluded that the mental healthcare and services provided to racial/ethnic minorities are inadequate. The absence of adequate counseling theories for racial/ethnic minorities' mental health contribute to a misunderstanding of them (Clark, Anderson, Clark, & Williams, 1999; Landrine & Klonoff, 1996). Theorists urged development of a conceptual model that organizes, explains, and leads to understanding the

psychological behavior of racial/ethnic minorities based on their own worldview, not on the Western worldview (Williams, Neighbors, & Jackson, 2003). For example, constructs and theories which have been developed without considering the cultures of racial/ethnic minorities have often been inappropriate for these minority populations (Cokley, Caldwell, Miller, & Muhammad, 2001), because marginalized people have lived in a framework distinct from the whites'. Such differences could contribute to the different etymology of psychological distresses (Constantine & Sue, 2006; Ridley, 2005; Sue & Sue, 2008). Thus, the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)* says that racial/ethnic minorities may have their own unique and different definitions or expressions of specific distress (American Psychiatric Association, 2000).

Despite a long list of adverse conditions and centuries of exclusion from the socioeconomic mainstream, racial/ethnic minorities have surprisingly managed to forge notable contributions to American society, with vibrant cultural independence and a legacy of social activism. Understandably, some scholars and practitioners are interested in exploring what protective factors supported and enabled many racial/ethnic minorities successfully to manage their deleterious circumstances and even soar high in achievements. To date, empirical evidence points to cultural resources as supportive of positive coping behaviors. Culture has been shown to shape how racial/ethnic minorities define stressors, evaluate their coping resources, and thereby provide a supportive context for positive coping (Daly, Jennings, Beckett, & Leashore, 1995).

Although these cultural resources cannot remove racial/ethnic minorities from harm or psychological distress, they do appear to buffer the negative effects of psychosocial barriers (Chao & Green, 2011). Researchers reported that individuals with greater resources, such as social networks, tend to be more mentally healthy than do individuals with fewer resources (Simoni, Martone, & Kerwin, 2002; Wilson & Miles, 2001). Since many racial/ethnic minorities do succeed despite adversity, current counseling theories extrapolated from traditional psychology and a disease-focused model may fail to explain adequately the reasons for racial/ethnic minorities' psychological health vigor (Caldwell-Colbert, Parks, & Eshun, 2009; Davidson, Wingate, Slish, & Rasmussen, 2010).

Additionally, because the development of most counseling theories has been taken primarily from research involving, and conducted by, Caucasian whites without racial/ethnic minority groups, counseling theories today represent no *total* spectrum of human diversity (Okazaki & Sue, 2000). How to use traditional counseling theories when working with racial/ethnic minorities is a problem here. This book will integrate traditional theories and positive psychology, and contextualize them into multicultural clients' environments.

Suggestions for the Use of this Book

Here are some recommendations on how to get the full value from this book. There are five steps to mastering this book:

- Step 1: Be familiar with traditional counseling theories, including the historical context, perspective on human nature, and theoretical principles.

- Step 2: Understand positive psychology (see Chapter 4).
- Step 3: Integrate traditional theories and positive psychology.
- Step 4: Contextualize Step 3 to multicultural clients' backgrounds.
- Step 5: Apply Steps 3 and 4 to case studies.

Thus, the book tells you to be sensitive to five points. First, as you read through Chapters 2–4, you will accumulate knowledge of positive psychology and how important it is for human cognition, affection, and behavior. You will also recognize that without addressing people's strengths and positive aspects, counseling or psychology manifests itself as unfinished. You may also notice that some components (e.g., resilience, hope) in positive psychology could be what you appreciate most in your counseling.

Second, this book does not tell you to discard traditional counseling theories. Instead, the author believes that traditional counseling theories, limited as they are, are a first starting point for interpreting the behavior, emotion, and cognition of human beings. Without mastering the traditional counseling theories, practitioners would have no first base to integrate these theories with positive psychology, to develop a solid new approach to understanding human beings. Moreover, without knowing traditional counseling theories, we would be unable to contextualize theories into the cultural environment of racial/ethnic minorities. Thus, we must not discard traditional theories but must master all traditional theories in counseling, and then go beyond them into positive cultural contextualization.

Third, after providing discussion of positive psychology and traditional counseling theories in the chapters that follow, this book will move on to integrating these two seemingly opposite groups of theories. To begin, traditional psychotherapy and counseling focus on repairing the client's distress and negative symptoms more than enhancing their strengths and well-being, which ignores the fact that distress and well-being are often two sides of a human coin.

