Detrimental Association: An Epistemological Connection of Dysfunction

Within and Across Paradigms

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Abstract

The notion of common factors in counseling and psychotherapy theory is not new. This article contends that detrimental associations are the root of dysfunction and are common to all theories of counseling and psychotherapy. The article defines detrimental associations as organic or auxiliary connections formed by clients that lead to dysfunction. Associations deemed detrimental include a variety of aspects of a client's life, depending upon the theoretical lens through which dysfunction is viewed. The article explores how detrimental associations are conceptualized by level and across theories and paradigms and discusses implications for professional counseling.

Keywords: detrimental association, counseling, theory, paradigms

Professional counselors subscribe to a variety of theoretical orientations that promote well-being and change. Levitt, Darnell, Erford, and Vernon (2014) suggested that many of these theories are categorized by common characteristics or paradigms (e.g., humanistic/existential, behavioral/cognitive-behavioral, psychoanalytic). Each paradigm incorporates a distinct set of principles, strategies, and techniques. For example, the humanistic/existential paradigm emphasizes innate goodness, self-actualization, and insight (Miller, Sward, Nielsen, & Robertson, 2011), and the psychoanalytic paradigm accentuates unconscious conflicts, maladaptation, and unresolved issues (Jacobs, 2010). While not professionally bound to do so, counselors often practice from a single theoretical orientation, seldom venturing across paradigms (Levitt et al., 2014). However, Bike, Norcross, and Shatz (2009) found that almost a quarter of professional counselors in the United States identify as eclectic or integrative.

Cottone (2012) suggested four large and encompassing paradigms of counseling and psychotherapy. These are not just theoretical; they are distinguished politically and by practice-relevant differences. The "metatheoretical frameworks" he identified are the organic-medical, psychological, systemic-relational, and social constructivism paradigms. The practice of psychiatry, distinct from counseling and psychotherapy, is an example of the organic-medical paradigm. The psychological paradigm emphasizes cognition, emotion, and behavior as central to individual well-being. It encompasses many common models of counseling, such as rational emotive behavior therapy (Ellis, 1962) and person-centered counseling (Rogers, 1951). The systemic-relational paradigm emphasizes relationships rather than the individual (Taylor & Cottone, 2011); structural family therapy (Minuchin, 1974) is closely aligned with the core concepts of this paradigm. Finally, the emerging social-constructivist paradigm attempts to acknowledge the individual while recognizing the system in which the individual has an integral

role (Cottone, 2012); examples of social-constructivist principles are narrative therapy (White, 2007) and solution-focused therapy (de Shazer, 1985).

While paradigms are a means of organizing theoretical frameworks, concepts within and across counseling and psychotherapy theory and practice often converge. Staats (1999) suggested that paradigms can be unified by addressing redundant concepts in theories and formulating a bridging theory—a metatheory—of diverging concepts. Later, Hanna (2011) argued that the emergence of a comprehensive paradigm would help the profession to become more cohesive, collaborative, and integrative. More recently, Prochaska and Norcross (2014) presented a transtheoretical model of psychotherapy based on processes, stages, and levels of change. This integrative model draws from numerous theoretical paradigms. As many have suggested, carefully analyzing theoretical paradigms can promote philosophical discourse and higher-order, critical perspectives within the counseling profession (Cottone, 2007).

This article addresses the suggestions of Staats (1999), Hanna (2011), and others by presenting a theoretically conceived construct called detrimental association (DA). DA is presented as a common root of dysfunction in counseling and psychotherapy theory. As a concept proposed by Cottone (2012) to unify paradigms, DA is superimposed on major theories of counseling and psychotherapy. Implications for the counseling profession and directions for research are provided.

Detrimental Association: A Unifying Concept

Over the past 80 years, factors common in theoretical models of counseling have been explored at length (see, e.g., Reisner, 2005; Rosenzweig, 1936; Wampold, 2001). These factors (interpersonal relationship, counselor personality, explanation, and the intervention phase) are pertinent to the counseling relationship and present in all forms of psychotherapy. As a result,

essentially all forms of counseling and psychotherapy are relatively effective and generally

produce positive outcomes (Rosenzweig, 1936). While the common factors model addresses

aspects embedded in the interactions and processes of counseling, it fails to recognize or identify

theoretical commonalities across counseling and psychotherapy frameworks and paradigms.

