PART I

INTEGRATION: CONTEXT AND CONCEPTS

1
A BRIEF HISTORY OF INTEGRATION AND SOME RECENT DEVELOPMENTS

If we were writing a complete history of integration, we would need to devote not just one chapter but several volumes to the subject, for the history of integration is the history of psychotherapy itself. We might well begin with Freud, who within his own developing psychoanalytic frame attempted to integrate influences from his medical and psychiatric studies, from academic psychology, and from his collaborative work with Joseph Breuer, as well as from his neuropathological lectureship under Professor Charcot whose work using hypnosis suggested the power of the unconscious, the phenomena of attachment between patient and doctor and a link between sexuality and neurosis. We would then go on to describe the works of the next generation who broke away, diverged, incorporated, yet always in some ways integrated concepts from and into the structure of psychoanalysis. Even as early as 1932, Thomas Morton French, addressing the American Psychiatric Association, suggested similarities between the psychoanalytic concept of repression and the behavioural concept of extinction (French, 1933) and Rosenzweig (1936) was exploring common factors across various approaches.

By about volume 10, we would still not have done justice to the many and various alternatives that have developed from those early beginnings, converging, competing or reforming neo-Freudian and non-Freudian strands and developments as they proliferated into the hundreds of approaches that now exist. Needless to say, therefore, this developmental integration over the century will only be covered generally here, our purpose being to show that integration is not a new phenomenon and to explore, in its historical context, the more recent thrust of integration which seems to be of a different order to that of the past.

Within the general development of psychology, psychotherapy and counselling, there have been, and still are, distinct and separate models of counselling and psychotherapy. These models are based on different theoretical and philosophical

foundations which are supported and furthered by the respective training organizations and professional associations to which they belong. The different models are normally divided into three distinct, though often overlapping, schools or traditions of theoretical approach which have informed the practice of counselling and psychotherapy. The first, already referred to, is the psychodynamic (or psychoanalytic) school with its roots in the theory and methodology of Freud, characterized by the unconscious conflict brought about by instinctual drives and repression. The second is the behavioural tradition with its roots in the experiments of Pavlov and Skinner and characterized by conditioned learning. The third is the humanistic/existential tradition with its roots in the works of such pioneers as Moreno, Maslow, Rogers, Perls, Berne, May, Boss and Binswanger and characterized by a belief in self-actualization and choice. Recently, some therapists have begun to identify a 'fourth force' of thought and practice, which has grown in strength perhaps as a response to the ills of the twentieth century and is characterized by a transpersonal element and a focus on the spiritual path of human beings. Its forebears are such theorists as Assagioli, Brazier and Wilbur.

These schools, though claiming a distinction from each other, have spawned a proliferation of approaches to counselling and psychotherapy not only within their own school of thought but also across the four schools. These various approaches, though seemingly unique, can often be traced back to early beginnings in one or more of the schools. For example, Perls, in his Gestalt therapy, developed across schools by integrating Gestalt psychology, Freudian psychoanalytic theory, the theories of the 'interpersonal psychoanalysts' such as Fromm, Adler and Rank and 'radical analysts' such as Reich, as well as existential philosophy, Zen Buddhism, phenomenology, field theory and psychodramatic techniques as developed earlier by Moreno (see Sills et al., 1995). Transactional analysis, although basically an object relations theory that integrates elements of cognitive behaviour theory and social psychology, is considered humanistic because of its philosophy and value system (see Lapworth et al., 1993). Self-psychology (Kohut, 1971) originally integrated elements of drive theory and object relations while centralizing the importance of empathic understanding (traditionally associated with person-centred practice) in the healing of a damaged self. Intersubjectivity theory (Atwood and Stolorow, 1984) has developed from a psychoanalytic root, especially the empathic immersion of self psychology, yet centralizes the co-creativity of experience more usually associated with Gestalt, person-centred or constructivist approaches. Relational psychotherapy integrates exploration of unconscious, intrapsychic dynamics whilst prioritizing the co-created, authentic relationship as the central vehicle for change.