Thus, this book will not argue which side of the coin (distress vs. well-being) should dominate. On the contrary, this book will integrate the two sides. Traditional repairing is integrated with appreciation of strengths in positive psychology, to compose a comprehensive framework of theory in counseling.

This integration of repairing and enhancing is closer to the actual situation of an approach to counseling which is most likely to benefit clients. When readers read through each chapter, some will reflect on their own counseling experience to find that they have actually been addressing clients' strengths, although these integrative aspects were neglected for decades (Seligman, 2002); and others may notice that such awakening of their clients to appreciating their own strengths, while their negative troubles are treated, is a therapeutic approach which is comprehensively effective.

Fourth, after integration, readers will learn how to *apply* the integrated theoretical framework to culturally different clients. Although this is not a manual on multicultural counseling, the book will effectively respond to practitioners' needs to serve emerging racial/ethnic minority clients. As racial/ethnic minority populations in the United States increase, US-based practitioners should particularly note the importance of providing a culturally sensitive service to those clients with distinctive cultural lifestyles. This book thus contextualizes our new approach that integrates traditional theories into positive psychology to multicultural clients.

Fifth, to strengthen the application of theory to concrete situation, Chapters 5 to 14 will be supplemented with a case study. These case studies provide readers with opportunities to sharpen their skills in applying theories to practice. The case studies will facilitate readers' transition of learning, from theory to practice, as both are interdependent resources for effective counseling.

Finally, in this book, there are several terms used interchangeably: counseling and psychotherapy; counselors, therapists, psychotherapists, and mental health professionals. In terms of counseling and psychotherapy, at times, they are differentiated by length of treatment (counseling may have fewer sessions than psychotherapy); clientele (counseling may be more often used with "healthy" people than psychotherapy); types of problems (counseling may be used to deal with interpersonal problems, but psychotherapy sometimes tends to be used to manage severe psychological problems). However, this book is written from the perspective that counseling and psychotherapy are similar and may be exchanged throughout this book. Both counseling and psychotherapy are based on helping foundations, so the two terms are used interchangeably to enhance readability.

The terms counselors, therapists, psychotherapists, and mental health professionals are also used interchangeably. Sometimes there are differences in the qualifications of these professionals; counselors may have Master's or doctoral degrees, but most psychotherapists are professionals with doctorates. However, the focus of this book is about counseling theories and positive psychology, so there is interchangeable use of these professionals' titles throughout.

Concluding Remarks

Theories in counseling provide scholars and practitioners with guidelines to conceptualize psychological problems and understand the human mind. Without theories, counselors would get lost in hundreds of impressions and pieces of information. Clients would be helped with directionless counseling. Thus, theories help counselors transform daunting presenting problems into sound rationales to look into clients' distresses and symptoms. However, what types of theories do practitioners adopt to fit best with clients? Should we continue using the traditional theories? Most traditional theories were based on Western culture many decades ago, so it is questionable how and whether they can provide culturally sensitive interpretation for people of different cultures in the modern world (Van der Zee & Van Oudenhoven, 2013). To respond to the challenges of how theories can explain the problems and minds of people in the twenty-first century with accuracy and cultural sensitivity, this book attempts (a) to integrate positive psychology into current counseling theories, and (b) to multiculturalize this integration to meet multicultural people's backgrounds.

It is believed that the integration of traditional counseling theories and positive psychology could help counselors respond to the challenges they encounter in practice. Counselors could apply the integrative approach to assist clients reduce their symptoms, promote their strengths, and enhance their well-being. With multicultural clients, counselors could tailor this integrative approach of counseling to their cultures.

This book does not suggest that we discard the traditional counseling theories, instead, it is recommended that readers familiarize themselves with these theories. Thus, the first step

of using this book is to capture the essential concepts of each counseling theory. The other important theory in this book is positive psychology and readers will learn to integrate each theory with positive psychology (from Chapters 5 to 14). The third component of this book is to multiculturalize the integrative approach to culturally different clients. The process of multiculturalization fulfills the ethical guidelines in the American Psychological Association's (2005) and American Counseling Association's (2005) ethic codes by being sensitive to clients' cultures, values, and beliefs. Moreover, the multiculturalization begins with counselors' self-awareness, and follows up with multicultural knowledge and skills (Sue & Sue, 2012).

Review Questions: What Do You Think?

1. Describe counseling in your own words.
2. Imagine yourself as a counselor. What top five issues would you like to accomplish in your counseling?
3. Is "symptom-free" the same as or different from "feeling good?" Why, or why not?
4. Do you think that you are a product of your culture? Why, or why not?
5. What is likely to happen if counselors do not multiculturalize their counseling?