The DA concept offers an element different from iterations of the common factors

approach. Specifically, it reaches beyond therapeutic factors to identify a common root cause of

dysfunction across theoretical orientations. DA is distinct from the transtheoretical model

promoted by Prochaska and Norcross (2014) in that it emphasizes theoretical commonality rather

than integration of psychotherapy systems.

DAs occur when individuals or systems create associations between psychological

(internal) and sociological (bracketed external) variables that lead to poor mental health and

well-being. These connections stem from the unintended, yet natural, matching or pairing of

internal (self) and bracketed external ([environment]) variables found to encompass an individual

or system. Thoughts, behaviors, self, and communication are types of internal variables. They

emerge from innate disposition and are deeply ingrained in the individual or system. On the other

hand, bracketed external variables, such as environment, power, or absolute truths, are

contextually perceived; in other words, they constitute a construction of thoughts and

experiences based on the external world.

Variables converge at three levels: practical, theoretical, and philosophical (see Table 1).

At the practical level, among the variables are substance abuse, attending a new school, loss of a

job, death in the family, culture, self-esteem, attitude, and personality. Such topical variables are

often readily identifiable by counselors and psychotherapists whatever their theoretical

orientation. For example, a DA could emerge by pairing loss of a job ([environment]) with low self-esteem (self). In many cases, clients are able to identify practical level DAs.

Theoretical variables consist, for example, of inferential thoughts, evaluative thoughts, schemas, core beliefs, ego, reality, environment, behaviors, absolute truths, power, and communication. They are most readily identifiable based on the theoretical orientation or model from which the counselor is operating. For example, a counselor working from a cognitive framework may suggest a practical DA that aligns with specific theoretical variables, namely core beliefs (self) and schemas ([environment]). However, from an existential perspective, self (self) and reality ([environment]) are likely to emerge as theoretical variables.

At the philosophical level, all DAs are reduced to a single pair of distinct variables. True DAs comprise an internal variable and a bracketed external variable. Regardless of associations found at the practical or theoretical levels, all DAs appear to converge within the self (internal) and the [environment] (bracketed external). At this point, all counseling theories and paradigms collapse

Counseling, Psychotherapy, and Detrimental Association

Over the past century, a plethora of theories detailing counseling processes and psychotherapy have evolved. This explosion of theories is reminiscent of the general maturation processes of the sciences; and while science typically emerges out of chaos, unity eventually follows (Staats, 1991). A logical and natural progression toward a unified model of counseling and psychotherapy includes exploration of associations that are detrimental to the clients of counselors and therapists. This section presents explanations of DA within theories widely used by professional counselors. Theories of counseling and psychotherapy are categorized by the three main paradigms professional counselors practice within as delineated by Cottone (2012):

psychological, systemic-relational, and social constructivism. DA is explained as it relates to the theoretical constructs found within each (See Table 2).

Psychological Paradigm

The counseling and psychotherapy theories counselors use most often are housed in the psychological paradigm, which encompasses theories that emphasize identification of and treatment for maladaptive thoughts, emotions, and behaviors (Cottone, 2012). The paradigm incorporates a host of theories that focus on individual and personal characteristics that affect mental health.

Cognitive therapy. The cognitive therapy (CT) model identifies three levels of cognitive processing: preconscious, conscious, and metacognitive (Murdock, 2013). CT schemas organize the infinite amount of information that individuals receive and help them to perceive and process new experiences. Core beliefs, a component of schemas, are adopted based on how individuals conceptualize past experiences. For example, an individual's schema for "task completion" might include such core beliefs as, "I must succeed at whatever I do!" or "I must complete tasks perfectly!" Dysfunctional schemas and their related core beliefs are detrimental to individuals, leading to distorted intermediate thoughts and coping strategies that are not congruent with reality (Corey, 2009; Murdock, 2013). When perfection or success is not achieved, emotions like regret, depression, anger, and a sense of worthlessness may emerge, with behavioral ramifications. It is the counselor's role to work with the client to identify thoughts that translate into unhealthy emotions and behaviors and to help the client revise those DAs (Hofmann, Asmundson, & Beck, 2013). With CT, the counselor must clearly analyze beliefs that are linked to behaviors that impede client growth or progress. For example, aspects of the schema for "task completion" (thinking about engaging in a task and the thought, "I must succeed at whatever I