From psychoanalysis there have been many offshoots. Some examples of these are analytical psychology, ego psychology, object relations theory, self-psychology and, most recently, intersubjective and relational psychoanalysis. The behavioural school has led to cognitive behaviour therapy, constructivist theories, assertion trainings, neuro linguistic programming (NLP), solution focused therapy and dialectic behavioural therapy. Within the humanistic school, the offshoots have been so plentiful that it is sometimes difficult to keep track even of the names, let alone their theoretical slant. Among the more established humanistic or existential approaches such as psychodrama, person-centred counselling, existential psychotherapy, Gestalt and transactional analysis, there have been

developments presented under names such as focusing, reclaiming your inner child, rebirthing, primal integration, and many others.

Many psychotherapy and counselling books specialize in some specific approach and many of the general counselling and therapy textbooks have sections or chapters devoted to individual theoreticians and approaches. Readers of these books, therefore, may come to the decision that all counsellors and psychotherapists are to be classified as purists. However, research indicates that many counsellors and psychotherapists will use and will also have studied a variety of approaches besides their 'basic' training and would not define themselves as purists at all. Increasing numbers are identifying themselves as integrative. For example, in 1996, out of 2,334 practitioners listed in the British Association for Counselling's (BAC) *Counselling and Psychotherapy Resources Directory,* 499 (21 per cent) identified their theoretical orientation as integrative. By 2008, a search of the BACP's website directory in randomly chosen regions across the UK showed a range from 30 per cent to 50 per cent of therapists describing their theoretical approach as integrative. These Figures challenge the current (2009) moves by the government to categorize therapies according to specific and discrete skills and competencies – a task that is obviously unsuited to the flexibility of an integrative approach.

In light of the natural evolutionary development of ideas and approaches within the world of counselling and psychotherapy from its very beginnings a century ago, the question arises as to what is the difference between this integration and the movement towards integration that has been happening over the last thirty years. We suggest that the difference is in the intention of the integration. Whereas it was often the intention of past developments to invent something new, an innovative package that could be used as a complete model of counselling and psychotherapy, this is not necessarily the case with modern integrative developments. Rather, the integrative challenge of today is to discover overarching frameworks within which compatible or complementary, tried and tested aspects of various theories and approaches can be integrated. This involves embracing a meta-perspective of the field of therapy and taking stock of commonalities within theories and approaches (and the concomitant differences), as well as utilizing practical techniques from the wealth of such operations offered by the many and different approaches. It is more of a bridge-building exercise between and within the three schools than the construction of a new orthodoxy. Integrative counselling and psychotherapy seek, therefore, to build philosophical, theoretical and technical networks between compatible, workable and useful aspects of the various schools.

By and large, up until the l960s, counselling and psychotherapy were restricted to the wealthy or the insane – often both. In the social and cultural revolution of the 1960s in the West, therapy and counselling not only matched the zeal and innovation of that time but were an essential part of it. However, though more accepted as legitimate means to personal growth, and in that sense normalized, counselling and psychotherapy were still considered unusual by the wider population. The enormous expansion in the technology of international and interpersonal communication in the 1980s has meant an egalitarianism of information, understanding and knowledge such that counselling and psychotherapy can be offered to and participated in by a much wider and diverse clientele. During this time, the term 'counselling' reached

a wide audience in the UK and elsewhere through 'phone-in' counselling shows on television and national and local radio, as well as via programmes presenting counselling and psychotherapy with celebrities or exploring various approaches. Indeed, radio and TV soaps were often to include the need for therapy for many of their life-battered characters. Comedy sitcoms have also been attempted which revolve around therapy and therapy practitioners. The result is that the public has not only been informed of the existence of counselling and psychotherapy, but also educated in its terminology, methodology and variety of approaches.

