

# Introduction

This book describes the work I have done in developing a unifying dialectically integrative rationale in relation to psychotherapy theory, Dialectically Integrated Psychotherapy. It is based on the five major theories that guide therapeutic understanding and practice: attachment, humanistic, psychodynamic, cognitive, and behavioural theories. It recognizes the theoretical depth of each of these approaches, and has two components: the Unifying Dialectical Model of human psychological functioning, the UDM; and the Dialectical Integration of Approaches to Psychotherapy, the DIAP meta-framework. Together they support the potential for any combination of these five approaches to be applied in a flexible theoretically integrated way on an individualized basis.

Within individual psychotherapy it is relatively rare for behavioural theory to be applied on its own, and both cognitive and behavioural theories are generally to be found within the integrative remit of cognitive behaviour therapy, CBT. So that equal status is given to both within this work, two theoretical sub-divisions within CBT have been created while still recognizing its overall integrative nature: cognitive and behavioural theory, in which theory relating to cognition takes the lead; and behavioural and cognitive theory, in which behavioural theory takes the lead.

In this chapter I will set the scene for this study of theoretical integration in psychotherapy, and describe the dialectical pathway I have followed. I will start by grounding us in the routine everyday world of practice, and the differing but also similar ideas that these approaches may offer us, by thinking about a single, but very meaningful therapy moment.

*“So you’ve heard my story before.”*

These words were spoken by a client I will call ‘Joan’, who I worked with during my clinical psychology training and this therapy experience will become the starting point for our thinking about theoretical integration.

## 2 Introduction

In a different place and a different way, I could imagine saying similar words to a potential reader. So much work has already been done by a wide range of therapists, researchers and academics in defining what psychotherapy integration is and exploring ways in which it may be achieved. There are many stories you may have read and valued already; will you decide to read my story too? Will it contain new messages and meaning, and is it worth your time and effort in joining with me to find out?

I heard Joan say these words right at the end of our second assessment session, after I had been describing ways in which cognitive behavioural theory helps us to understand and explain experiences of anxiety, and they taught me an important lesson about listening and making assumptions. I was feeling quite pleased at the time, the explanation fitted well with the anxiety symptoms she had talked about, and I assumed it would provide some degree of relief and reassurance that they could be understood. Her words might have indicated that was the case, might have reflected a sense of relief that her situation was known about, and she was not alone. But the tone of her voice told me otherwise. It was full of disappointment, and maybe some annoyance, and I sensed a feeling in her that I had dismissed and not listened to her story, and instead had offered a story of my own.

When we met the following week, we talked about it and I reflected her possible experience that I had not really listened to her. Yes, that was how she had felt. So, I listened properly. Later we did talk about ways of understanding anxiety reactions, but we thought about that understanding together in a way that integrated it with the personal and emotional context of her life and her experiences; everything about it was relevant to her in ways that could only happen because I had heard her, and we had connected with each other.

Thinking about Joan's reaction across our major theoretical perspectives might raise the following possibilities:

- From a primarily cognitive perspective we could think about her negative automatic thoughts, and wonder what had come into her head as she listened to me, and how did that make her feel. We might discover particular unhelpful and negative thoughts about herself, about me and about other people. We might further explore these negative thoughts, and identify unhelpful core beliefs about herself, and we may decide to challenge them in some way. We might also think that what happened between Joan and me might represent an unhelpful cognitive-interpersonal cycle that was relevant in the rest of her life, and related to underlying schemas about herself and others.
- From a primarily behavioural position we might think about operant conditioning and the principles of functional analysis, and wonder what she might have gained by responding as she did, what might have reinforced her behaviour? Since she experienced my behaviour as hurtful, it may have

been rewarding in some respect to express her upset and disappointment, and positive reinforcement could be involved. In making this response she might also be pushing me away to avoid the risk of further hurt, in which case avoidance and negative reinforcement would be at play. My not listening could be understood as a discriminative stimulus for her experience of disappointment and hurt and her subsequent response, and all of these possibilities would be influenced by her learning history.