do!") can be strongly associated and essentially detrimental to the well-being of the individual, preventing engagement in a given task. Overgeneralizing solidifies the DA between task completion and thoughts of worthlessness, leading an individual to adopt a protective stance and avoid new tasks (Beck, 2005). Essentially, an individual would determine that attempting new tasks always results in failure and confirms worthlessness, thus a DA. CT aims to provide clients with skills to evaluate their experiences realistically (Hofmann et al., 2013). The task of the counselor is to facilitate revisions of associations that are detrimental to wellness. Those associations will be the focus of treatment.

       Existential therapy. Goals for the client during existential therapy (ET) include (a) full presence, (b) confrontation of anxieties, and (c) redefining self and the world (Corey, 2009). Examples of ET concepts that appear central to understanding DAs are self-awareness and responsibility. In an interview conducted by Schneider, Gavin, and Serlin (2009), Rollo May suggested that ET helps individuals "become more sensitive to life, to beauty" (p.425). Increasing self-awareness through ET enhances the capacity for change and the formulation of new reactions to past events, providing fodder for future decision-making (Corey, 2009). Essentially, DAs from past experiences that have become ingrained within the client must be reexamined to yield a greater sense of awareness. Counselors will encourage self-reflection and the identification of DAs that lead to unwarranted dysfunction. During this process, clients learn that the self does not have to remain indefinitely associated with others' views or events and decisions from the past.

       Responsibility is directly connected to self-awareness. In ET, clients strive to realize responsibility for self and others. Dysfunction often occurs when individuals avoid responsibility through such mechanisms as displacement, playing the victim, and avoiding autonomy

(Neukrug, 2011). When engaging in displacement, for example, clients avoid responsibility by shifting blame for misfortune to events or others. In essence, the thought behind it is "Others are responsible for my happiness or lack thereof." A DA occurs at this juncture, when clients determine that their state of being is dependent upon others, leading to dysfunction. In an interview examining a similar situation, May suggested taking "depression as a symptom of a life that is not being lived, and [the counselor's] task is to help him to live his experiences" (Schneider et al., 2009, p. 429). ET gives clients the opportunity to explore their feelings, become self-aware, and learn to separate who they are from who they were (Corey, 2009). In this case, the counselor helps the client to identify associations and connections to the self that are helpful and functional rather than detrimental. Separation from associations considered detrimental is at the root of existential therapy and inherent in the process of change and self-awareness.

Gestalt therapy. Association is a concept central to Gestalt therapy (GT) and field theory. Relational and interrelated dynamics between individuals and their environment create fundamental connections. Prochaska & Norcross (2014) described these associations as layers or levels in which the individual's existence interacts with the environment. A goal of counselors practicing GT is to help the client address associations with the environment that are detrimental by increasing self-awareness, focusing on the here and now, and embracing contact and associating with the environment in healthy ways (Corey, 2009; Joyce & Sills, 2010; Kelly & Howie, 2011). Contact specifically is an integral component in the process of growth and change. Adequate contact with the environment leads to congruence and a display of the true self. Individuals are constantly seeking to identify and satisfy needs (Neukrug, 2011); GT suggests that effective contact allows the needs to be fulfilled. When resistance to contact occurs,

needs are not met and unfinished business results (Neukrug, 2011). Utilizing the senses (sight, smell, etc.) when interacting with life, nature, and people while possessing individuality is essential to overcoming impasses and DA.

Resistance in GT takes the form of introjection, projection, retroflection, deflection, and confluence. DAs are central to this resistance to contact because clients respond to their environment in dysfunctional ways. For example, in confluence, the client and the environment become entangled because the client prefers enmeshment as a method for being accepted by others (Corey, 2009). There is thus a DA between the client's need to be accepted and his or her degree of contact with the environment. To the client, accordance equates to acceptance and conflict leads to rejection. In this case, the client is considered to exist at the phony level, disowning parts of the self of which others disapprove (Prochaska & Norcross, 2014). Joyce and Sills (2010) suggested that change most readily occurs once clients accept who they are. The goal of the counselor is to foster genuine contact and create alternative functional associations that disinhibit enmeshment.