Increasing numbers of people are turning to therapy, therapeutic workshops or groups to address the stress they experience in their modern-day lives. Many companies and organizations now incorporate counselling services in their employee care packages. The therapeutic population is slowly becoming more representative of the general population found in our richly diverse and multicultural societies. Theories and approaches based upon white, middle-class, often male, Western ideologies and values no longer suffice to answer the needs of this population with its diversity of internal and external values, social complexity, differing family patterns and spiritual and cultural beliefs, as well as limitations of time or finance. To answer this need, models with a broader scope are required. Developing an integrative or integrating attitude within counselling and psychotherapy may be part of the answer.

This development towards integration is not confined to the world of counselling and psychotherapy but is also evident in educational approaches, political and social reorganization, economic theory and practice, industrial theory, anthropology, psychiatry and medicine. It is evident that while such a trend for integration exists within these individual areas, there is also room for integration across them. For example, psychotherapy and counselling may need to take note of and make room for aspects of social and political change and incorporate new knowledge and discoveries in the world of anthropology and medical science. In other words, integration is essential to an holistic view of human existence.

SOME DISAGREEMENTS

However, as is often the case where boundaries are being changed, there are some who do not agree with the developments that have taken place within counselling and psychotherapy and would argue strongly against any further developments of an integrative nature. Three major debates have emerged. First, some purist practitioners argue against eclectic or integrative psychotherapy or counselling approaches. Second, a debate continues between eclectic and integrative counsellors and psychotherapists. The third debate arises between the proponents of different versions of integrative approaches. Some practitioners identifying themselves with a specific or purist approach consider that any attempt to combine different approaches will result in confusion and an inauthenticity of some kind or another because each specific training is based on different underlying philosophical assumptions. They hold that, even if there is an overlap of a few of these assumptions, to lift a part of any whole would result in a distortion of not only that part but also of any other

whole into which it is intruded/included. Further, they would argue that integration leads to an undisciplined spirit of translation which loses the subtleties and nuances of the individual approach.

Among the more purist writers who led the early argument against eclecticism and integrative approaches was Eysenck (1970) who argues that the only scientific and sufficiently consistent approach is behaviour therapy and that any integrative or eclectic therapy is a confusion of models. He criticizes eclectics for their lack of an acceptable rationale and a shortage of empirical evidence for their approach. Without mincing his words, he describes eclecticism as 'a mishmash of theories, a hugger-mugger of procedures, a gallimaufry of therapies and a charivaria of activities having no proper rationale, and incapable of being tested or evaluated' (1970: 140–6). From another perspective, the radical critic of psychoanalysis, Szasz (1974) protests against integration by saying that combinations of theories and practices result in inauthenticity:

> The psychotherapist, who claims to practice in a flexible manner, tailoring his therapy to the needs of his patients, does so by assuming a variety of roles. With one patient he is a magician who hypnotises; with another, a sympathetic friend who reassures; with a third, a physician who dispenses tranquillisers; with a fourth, a classical analyst who interprets; and so on. The eclectic psychotherapist is, more often than not, a role player; he wears a variety of psychotherapeutic mantles, but owns none and is usually truly comfortable in none. Instead of being skilled in a multiplicity of therapeutic techniques, he suffers from what we may consider, after Erikson, 'a diffusion of professional identity'. In sum, the therapist who tries to be all things to all people may be nothing to himself; he is not 'at one' with any particular method of psychotherapy. If he engages in intensive psychotherapy his patient is likely to discover this. (Szasz, 1974: 41)