- From a humanistic, client-centred and experiential position we may think about the primary importance of empathic listening, unconditional acceptance and genuineness, and consider that this has failed in some respect, in the session and maybe in the past. We may also wonder whether her internalized conditions of worth are being reflected in some way.
- From attachment theory we may wonder about the security of her attachment relationships, and her need for the attuned relating associated with a secure base. Again we may consider that attunement has failed in this session, as may have been the case for her before, particularly within her childhood. This failure may be reflected in her internal working models of herself and other people.
- From a psychodynamic perspective we may wonder if she was not listened to or heard as a child, and whether other people still ignore her. Does she find it hard to speak up in relation to her own needs, wishes and opinions? We might think about ways in which early unhelpful experience might have affected her unconscious inner world of object relations, as well as her defence related processes, and wonder if an early problematic relational pattern was happening again in therapy. We might also think about the anger that her words might have been expressing towards me, what I had contributed to the process, and how important it was for her anger to be contained and understood.

These possibilities bear both similarity and difference in relation to each other. In the ways in which I have applied them, each of these theoretical contributions, except the cognitive perspective, recognizes essentially the same potential subjective experience for Joan: she has been hurt and has reacted to that hurt. This understanding is expressed in different ways, which may lead to differing options for intervention. From a cognitive perspective a more neutral position may be taken initially, and the nature of meaning and the experience of hurt may emerge as negative thoughts and beliefs about herself and others are explored, especially if cognitive-interpersonal cycles are taken into account. All interventions may end up being beneficial, depending on how they unfold. In addition some of those interventions might be combined with each other, to enhanced effect.

The strongest theoretical similarity here is between humanistic client-centred theory and attachment theory in terms of the importance of the attuned, empathic relationship and the consequences of its absence. The possibility of problematic

early relationships is reflected within psychodynamic theory, attachment theory, and humanistic theory. Psychodynamic theory, attachment theory and cognitive theory refer to internal structures involving self and others that influence current relational experience, in terms of the inner world of object relations, internal working models and schemas respectively. Functional analysis focuses on the interaction between Joan and myself in terms of antecedents and consequences, generating ideas about its importance that are consistent with and potentially add to the other theoretical positions.

Contributions such as these from different theoretical perspectives add a greater richness and depth to the understanding and thinking that can be brought to bear within therapy, and can support each other in enhancing the therapeutic relationship. They have the potential to support a range of different interventions that may lead to positive change, and may actively complement each other. Where their understandings overlap, they provide us with greater confidence in the validity of our theoretical constructs, mechanisms and processes. This context of similarity and difference is at the heart of theoretical integration.

We will now look very briefly at the types of integration currently discussed within psychotherapy practice and research. A far more detailed overview of these approaches is provided by Norcross & Goldfried (2005).

### **Types of Psychotherapy Integration**

*Technical Integration or Technical Eclecticism:* This refers to the use of therapeutic approaches on a largely pragmatic basis to address different aspects of a person's difficulties and to take the differing characteristics of individual clients into account. Approaches may be used as single-model therapies, or the techniques associated with several approaches may be applied within one therapy, but the integration is always on a pragmatic, technical basis rather than a theoretical one. Examples of technical integration are provided by Multimodal Therapy (Lazarus, 2005; Palmer, 2000), Systematic Treatment Selection and Prescriptive Psychotherapy (Beutler et al., 2005), and the incorporation of various techniques and strategies into CBT described by Harwood et al. (2010).

*Theoretical Integration:* This refers to therapies in which the mechanisms and processes associated with different models complement each other on a theoretical basis, and is often referred to as a synthesis of those approaches. Theoretically integrated approaches are often proposed as single-model therapies in their own right, with some key examples being provided by Transtheoretical Psychotherapy (Prochaska & DiClemente, 1983, 2005); Cyclical Psychodynamics and Integrative Relational Psychotherapy (Wachtel, 1977, 1997, 2014; Wachtel et al., 2005);

Assimilative Psychotherapy (Stricker, 2010; Stricker & Gold, 2002); and Cognitive Analytic Therapy (Ryle, 1995a; Ryle & Kerr, 2020).