Person-centered counseling. Person-centered counseling (PCC) emphasizes client growth and de-emphasizes problems. Counselors foster self-acceptance and actualization and support clients in making effective choices by demonstrating genuineness, congruence, unconditional positive regard, and empathy (Corey, 2009; Edwards & Lambie, 2009). These core conditions create an inviting and supportive atmosphere where the client is comfortable in dismantling facades and engaging in self-evaluation. Applying PCC to counseling sexual minority adolescents, Lemoire and Chen (2005) suggested neurosis stems from environmental factors and is exacerbated by internalized hatred. PCC addresses the DA between environment

and self by offering a framework for promoting growth. In turn, incongruity and the development of functional associations that promote actualization are openly explored.

In PCC, incongruence between the lived experience of individuals and their self-concept is at the core of psychological disturbance and stifles self-actualization (Prochaska & Norcross, 2014). Self-concept is how individuals perceive and value experiences in relation to their selves (Neukrug, 2011). For example, a client who highly valued positive regard conformed to the demands of a significant other and forewent actualization processes in exchange for acceptance and love (Prochaska & Norcross, 2014). As a result, a quandary occurred between the self and the environment and the client failed to move toward full capacity as a human being. However, this disingenuous interaction with the environment served to protect the client's self. This struggle between the self and the environment stemmed from DAs. In this case, over time the client was conditioned to associate worth (a component of self-concept) with the degree of love expressed by significant others. The client concluded it was necessary to choose between being his or her self or pleasing the significant other in order to be held in positive regard (Neukrug, 2011). In short, this incongruence and need for positive regard impeded the client's functioning and actualization process.

When utilizing a person-centered approach, counselors aim to increase self-direction and self-growth by helping the client to develop functional associations that promote genuineness and self-actualization (Lemoire & Chen, 2005). Guiding the client through this process could be crucial to his or her self-discovery and overall growth (Neukrug, 2011). Therefore, in a non-directive manner, the person-centered counselor will help the client determine which associations between self and environment are functional and which detrimental. With core conditions

instituted, clients can process and reflect on their experiences and begin to establish functional associations between their selves and the environment.

Psychoanalysis. Psychoanalysts suggest that behaviors stem from a powerful source called the unconscious. Unconscious thoughts are considered instinctual urges that serve to protect and preserve the individual (Murdock, 2013). Strong evolutionary associations appear central to the unconscious since individuals are largely unaware of these thoughts, which often lead to unhelpful tendencies in modern society. In counseling, psychoanalysts aim to increase awareness by bringing unconscious maladaptive thoughts to consciousness (Neukrug, 2011). Exploring previous experiences and the unconscious allows for clarification of "biographical connections" and potential therapeutic gains (Fonagay, 1999, as cited in Kāchele, 2010). Ego-defense mechanisms, which can be maladaptive, are unconscious, protective responses to situations perceived as threats. Defense mechanisms can serve functional purposes; however, DAs are present when a pattern of unconscious denial and distortion of reality occurs (Corey, 2009). Specifically, the association between reality and the ego is detrimental when defense mechanisms are used to alter perceptions of reality. For example, a client with an alcohol addiction who refuses to admit to having a drinking problem is unconsciously employing denial as a defense mechanism. By denying reality, such clients essentially simplify their experiences and align in a dichotomous stance with those maintaining either similar or different circumstances in an effort to sustain the denial (Brothers, 2009). Freud (1919) asked, "Are we to leave it to the patient to deal alone with the resistance we have pointed out to him? Can we give him no other help in this besides the stimulus he gets from the transference?" (p.162) In psychoanalysis, the detrimental association lies in the cognitive process of denying the addiction

in an effort to protect the ego from the vulnerabilities linked to acceptance of reality. In doing so, emotion is subdued and pain avoided.

Counselors can help clients to bring defense mechanisms to the conscious, accept reality, and develop associations that are functional. Initially, counselors will want to determine which defense mechanisms are being used and whether they stem from detrimental or functional associations between reality and the ego. During the interpretation phase of treatment, the counselor will help the client make meaning of the maladaptive behaviors and assimilate functional associations within the ego (Corey, 2009). It is also important that counselors address issues of transference (displacement), a defense mechanism employed in session that stems from past relationships (Neukrug, 2011). This association between past and present experiences can be detrimental to the counseling relationship.