Against this purist attitude, integrationists and eclectics suggest that the similarities between approaches are so fundamental that the using of ideas from different approaches will enrich an approach rather than confuse it. Though a confirmed eclectic rather than an integrationist, Lazarus (in Norcross, 1986) in writing of his multimodal therapy presents an argument which is in direct opposition to Szasz's by stating that there is no one way to approach people's problems and that individuality and flexibility are the key to good practice. He says: 'If a number of clinicians, unfamiliar with me or my therapeutic orientation, were to observe me with different clients, their views and conclusions about my methods and school identification would differ considerably.' He goes on to suggest that one observer might see a Gestalt therapist, another a behaviourist, another a Rogerian, yet another a psychoanalytic therapist, and so on. He maintains that technical eclecticism (see the procedural integration strategy in Chapter 3 and Lazarus's multimodal therapy in Chapter 8) 'draws on all and any effective technique without necessarily subscribing to the theories or systems that gave rise to them' (1974: 82) His emphasis rests on a flexibility of style and specificity of intervention designed to fit each client's individual and idiosyncratic needs and expectancies, rather than attempting to fit the client into one particular approach or methodology. Wachtel certainly supports this view when he writes:

> … there is no single way to conduct psychotherapy. When I think of the many different ways in which I have engaged with my patients over the years, I am struck by the incredible variety of things that I have done or said in the name of psychotherapy and by the ways that different patients have seemed to need or to be helped by different ways of being with them or interacting with them. Whatever "rules" may guide our work, perhaps the most important rule is not to take those rules too seriously (cf. Hoffman, 1998). By this I do not mean take them lightly. The responsibility we assume as psychotherapists is a weighty one. But every patient teaches us something new about what people need. The day we think we know all we need to know in order to help people is probably the day we cease to be able to help at all. (2008: 303)

The second debate between those using eclectic methods and those using an integrating framework involves, among other things, the belief that integrative approaches require a greater academic and theoretical discipline than that required by any form of eclecticism. In the 1960s the term 'eclectic' was more popular than it is today. An eclectic approach to therapy is perceived as one that involves a practitioner assessing the needs of his client and choosing from a range of approaches the intervention which seems to best suit the situation, as described above in terms of Lazarus's multimodal approach. Integration, however, involves a therapist bringing together disparate theories and techniques and modelling/moulding them into a new theory. In this second debate the integrationists would argue that their form of transformation results in a more authentic and consolidated approach than that of an eclectic random selection.

Some theorists would claim a distinction between eclecticism and integration; others say that integration is only one form of eclecticism and yet others that the situation is the reverse. It is our view, however, that this debate is often one of semantics. For this reason, we have chosen to stay out of the argument between the two 'sides' by presenting two strategies which we believe deal with each respectively. We have called these the 'Framework Strategy' and the 'Procedural Strategy'. We continue to use the term 'integration' here because not only does it appear to be the term of choice among practitioners today but more so because it also describes a wholeness of approach which best matches our own philosophical attitude to counselling and psychotherapy.

The third debate concerns the effectiveness of different types of integrative approaches. Here again, we find the debate not only fruitless and unnecessary, but also continuing the 'mine is better than yours' competition that has somewhat undermined the credibility of counselling and psychotherapy in the past. These claims are unfounded within both 'purist' and integrative approaches.

Research findings (for example, Lambert et al., 1986; Luborsky et al., 2002; Wampold, 2001) suggest no evidence that one psychotherapeutic approach is more effective than another. What is important in terms of effectiveness has little to do with the chosen approach and much to do with the relationship between therapist and client. It is also interesting to note that these studies have found greater commonalities between experienced practitioners from differing schools than between senior practitioners and trainees within the same school. Such findings suggest that there are certain important therapeutic elements which are common to most psychotherapeutic approaches rather than particular approaches to counselling and

psychotherapy which are more effective than others. These generic elements will be discussed in the next chapter.

It is our hope that these particular debates will fade and that between and within various schools of thought a co-operative discussion and sharing of ideas may lead to a clearer understanding and discovery for what is, after all, our common task as practitioners, that of the improvement of the service we offer to our clients – be it in terms of healing, change, insight or actualization.