Transtheoretical Psychotherapy addresses processes of change common to all therapies, and advocates the application of techniques associated with different theoretical approaches depending on the client's stage of change: whether they are at a pre-contemplation stage and unable to think about it; can start to contemplate change in themselves and their lives; are ready for the action involved in change; or need support to maintain change that has been achieved. Cyclical Psychodynamics recognizes the importance and value of overt behaviour in supporting the internal changes conventionally addressed by psychodynamic therapy, and the mutual cyclical relationship between the two. Active behavioural analysis and interventions are integrated into psychodynamic work on this basis. Assimilative Psychotherapy, primarily relating to psychodynamic theory, argues that useful aspects of a range of approaches can be assimilated into a main model of therapy, as long as they are defined within the theoretical terminology of that model. Cognitive Analytic Therapy has generated its own independent constructs based on psychodynamic and cognitive theoretical positions, which are used to guide largely overt interventions influencing ways of thinking, feeling, and behaving, particularly within relationships.

In other contexts, core processes of change are identified that can be influenced by interventions associated with a range of different theoretical approaches. Examples in this respect include the importance of the transformation of meaning as discussed by Power and Brewin (1997) and the disconfirmation of dysfunctional schemas considered by Safran and Ink (1995).

*Common Factors Integration:* A further approach to thinking about psychotherapy integration has been to assume that certain features that different approaches to therapy have in common are responsible for therapeutic change, and not their theoretically defined characteristics. In addition, the specifics of our theoretical approaches are deemed to be only those aspects that are unique to each of them. The common factors then tend to be referred to as non-specific or non-procedural factors, in effect detaching them from any theoretical understanding. The supportive nature of the therapeutic relationship, and the experience of hope are particularly identified as significant common factors responsible for change, with examples being provided by the work of Frank and Frank (1991, 2004) and the Contextual Model proposed by Wampold and Imel (2015).

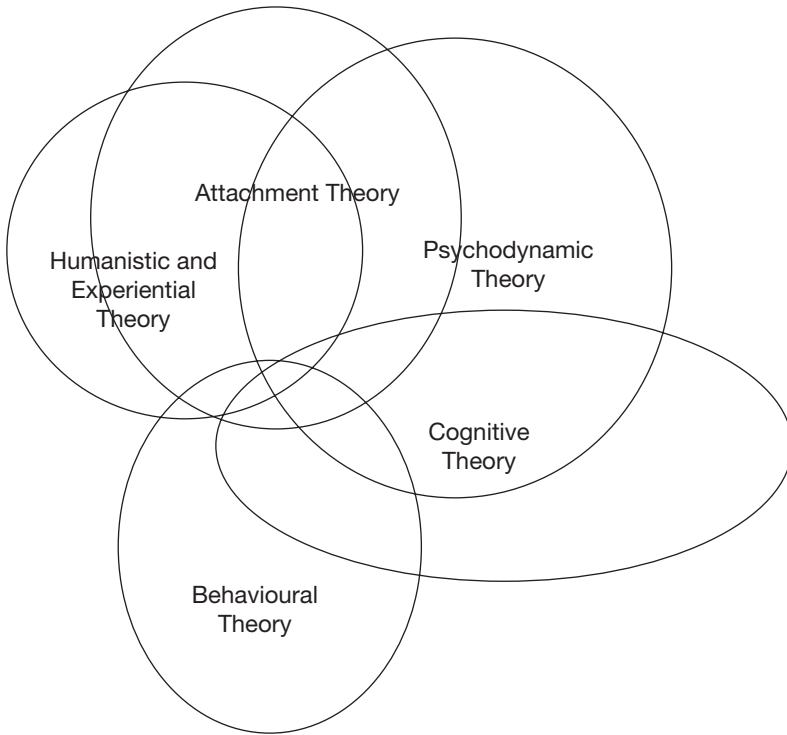
## **My Approach to Theoretical Integration**

In this work I am not looking to establish a theoretically integrated stand-alone model of psychotherapy. My aim is to articulate a model that supports the validity

and constructive value of drawing on a range of theoretical approaches within any psychotherapeutic context.