Rational emotive behavior therapy. Rational emotive behavior therapy (REBT) espouses the notion that an individual's view or perception of an event can lead to distress and ultimately dysfunction (Ellis, 1962). Views or beliefs have inferential and evaluative components and determine whether thoughts are rational or irrational (Dryden, 2009). Irrational thoughts stem from demanding and dogmatic evaluations of perceptions of certain events. The perceptions of these events are in some instances seen as detrimental. However, the associations between events and inferences gleaned from these events are not detrimental in that they do not lead directly to dysfunction. REBT suggests that counselors should not focus on perceptions of events during treatment (Warren, 2012); it is more important for the counselor to focus on how inferences are evaluated. Because the evaluations are directly linked to the core beliefs individuals hold that lead to dysfunction (Ellis & MacLaren, 2005), the associations between inferential thoughts and evaluative thoughts may be detrimental to the client. During treatment,

the counselor will focus on the client's DAs. For example, a client struggling with self-worth describes a recent situation at a party: the client walked into the ballroom and perceived others were making snide comments about his attire. The client evaluated his perception, determining, "It is terrible they are treating me this way." This evaluative thought is indicative of a client holding the core belief, "Others should not treat me in ways I do not want to be treated." The counselor will utilize the ABC model (see Ellis & Joffe Ellis, 2011) and other emotive, cognitive, and behavioral strategies to challenge the DA (the evaluative belief connected to the inferential belief). By challenging and disputing DAs, counselors can help the client to develop new core beliefs while fostering change and promoting healthy functioning (Ellis, 2008; Warren, 2011).

Systemic-Relational Paradigm

Whereas medical and psychological other paradigms focus on the individual, the systemic-relational paradigm emphasizes the role of relationships within a system. This paradigm espouses the notion that behaviors are influenced by factors both internal and external to the social system (Cottone, 2012). Several theories align with the principles of this paradigm, among them structural family therapy (Minuchin, 1974), strategic family therapy (Haley, 1973), and the human validation process model (Satir, 1983). Homeostasis, the notion that systems often hold constant and return to what is comfortable, is a key aspect of these theories (Cottone, 2012). The process of change within the system, therefore, is of central importance. Other significant features are communication theory, idiosyncratic rules, and hierarchy.

Strategic family therapy. Strategic family therapy (Haley, 1973) emphasizes how sequences in communication among members of the family can be changed to create a more functional system (Neukrug, 2011; Robbins et al., 2009). Communication patterns and

hierarchical roles are typically habitual and often determine whether associations are detrimental to the system. In other words, how members associate communication and power, specifically, can hinder how the system functions. For example, a counselor implementing strategic family therapy learns the father makes rigid demands of his son to complete tasks. The child frequently refuses to complete these tasks as instructed. The father typically becomes angry and yells, which leads the child to cry. In this instance, the father associates his hierarchical position (power) with demanding and yelling (unhealthy communication). These control mechanisms are detrimental not only to the father-son subsystem but also to the family unit as a whole (Neukrug, 2011). Communication patterns like these exist among members of systems despite recurrent, negative emotional (anger and sadness) and behavioral (yelling and crying) outcomes.

Idiosyncratic rules and hierarchical positions play a significant role in the communication patterns within family systems. When DAs—those relationships that contribute to a negative interactive process—are established, negative feedback loops often prevent growth and change. Family dynamics promote or allow interactions or specific behaviors of members to occur (Szapocznik, Schwartz, Muir, & Brown, 2012). In this instance, family members are trapped in a cycle of dysfunctional interactions. Counselors can help families identify DAs within the system through the use of genograms, mapping, and observation. Additional strategies, such as restructuring, sculpting, and the use of directives, can help counselor and family members to create functional associations within the system. Therapies within this paradigm thus emphasize problem-solving and the development of functional associations that move systems toward healthier communication patterns and outcomes.