In just such a quest, in 1983 the Society for the Exploration of Psychotherapy Integration (SEPI) was formed. Its aim was to bring together practitioners representing diverse approaches who shared a common interest in investigating the ways in which various forms of psychotherapy could be integrated. Some of these practitioners are professionals who clearly identify themselves with a particular theoretical framework but openly acknowledge that other schools have something to offer. Some are people interested in finding commonalities among therapies and some would like to find a way to integrate existing approaches. Many members would hope eventually to find integrative approaches based on research findings or are interested in developing clearer guidelines that are more consistent with their clinical experience (Goldfried and Newman in Norcross, 1986: 55). Though there is much healthy debate within this society, it is refreshing that there is a willingness to self-evaluate, to investigate other approaches and to search for methods of integration across approaches and a greater openness to co-operation, mutual exploration and shared endeavour.

In the late 1980s, the United Kingdom Council for Psychotherapy (UKCP) was set up to unite the psychotherapy profession and provide some regulation for the public benefit with its move towards statutory regulation and its first register of psychotherapists in 1993. Its eight sections represent the whole range of approaches to psychotherapy. As most integration of approaches was taking place within the humanistic realm at the time of the UKCP's inauguration, a section was designated as Humanistic and Integrative Psychotherapy. Given that integration is increasingly occurring within and between several other sections, perhaps it is time for this to be reflected in the designation of a separate and distinct integrative section. The description given in the Humanistic and Integrative Psychotherapy section flag statement concerning the integrative aspects of this group could probably stand as a convincing flag statement for a discreet integrative section:

> This section includes different psychotherapies which approach the individual as a whole person including body, feelings, mind and spirit. Members welcome interdisciplinary dialogue and an exploration of different psychological processes with particular emphasis on integration within the section. Integrative Psychotherapy can be distinguished from eclecticism by its determination to show there are significant connections between different therapies which may be unrecognised by their exclusive proponents. While remaining respectful to each approach, integrative psychotherapy draws from many sources in the belief that no one approach has all the truth. The therapeutic relationship is the vehicle for experience, growth and change. It aims to hold together the dual forces of disintegration and integration, as presented by the psychologically distressed and disabled. The integrative therapeutic experience leads towards a greater toleration of life's experiences and an increase of creativity and service. (UKCP, 1999: xiv)

In similar vein, with its aim of fostering the development of integrative psychotherapy in the UK, the United Kingdom Association for Psychotherapy Integration (UKAPI) was established in 1999. The association (www.ukapi.com) organizes conferences on the theme of integration, publishes *The British Journal of Psychotherapy Integration* and provides continuing professional development for practitioners exploring an integrative approach.

It is in this same spirit that we have written this book. We hope to provide guidelines and templates that will help practitioners and students to develop their own integrative approaches to working with clients rather than impose one prescriptive theory or methodology. It is our belief that there are not one but many integrative and integrating approaches to counselling and psychotherapy and that these depend upon several variables which need to be taken into consideration. Such variables will include the experience and training of the practitioners, their professional and personal style of relating and creating, their life experience and the 'stories' (sometimes called theories) they have evolved to make meaning of their lives and the lives of others. Their work setting may have some influence on the type, frequency and duration of the therapy and their choice of client population will also affect the development of their approach. These same variables will apply equally to their clients. Such respect for individuality, difference and idiosyncratic preference, when held alongside an appreciation of commonalities, the similarity of needs and the shared experience of being human gives hope, as the first decade of this new millennium draws to a close, for the lessening of segregation and the development of integration in our field.

RECENT DEVELOPMENTS

As we have said in the Introduction, it is our aim in this book to discuss and demonstrate the use of frameworks and procedures for integration in order to encourage practitioners to develop their own personal, integrative models. However, we will mention here three of the many integrative models that have been developed in recent years as useful examples of how different, innovative and effective integrations can be developed whilst drawing from a similar range of concepts and approaches. These are necessarily much abbreviated descriptions and cannot do justice either to the theory or practice of these models. We would urge readers to refer to the original sources for more comprehensive descriptions and discussions. The reader interested in descriptions of several other integrative models is recommended to read *Integrative and Eclectic Counselling and Psychotherapy* (Palmer and Woolfe, 1999).