*Similarity and Difference:* In thinking about what happened between Joan and myself from each of our major theoretical perspectives, important principles emerge that relate to this study of theoretical integration. Aspects of similarity and overlap support the validity of associated elements of theory; differences and unique understanding extend our theoretical awareness, and carry the possibility of interventions that might complement each other. The diagram in Figure 1 illustrates these principles, and portrays our major theoretical approaches as overlapping ellipses.

The extent of overlap varies between different approaches. The central area in which they all overlap implies that in some respect all of them will have something in common with each other. The areas of the ellipses that don't overlap represent



**Figure 1** Overlapping and Unique Contributions of Theoretical Approaches to Psychotherapy

the unique contributions they each make to theoretical understanding and to therapy, differences that may powerfully complement each other within processes of change.

*Our Human Mind:* I now want to turn to some thoughts about the nature of our human mind, where the structures, mechanisms and processes of our theoretical perspectives will be at play. I will start by thinking about the experience of receiving psychotherapy, in order to reflect on what I believe to be a central and essential position in relation to theoretical integration.

If any of us were struggling with anxiety and depression, we might welcome the opportunity to see a cognitive behavioural, CBT therapist and gain really valuable benefits from a protocol-led Beckian approach. We might also find that to some extent although our anxiety levels were much more manageable, our depression not so disabling, we were still struggling with some source of unhappiness we could not quite understand or move on from. We might decide that an experience of psychodynamic therapy was worth a try and discover it was really helpful too. The process could just as well work out the other way around. After first benefiting from psychodynamic psychotherapy, we may find that our symptoms of anxiety linger on, and in spite of much else changing in our lives, our minds automatically take us to unhelpful positions at times. An experience of CBT could make all the difference.

In order to be helpful to us, the structures, mechanisms and processes associated with both of these therapy approaches must be present and active within our minds. We know that we do not have separate psychodynamic, cognitive or behavioural sections within our minds; they are whole, not fragmented entities. If that is the case, and if we truly believe that the mechanisms and processes of both psychodynamic therapy and CBT have validity, those mechanisms and processes must routinely exist together within our minds. Their differences have to be compatible with each other, and they all have to be able to co-exist. The same will apply to all of our validated theoretical approaches to psychotherapy.

My work reflects a basic belief in the theoretically unified functioning of our human mind. I do not believe that a fully defined and unified description of how that mind functions will ever be possible, or that we will ever be in a position to define a single, universally effective approach to psychotherapy on that basis. However, I do believe that all of our theoretical positions should be definable in ways that are not in conflict with each other, because their related processes and mechanisms must be functioning in harmony and seamless synchrony within the one human mind that we all possess. From a similar perspective Safran and Inck (1995) use the metaphor of different parts of the same elephant being addressed by our different theoretical approaches to psychotherapy. However, they come to the conclusion that although the same elephant is being referred to, theoretical integration in relation to these different parts is not possible. I very much disagree

with this conclusion; if each theoretical approach has validity, and if we truly are examining the same elephant, ultimately theoretical integration must be possible.

I see the integrative consideration of psychological constructs on this basis as one of the most important tasks facing the study of human psychology. As long as we maintain a dissociative split across the different theoretical approaches that so obviously must be relating to the same human mind, we hold back our search for knowledge and understanding of ourselves, and the application of that knowledge.

This book is written from the position that theoretical integration and unification in relation to the psychological functioning of our human mind reflects its natural state of affairs. During our efforts to explore, understand and work with the amazingly complex phenomena that are our human psychological selves, our theories have become artificially segregated.

## **A Metaphor for Dialectical Theoretical Integration**

Our current approaches to psychotherapy have been developed from, or at times, in opposition to earlier theoretical starting points, and each has set out to examine the psychological functioning of the same human mind from within its own frame of reference. Building on the theme of overlapping circles in Figure 1, we could imagine the elements of theory associated with each approach to be theatre spotlights, each casting a circle of light on the stage of human psychological functioning.