Social Constructivism Paradigm

While the psychological and systemic relational paradigms offer traditional theories regularly considered in practice, there is continued momentum toward implementation of theories embedded in social constructivism. The social constructivism paradigm asserts that individuals, families, and society construct understanding of experience through a consensualizing process (Cottone, 2012). This process or understanding of shared experience occurs through the language used to create narratives of situations and life (Gergen, 2009). Society and subsets of society, such as the individual and religion, create knowledge and construct "bracketed absolute truths" (Cottone, 2012). Shared consensual knowledge or bracketed absolute truths remain relatively constant until they are challenged by a competing framework and a new understanding of experience emerges (Gergen, 2009). "Absolute truths" are specific to situations that occur in life and often evolve over time. These consensualities compel individuals to behave in ways that members of their community find acceptable. When consensualities from one facet of life are generalized to other facets, conflict typically arises (Gergen, 2009). And when consensualities conflict, DAs are common. The link between a bracketed absolute truth from one aspect of life and an individual's behavior will require severing or modification through other relational connections, such as counseling, when competing consensualities arise. In this case, there would be a DA between the individual's truths in one group and the consensuality that represents another group's way of understanding an experience. For example, a teenager in a drug culture may understand marijuana use differently than his drug prohibitionist family—there is a DA, a clash of consensualities across affiliations. The teenager and his family are faced with a conflict of "truth," resolvable only by negotiating

common ground or separating along the lines of a truth's demarcation. DAs, therefore, will arise when a person is enmeshed in and associated with groups holding conflicting truths.

  Solution-focused therapy. In social constructivism, there is an intimate association between language, relationships, and experiences. Several notable counseling theories, such as solution-focused therapy (Berg, 1993, de Shazer, 1985) and narrative therapy (White, 2007; White & Epston, 1990), fall within this paradigm and are useful in negotiating DAs between opposing sets of absolute bracketed truths. Moreover, counselors who take a social constructivist stance are able to navigate DAs using a lens that takes multiple constructions into consideration while practicing critical reflexivity (Cottone, 2012; Gergen, 2009). For example, in solution-focused therapy, the counselor may help the client to navigate conflicting consensualities of intimate relationships. In a household where the father was verbally abusive to the mother, the client constructed an image of love that incorporated yelling, swearing, belittlement, and ridicule. Now, at age 25, the client's definition of love is in opposition to the traditions and standards of society. The client has a history of abusive, short-term relationships that end in depression and regret. There is a DA between the client's absolute truths constructed in childhood that led to his present relational interactions and the standards of society. Counselor and client reconstruct the meaning of healthy intimate relationships by exploring behavioral exceptions to the client's held truths and developing behaviors that lie in opposition to the more frequent unhealthy behaviors. In turn, the client formalizes new truths (in relationship to the counselor) about intimate relationships that lead to healthier interactions with others and align more consistently with societal standards. Reaching consensus between the client's truths and the conflicting truths of a group or faction in which the client is attempting to operate is integral as counselors strive to address associations that inhibit functionality and wellness.

Discussion

The concept of detrimental association permeates counseling theory and represents a factor common to divergent paradigms. DAs, at each level (practical, theoretical, and philosophical) are identifiable in essentially every theory and across all paradigms. As a result, the psychological, systemic-relational, and social constructivism paradigms are collapsible, thus forming one mega-paradigm that encompasses all theories of counseling and psychotherapy.

DAs emerge from the core elements of dysfunction, self, and the [environment], and are the premise from which counselors assist clients. Dependent upon the theoretical orientation to which a counselor subscribes, DAs may encompass various aspects of a client's life (thoughts, behaviors, environment, relationships, or reality). Some theories, such as gestalt and person-centered theory, are formulated and described in straightforward, uncomplicated ways and directly address core dysfunction at the philosophical level. Other frameworks, such as solution-focused, existential, or REBT, explicate concepts that align with the theoretical level. Regardless of the path, all theories eventually arrive at a common place: addressing DAs at the philosophical level.

In order for clients to experience greater health and function better, counselors identify and address associations that are detrimental. In current practice, counselors help clients using a single narrow framework and a limited repertoire of strategies and techniques, though an infinite number of interventions are available. Even counselors identifying as integrative practitioners operate from limited perspectives.

Counselors typically seek to identify dysfunction based on their theoretical orientation. For example, a counselor practicing REBT will seek to identify irrational thoughts that the client maintains. A person-centered counselor considers self-esteem central to the therapeutic process.