Cognitive-analytic therapy (CAT)

The CAT model was originated and developed by Anthony Ryle and described in *Cognitive-analytic Therapy: Active Participation in Change: A New Integration in Brief Psychotherapy* (1990). It is an example of an approach which started as an integration of theories and methods and then solidified into a recognized model with its own name, training courses, and so on.

CAT has been applied largely within the British National Health Service where conditions require time-limited work. Usually clients are offered 16 sessions, though sometimes 8 or 12 sessions have proved to be helpful. It incorporates essential elements of personal construct and cognitive theories such as identifying and challenging distorted meanings and inferences and the ensuing emotions, challenging negative self-evaluations and catastrophic fantasies, helping with the choice of appropriate plans and evaluating their consequences, as well as behavioural techniques such as graded exposure, modelling and the practice of new skills. In addition, psychoanalytic theory has incorporated, in particular, the main 'ego defences' of denial, repression, dissociation, reaction formation and symptom formation.

Ryle based his integrative theory on what he termed the 'Procedural Sequence Model' concerned with intentional, aim-directed activity. This theory draws upon both psychoanalytic theory, especially object relations theory, and the developmental psychology of Vygotsky (Wertsch, 1985). Learning and the development and growth of human personality are seen as taking place through the process of internalization. The early, unique, interpersonal experiences of childhood (particularly with parents and other adults) become transformed into intrapsychic experiences through which we acquire 'a second voice' in an internal conversation. The external dialogue becomes an internal dialogue with the possibility of life-enhancing or life-restricting 'conversations'. Ryle sees psychotherapy as analogous to the early adult–child learning process and the therapeutic relationship as the arena in which the learning process may be utilized to acquire new attitudes and skills, recognizing and modifying the ways in which a client may avoid or distort this relationship through transference.

Ryle (1990) identifies three main ways in which people will fail to modify ineffective procedures:

1. *Traps:* these are circular self-reinforcing processes where a negative belief leads to action which has consequences serving to confirm the original negative belief (a classic CBT technique).
2. *Dilemmas:* possible means are considered but only as narrow, polarized alternatives. One pole tends to be repeated through fear of the consequences of the perceived only alternative polarity (based on the notion of the defense mechanism).
3. *Snags:* here appropriate aims are abandoned due to the prediction of negative external consequences (e.g. disapproval) or internal consequences (e.g. guilt) (arises from ego psychology).

These tendencies are taken into account when reformulating the Target Problem Procedures of the client.

In the practice of CAT, *reformulation* is the essential feature. This represents the description of the client's difficulties, focusing on the procedures in need of change and on how the client is actively responsible for maintaining these procedures. This is usually completed within the first four sessions, with clients vitally playing an active part in the process by working towards an accurate and fully understood description which is recorded in writing. Much of this will be based upon the client's clinical history and their behaviour in relation to the therapist in the early sessions. However, supplementary devices such as the Psychotherapy File may be

used. Here clients identify with descriptions they see as applying to themselves and can use the file to rate various aspects of their moods, feelings, thoughts, behaviours and patterns. All this is discussed and elaborated upon and finally written down. The first part is in the form of a letter in the first person. Both therapist and client will have a copy of this. As Ryle says, 'The emotional impact of this letter is often profound; as patients feel that their experience has been understood and validated they often become silent or may cry and this moment often cements the working alliance' (in Dryden, 1992a). The second part of the reformulation lists current target problems (TPs) and target problem procedures (TPPs) by which the client is actively maintaining their difficulties by means of traps, dilemmas and snags. The effects of this rigorous reformulation process are threefold. First, the active involvement of clients enhances a sense of ability and efficacy and engenders an active and co-operative role in the psychotherapy. Second, activities ranging from unstructured talking to specific homework tasks will tend to reveal how a client's particular difficulties are provoked by and manifested in the therapeutic situation (such transference and countertransferential issues being anticipated by the earlier exploration of problematic personal procedures). Third, and crucially, reformulation requires considerable thought and sensitivity on the part of the therapist. Ryle states: 'The fact that the results are written down is daunting but the fact that what is written down is discussed and modified with the patient means that, once completed, the reformulation provides a firm shared basis upon which the rest of the therapeutic work can be built' (in Dryden, 1992a).