These spotlights are focused on the single stage of a theatre of study that researchers and therapists with allegiances to different schools of thought tend to visit on their own. They do not necessarily see the spotlights created by others. Sometimes the circles of light provided by different approaches would overlap with each other, if they were turned on together. They would maybe overlap virtually completely, or one may exist entirely within the sphere of another, but encompass only part of it, or it may be that only a limited area of some spotlights would cover the same ground as others. In the latter case the rest of the light from each spotlight would be shed on unique areas of the stage. None of this will be apparent unless the spotlights of the different theories are turned on and seen at the same time. Each of these relationships between the areas of light cast by our theoretical spotlights relates to ways in which the elements of our differing theoretical approaches relate to and connect with each other.

These connections and similarities may not be recognized at all within the writings and practices of the theoretical approaches concerned, and as readers and practitioners it will be for us to make our own judgements. At other times theoretical similarity, and/or the specific application of pre-existing concepts and understanding may be clearly acknowledged.



When the spotlights of our different theories do not demonstrate aspects of overlap, each will make their own unique contributions, complementing each other within an integrative, harmoniously functioning whole. This state of affairs requires theories to be compatible, and not in conflict with each other. The existence of one theoretical position must not logically wipe out the possibility that another one is functioning as well; they are able to co-exist and their spotlights can shine at the same time. If they are in logical conflict with each other they cannot co-exist, and their spotlights cannot shine in unison.

This context of incompatibility presents a particular challenge to psychotherapy integration. Only compatible constructs, mechanisms and processes may be drawn upon from an integrative perspective. If the premises associated with different theoretical approaches are incompatible with each other, they cannot be deemed to co-exist within our one human mind, and cannot be integrated. The only way to resolve this situation is for the premises of one or more of the approaches to be changed in a way that removes the incompatibility.

## **The Relationship Between Theory and Practice**

As well as describing their individual perspectives on the nature of human psychological functioning, each theoretical approach to psychotherapy also defines its own principles regarding the practice and conduct of therapy. In this work I make a clear distinction between the two, and initially integration will be considered solely in relation to the psychological constructs, mechanisms and processes associated with human psychological functioning.

The principles adopted regarding therapy practice all relate to beliefs about what needs to take place in therapy, to enable beneficial changes in the particular constructs, mechanisms and processes that are the focus of each theoretical approach. In single-model therapy practice these beliefs are often stated as formal guidelines, supported by therapy protocols and definitions of therapist competencies. Significant aspects of routine practice that vary across different approaches to therapy include the style of therapist behaviour in relation to clients, the nature of the relationship between them, the nature of specific interventions, and the ways in which therapy is organized in terms of structure and content, across and within sessions. Principles of practice will also include judgments and criteria relating to the application of different therapies such as the nature of the problems it is best able to address, the characteristics of clients who are likely to benefit, and the nature of training needed for therapists to become competent. Compatible and incompatible differences in all of these respects will influence the feasibility of integrating our different major therapeutic approaches at the level of practice.