These models are based on the world view of the counselor, not the client. Clients are therefore subjected to an imposition of values and world view that may not align with their lived experiences. In effect, barriers to progress and treatment may emerge simply from how the client's problem is conceptualized. If counselors were to forego the use of a single framework or integrative approach and instead work from a single mega-paradigm, the values and world view of the client would remain central to counseling and help guide the therapeutic process.

Often, there are multiple associations operating within a client's life, some of which may appear problematic. They are not all detrimental, however. Some connections are referred to as non-detrimental or functional; others hinder functionality and are a detriment to the well-being of the client or system. In current practice, whether an association is considered detrimental depends on the theoretical orientation of the counselor. A more appropriate determination of detriment could stem from a negotiated exploration of associations and connections between the counselor and the client. During this process, counselors must remain cognizant of the philosophical level while acknowledging the practical DAs inherent in the client's description of dysfunction. Curtailing the influence of theory gives the counselor the opportunity to focus on the counseling relationship and the plethora of interventions available to address the dysfunction.

In theory-based courses, counselor educators can employ this unifying concept as a springboard for critical analysis and discourse when conceptualizing cases and formulating treatments. An emphasis on DAs may give students the opportunity for investigative inquiry and acquisition of a greater repertoire of counseling interventions for use with clients. Training students across various frameworks of counseling is critical to building a historical perspective and a solid foundation of theory. Exposing them to unifying concepts beyond traditional counseling theories, such as DA, may enhance their ability to appropriately and adequately meet

client needs. De-emphasizing theoretical nuances and anomalies while emphasizing the counseling relationship, conduct of interventions, and multicultural considerations will help students better promote client well-being.

Researchers and theorists, including counselor educators, should further explore the implications for considering DA as a unifying concept for conceptualizing dysfunction across paradigms. Educators will need to determine the impact of teaching cross-paradigm concepts like DA on the development of counselors-in-training. Identifying the utility of counselors applying the concept of DA during the counseling process is also vital. Researchers can explore the differences in processes and outcomes of traditional counseling relationships and those infused with the concept of DA. Finally, theorists will need to study and further elaborate the concept of DA and its impact on current frameworks of counseling and psychotherapy.

Conclusion

Detrimental association is a common concept in counseling and psychotherapy theory. DAs are present at practical, theoretical, and philosophical levels. It is at the philosophical level that counseling theories merge on the premise that the association between self and [environment] is the root of dysfunction. It is crucial that counselors apply treatments that are aligned with the values and world views of their clients. Working from a DA perspective allows counselors to formulate treatments while taking into consideration the societal and cultural contexts in which a client lives. Acknowledging DA as a concept inherent in counseling theory may have great implications for the counseling community and enhance the quality of services provided to clients while propelling counseling theory forward.

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Table 1

Detrimental Associations by Levels

Practical (Examples)	**Theoretical**	**Philosophical**
Loser and Loss of Job	Perceptions and Reality	Self and [Environment]
Perfection and Task Completion	Core Beliefs and Schemas	Self and [Environment]
Victim and Death in Family	Self and Reality	Self and [Environment]
Loner and Attending New School	Self and Environment	Self and [Environment]
Healthy and Substance Abuse	Ego and Reality	Self and [Environment]
Isolated and Worthless	Inferential and Evaluative	Self and [Environment]
Anger and Yelling	Power and Communication	Self and [Environment]
Love and Intimate Relationships	Truth and Absolute Truths	Self and [Environment]

Table 2

Theoretical Detrimental Associations across Theories and Paradigms

Detrimental Association	Theory	Paradigm
Perceptions and Reality	Cognitive Behavioral	Psychological
Schemas and Core Beliefs	Cognitive Therapy	Psychological
Self and Reality	Existential Therapy	Psychological
Self and Environment	Gestalt Therapy	Psychological
Self and Environment	Person-Centered	Psychological
Ego and Reality	Psychoanalysis	Psychological
Inferential and Evaluative Thought	REBT	Psychological
Communication and Power	Strategic Family Therapy	Systemic-Relational
Truth and Absolute Truths	Solution-Focused Therapy	Social Constructivism

Note. REBT = Rational Emotive Behavior Therapy. Paradigms are based on work by Cottone (2012).