Change often occurs during the reformulation process itself. Once completed, the task is for the client to recognize and begin to modify these problematic procedures and loops. Diaries are kept to record repetitions of 'target procedures' which are discussed and explored within the sessions, with an additional reference to how these may be being enacted within the therapeutic relationship. This is a process of bringing awareness to what previously has been performed automatically. This awareness is heightened by a sessional rating by the client of how far they have been controlled by their TPPs or have employed alternative modes.

The end of the therapy is marked by an exchange of 'goodbye letters', acknowledging the pain of loss as well as the gains to be taken away, which serves to continue the therapy and aids in an internalization of the therapist for the period between termination and the follow-up (usually three months later). Ryle points out that no therapy can make up for the damage or deficits of childhood, but it can provide a 'pilot guide and a tool kit'. The therapist is internalized, not as the 'all-powerful carer of the needy child within the patient' but as a caring and coping 'bearer of understanding' and 'initiator of change'.

Integrative psychodynamic therapy

Integrative psychodynamic therapy was developed by Paul Wachtel (Wachtel, 1987; Wachtel and McKinney, 1992; Wachtel and Wachtel, 1986) and further developed from a relational perpective in Wachtel (2008). We have chosen this model as our

second example of integration because it demonstrates a marked similarity to the CAT approach while differing in its overall style. It too is an integration of psychodynamic and behavioural approaches and some of the components will be seen to be almost identical (for example, Ryle's 'traps' and Wachtel's 'vicious cycles') while presenting a differing emphasis. It is this 'similar yet different' aspect of models of integration that we find both exciting and reassuring. Here we present the bare outline of this integrative psychodynamic therapy to give a flavour of its integration and recommend the interested reader to explore the model further in the original sources as referenced. Integrative psychodynamic therapy is a synthesis of key facets of psychodynamic, behavioural and family systems theory and has its theoretical base in cyclical psychodynamics. This theory reflects both the cyclical nature of causal processes in human interactions and experiences and the unconscious motives, fantasies and conflicts we maintain in our everyday lives. In Wachtel's words:

> The events that have a causal impact on our behaviour are very frequently themselves a *function* of our behaviour as well … By choosing to be in certain situations and not others, by selectively perceiving the nature of those situations and thereby altering their psychological impact, and by influencing the behaviour of others as a result of our own way of interacting, we are likely to create for ourselves the same situation again and again. (Wachtel in Norcross and Goldfried, 1992: 344–5, emphasis in original)

From this perspective Wachtel saw that active intervention methods from the behavioural school (and others) could enhance the change potential of more psychodynamic approaches and be logically and consistently employed within a modified psychodynamic context whereby transference reactions are conceptualized as 'the individual's idiosyncratic way of construing and reacting to experiences, rooted in past experiences, but always influenced as well by what is really going on'. In this way, the emphasis is as much on understanding reactions to current situations (including the impact of the relationship with the therapist and the therapist's responses) as on past influences that might explain why such reactions may arise.

Cyclical psychodynamics endeavours to develop a theoretical structure which is coherent and clinically practical by selecting those aspects of 'competing perspectives' which can be integrated. It is influenced, as the name suggests, by psychodynamic theory with its emphasis on unconscious processes, inner conflict and understanding the relationship between therapist and client, yet places the primary emphasis not on past events but upon the vicious cycles (in particular 'self-fulfilling prophecies') persisting in the present and set in motion by those past events. The cultural and social context, the how, where and when of the client's neurotic patterns, are addressed by behavioural and family systems perspectives. Thus, 'cyclical dynamics integrates the exploration of warded-off experiences and inclinations with direct and active efforts at promoting change'. Both internal and external realities, defining and redefining each other, are crucial to this integrative approach.