## A Dialectical Study of Theoretical Integration

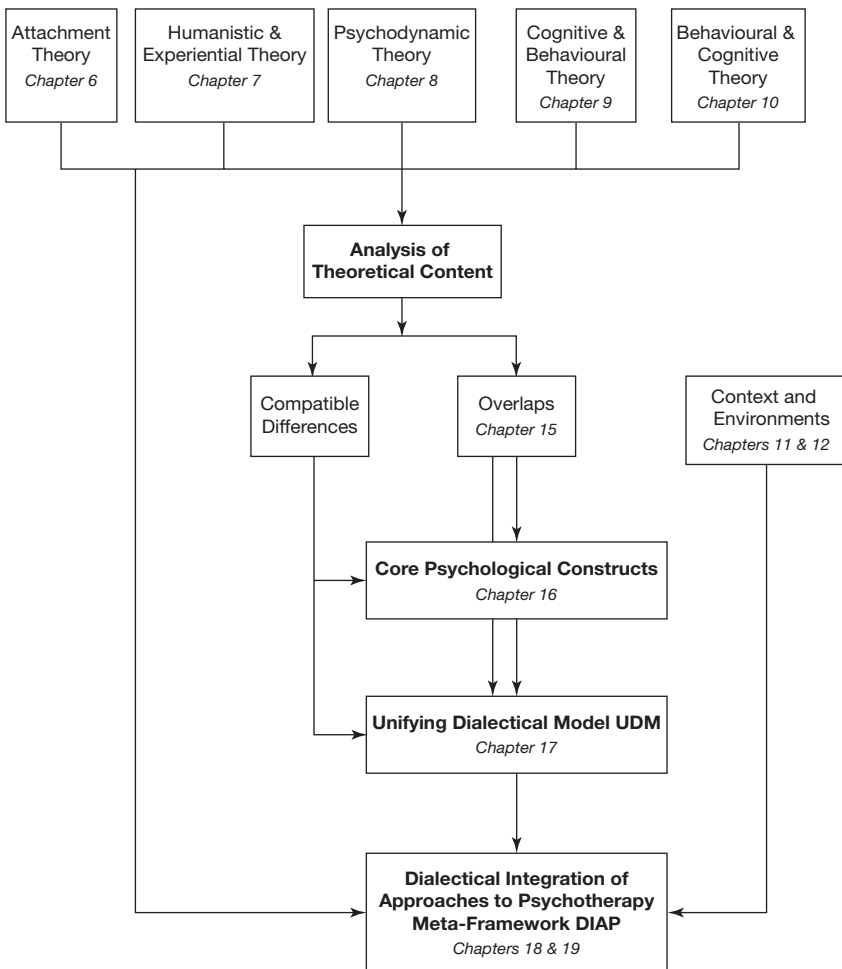
Before I overview the nature of the current work, a few more words need to be said about the context of our cognitive and behavioural theories. In terms of current approaches to therapy it is hard to separate them since they are both commonly applied as valuably integrated parts of cognitive behaviour therapy, CBT. This has become something of an umbrella term for a large group of integrative therapies all reflecting cognitive and behavioural principles and styles, which are often influenced by a range of other therapy-related theories as well. The boundaries between these individual, and sometimes very contrasting therapies, have not been maintained within what is often talked about as a single-model approach. In the midst of the ‘cognitive revolution’ unique core aspects of behavioural theory seem to have become somewhat eclipsed by cognition. As mentioned earlier, in order to reflect them as fully as possible within this work the theory underlying CBT has been separated into two parts: cognitive and behavioural theory, in which theory relating to cognition takes the lead; and behavioural and cognitive theory, in which behavioural theory takes the lead.

The current work adopts a comprehensive and transparent dialectical approach to the integration of psychotherapy theory across the five major theoretical perspectives. It initially addresses the theoretical nature of human psychological functioning on an integrative basis, and it is only after this work has reached its conclusion that therapy practice is brought into consideration. My intention is to explore ways in which the constructs, mechanisms and processes of these major theoretical approaches may all work together, and be involved in processes of change, within our one human mind. The work done to achieve this essentially constitutes a piece of informal qualitative research, in which the contents of our selected theoretical approaches are analysed, thought about and brought together on a dialectical basis that seeks to resolve incompatibility.

Philosophy and associated epistemology (the approach we take towards gaining knowledge) is very relevant to this analysis, because the position we take in relation to philosophy influences the range and nature of the knowledge that we work with and what we do with it. Some philosophical positions dramatically limit the nature of knowledge that may be taken into account. Within this work I have found Roy Bhaskar’s critical realism particularly helpful, since it reflects ways I naturally think about knowledge of ourselves and the world around us, and is consistent with the nature of human psychology and psychotherapy. It allows for a range of epistemologies, and fundamentally supports dialectical process. Part 1, Chapters 2-4 will provide an overview of philosophical approaches and a discussion of the core principles of Bhaskar’s critical realism.

In this work the spotlights of attachment, psychodynamic, humanistic, cognitive and behavioural, and behavioural and cognitive theories will all be turned

on at the same time. Overlaps and similarities in their content will be identified, constructive use will be made of their compatible differences, and apparently incompatible differences will be explored in the context of their potential resolution. It is particularly this attention given to resolving incompatible or apparently incompatible differences that constitutes the dialectical strength of this work, and is consistent with Hegel's description of logic as following a dialectical pathway in which internal contradictions are transcended (Honderich, 1995). The flow chart in Figure 2 illustrates the overall process of theory development.



**Figure 2** A Dialectical Study of Theoretical Integration

Part 2, Chapters 5-10, provides the theoretical detail on which this analysis of content across approaches will be based. We will look at attachment theory (Chapter 6), humanistic and experiential theory (Chapter 7); psychodynamic theory (Chapter 8); cognitive and behavioural theory (Chapter 9); and behavioural and cognitive theory (Chapter 10). In addition, Chapters 11 and 12 will address the theoretical importance of contexts and environments, looking at the nature of the world around us (Chapter 11), and our place in the lifespan (Chapter 12).

Part 3, Chapters 13-19, constitutes the core of this work in terms of the dialectical study of theoretical integration. In Chapter 14 I will further explore the importance and challenge of working with incompatible difference. In Chapter 15 I will discuss 11 significant theoretical overlaps between our five major approaches, identified by an analysis of theoretical content. These will include five core constructs, in which I judge our different approaches to be referring to the same psychological entity. In Chapter 16 differing aspects of compatible theory across the major approaches will be brought together to define each of these core constructs on a theoretically integrative basis. In Chapter 17 they will be used together with other aspects of significant overlap, to describe a coherent theoretically integrative model of human psychological functioning, the Unifying Dialectical Model, UDM. In Chapter 18 a meta-framework supporting theoretically integrative psychotherapy practice, the Dialectical Integration of Approaches to Psychotherapy, DIAP meta-framework will be discussed. This framework will illustrate the potential for each of our five major approaches to support constructive psychological change through their individual and mutual impacts on the processes of the Unifying Dialectical Model. Chapter 19 will discuss some of the practical implications and value of the UDM and the DIAP meta-framework. The Unifying Dialectical Model and the DIAP meta-framework together constitute Dialectically Integrated Psychotherapy.

Part 4 will explore a single experience of individualized integrative psychotherapy, and the different theoretical perspectives that have come together in support of practice within each session will be identified. Chapter 20 will analyse the proportions of different theoretical approaches used across the therapy, and summarize the therapy experience. Chapter 21 will then look at the nature of change in terms of the integrative understanding supported by the Unifying Dialectical Model and the DIAP meta-framework.

Part 5, Chapters 22-25, will discuss Dialectically Integrative Psychotherapy in the broader context of work addressing psychotherapy integration. Chapter 22 will look at its relation to the general aims and principles of integration, Chapter 23 will compare it with other approaches, and Chapter 24 will consider its implications in terms of theory development, the ways in which we conduct our research efforts, the practice of both integrative and single-model psychotherapies, and the nature of psychotherapy training. The final chapter will summarize the work done and reflect on the processes involved as it unfolded.

This book is designed to be read in sequence or approached on the basis of the parts and chapters that best fit the reader's existing knowledge and interests. Introductions are provided to Parts 1-3 and summaries are available at the end of chapters, to help readers decide where they want to start and to select those chapters they may most wish to read in detail.

### **Summary**

This introductory chapter has defined the dialectical nature of my approach to theoretical integration in psychotherapy and overviewed the philosophical context of the work. It has described aspects of the qualitative analysis of the theoretical content of five major approaches that will lead to the development of the two components of Dialectically Integrated Psychotherapy: the Unifying Dialectical Model of human psychological functioning, the UDM, and the Dialectical Integration of Approaches to Psychotherapy, DIAP meta-framework. This material will be covered in Parts 1, 2 and 3 of the book. Part 4 will provide an example of integrative therapy practice that will be analysed in relation to the principles of Dialectically Integrated Psychotherapy. Finally, Part 5 will discuss this work in comparison with other approaches to integration, consider its practical implications, and reflect on key aspects of the work overall.