THE RELATIONSHIP AND RELATIONALITY

The fundamental human need for relationship and its centrality in counselling and psychotherapy is discussed throughout this book. We also devote Chapter 7 to exploring the several aspects of the therapeutic relationship as a framework for integration. The relationship and how we use it have been central to the therapeutic encounter since the beginnings of psychotherapy. However, we mention it here in this historical overview because a markedly new focus on 'relationality' has been on the ascendant in recent years. Aided and informed by the research implications of neuroscience and infant studies and the development of intersubjectivity theory, the 'relational' emphasis seems to us to be having an integrating influence across various approaches.

There has been a marked surge in the number of counselling and psychotherapy books in the last decade or so that have employed the word 'relational' in the title. What is more noteworthy is that, whilst for the most part still adhering to a particular approach in their titles (be it psychoanalysis, transactional analysis, attachment theory, EMDR or existential theory, to name but a few), the common 'relational' theme contained within many of the books is implicitly, sometimes explicitly, acting as a catalyst for the integration of concepts across a range of disciplines and promoting a dialogue between the proponents of different approaches. Discussion and argument about relational concepts on psychotherapy website forums between differing schools of psychotherapy are rife.

In the UK, in 2002, a group of psychoanalysts and psychotherapists from various schools of thought came together to form a relational movement that has evolved into The Relational School (www.therelationalschool.org). Its aim is to further the development of relational thinking in clinical practice and to develop an understanding of the co-created, intersubjective, therapeutic 'space'. Most relevant to the integrative endeavour, and most heartening to us, is the Relational School's explicit creation of 'forums for further conversations around relationality *coming from a variety of therapeutic disciplines* as well as a formal association to disseminate the work' (our emphasis). At the February 2008 Conference, the Relational School was officially launched, attended by practitioners representing the range of humanistic, psychodynamic and behavioural approaches. We view this as a positive indication of a more open and inclusive attitude towards the sharing of ideas and theories from diverse theoretical perspectives and to taking a more integrative stance.

What is apparent from this development is that practitioners are searching not for a neat package of integrated theories (a one size fits all meta-theory) but for concepts and theories that may be integrated within the individual approaches, philosophies and personal styles they find effective in their work with clients. This said, there is a very human tendency to want a Truth, a definitive Answer, in most walks of life – and therapy is no exception. In our recent work with students from various integrative institutes and courses across the UK, we have noticed with some dismay a distinct leaning towards a particular set of theories as being *the* integrative truth. In some instances, it seems to have become a case of 'if your integrated theories do not include (insert favoured theory), it's not integrative'. At the beginning of training

especially, this may be a retreat into the 'safety' of a set integration and a need to identify with others, to have a sense of belonging through shared structures. This may also be a natural reflection of the integrative approach of the tutors which is to some extent inevitable and understandable. However, as many integrative students will have already graduated in their own particular approaches, and will have read widely across other modalities and experienced personal therapy from a variety of practitioners, we do not see why their additional knowledge and experience should be side-lined or even ignored. As we state in the preface of this book, our own position on integration is that, by taking the individual's personality, temperament, experience, skills and knowledge into account, there will be as many integrative psychotherapies as there are integrative psychotherapists. In our view, what is sought is not a shared, definitive integration but the shared values of openness, exploration and experiment contained within the ongoing integrative process.

Though an in-depth exploration of the development of integration from Freud to the present day would make for interesting and lengthy reading, such an endeavour lies outside the remit of our book. However, in this chapter we hope to have highlighted some of the more prominent aspects of the evolution of integrative counselling and psychotherapy and to have made clear the distinctive thrust of the modern integrative movement towards a more individual and personal approach to integration.