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**VOLUME I**

**How Do Integrative Psychotherapists Integrate?  
A Qualitative Exploration of Tales from the Trenches**

**Marcella Finnerty**

**A Project submitted to Middlesex University and Metanoia Institute  
in partial fulfilment of the requirements for the award of the  
Degree of Doctorate in Psychotherapy by Professional Studies.**

**2014**

## **Abstract**

How Do Integrative Psychotherapists Integrate?

A Qualitative Exploration of Tales from the Trenches

This is a phenomenological study exploring the first-person lived experiences of 14 clinicians in their daily practices of integrative psychotherapy, in an Irish context.

The data were gathered through semi-structured interviews lasting 50 minutes and investigated using Interpretative Phenomenological Analysis (IPA). Three master themes emerged: (1) Being an Integrative Practitioner (2) The Therapeutic Relationship – A Dynamic Process and (3) Identity – Personal and Individual.

The findings confirm that integrative psychotherapy is a complex and idiosyncratic process. The therapy practices as described by participants differ to those as outlined in the literature. Participants use their prior, tacit knowledge of what worked previously, built up through a cycle of praxis, as a reference point for their practice. Integration is seen as combining different interventions and techniques. All consider listening as the mainstay of building the therapeutic relationship and the driver towards integration. There is an appreciation of multiple aspects of client problems and multiple ways these can be understood in theory and worked through using a variety of interventions and techniques. Tailoring their approaches to the needs of each client was seen as a key responsibility of the therapist. A pluralistic perspective is proposed as a structure for containing the myriad of theories and therapies that practitioners are struggling to incorporate into their practices. This also aims to address the lack of clarity and agreed definition within the field in general. Since integrative/eclectic approaches are increasingly popular internationally, it is difficult to isolate issues relating to integration without reference to the wider field of psychotherapy.

The study produced some novel and surprising discoveries: the lack of a cohesive identity shared by integrative psychotherapists, and a view of self as not being a researcher, despite the fact that descriptions of their practices often suggested the opposite. Developing a practitioner-researcher outlook is considered of great significance to the profession.

A spirit of open, collaborative inquiry and a therapeutic pluralism have been advanced as an apposite stance for the profession to adopt in proactively meeting the challenges within what is a dynamic and ever-evolving field of endeavour.

**Key Words:** Integration, Qualitative, Interpretative Phenomenological Analysis (IPA), Eclectic, Training, Research, Pluralism.

## **Dedication**

**In Memory of Martina and Sarah-Jane**

**Who laughed often and loved much**

**And left this world a better place because they have lived**

---

**To Pat**

**M'Anam Cara**

**To Marisa, Ronan, Eoin**

**Mo Mhuirníní**

**Le Dea-Bhuíochas**

---

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## Abbreviations

BACP	British Association for Counselling and Psychotherapy
CAT	Cognitive Analytic Therapy
CBT	Cognitive Behavioural Therapy
CORU	Regulators of Health and Social Care Professionals
CPD	Continuing Professional Development
CT/RT	Choice Theory/Reality Therapy
ECTS	European Credit Transfer System
HECA	Higher Education Colleges Association
HETAC	Higher Education and Training Awards Council (Now QQI)
IAAAC	The Irish Association of Alcohol and Addiction Counsellors
IACP	The Irish Association for Counselling and Psychotherapy
IAHIP	The Irish Association of Humanistic and Integrative Psychotherapy
IICP	The Institute for Integrative Counselling and Psychotherapy
IPA	Interpretative Phenomenological Analysis
NFQ	National Framework of Qualifications
PCC	Person-Centred Therapy
PSI	The Psychological Society of Ireland
QQI	Quality and Qualifications Ireland (formerly HETAC)
REBT	Rational Emotive Behaviour Therapy
SEPI	The Society for the Exploration of Psychotherapy Integration
VCS	The Village Counselling Service
WGII	The William Glasser Institute Ireland

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- IACP Certificate of Course Recognition
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- WMB: Final 5 Shortlist Nominees. October 2012 with CD of Radio Interview.
- Tallaght Community Council: Person of the Year Category Nominee, November 2012.
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- Journal Article *Choice Theory: Effects of Locus of Control and Self-Esteem in Adult Community Employment Workers*. Front pages published in the "International Journal of Choice Theory" (Winter 2007/Spring 2008).

#### IV PROFESSIONAL ACTIVITIES: CONFERENCE PRESENTATIONS AND ORGANISING CONFERENCE SPEAKERS

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- Certificate of Appreciation: Co-Chair McLeod Workshop.

**V TEACHING/LECTURING: WGII and TRINITY COLLEGE DUBLIN**

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## Chapter One: Introduction

This first chapter aims to offer the reader a window on my relationship to this qualitative study. The project sets out primarily to explore the first-person lived experiences of integrative psychotherapy from the practitioner's perspective, in an Irish context. I will outline my own theoretical stance in relation to the research question and how my interest in this topic arose. As a backdrop to this I will summarise the personal, professional and research influences on my choosing integrative psychotherapy as my subject of interest. This includes current and anticipated future professional and academic requirements associated with the wider field of psychotherapy in Ireland. Furthermore, I will discuss how the research question evolved, and the potential value and relevance of the study to psychotherapy in general, and in an Irish context in particular.

As I have received Recognition and Accreditation of Learning (RAL) at levels 4 and 5, therefore, I am submitting this research project as equal to 240 credits – DPY 5240.

### 1.1 Personal Context to the Study

*My integrative leanings were crystallized by formal training; they are deeply anchored in biography and shaped by my life experiences...integration as a process probably occurs within a person before it occurs as a psychotherapist.*

(Norcross, 2006: 59)

This doctoral undertaking is a journey which commenced officially in 2010, but in truth it began many years before that and is representative of the culmination to date of a lifetime's work, both professionally and personally. It represents some important understandings, experiences, practices and beliefs of mine as a therapist, supervisor, lecturer and researcher, as well as client, student, learner and supervisee. This is also somewhat an account of the route I travelled from a single-school approach to an

integrative one and to my teaching of that latter philosophy over many years. It is both an accumulation of the various elements and the sum total of the components of that journey. I trust that the whole is greater than the sum of the individual parts. The meaning of the part/whole relationship is a feature of my work as an educator, therapist and supervisor. I believe that to understand any one part it is necessary to look to the whole, and vice versa. I have given expression to this non-linear approach to my thinking through the application of Interpretative Phenomenological Analysis on the data gathered throughout the study. This is discussed in detail in Chapter Three which deals with the methodology of the research. My goal is to communicate and disseminate the findings of the study within the field in general through the professional products outlined in Chapter Eight. It is my hope that this project will add to the community of knowledge as well as influence and inform practitioners, researchers, and academics in their understanding of integrative psychotherapy.

I was schooled in a positivist psychological tradition in college and I adopted a monist attitude through my learning William Glasser's Choice Theory/Reality Therapy (CT/RT). I immersed myself in this orientation and went to the United States to do much of my training, as it was not possible to do so in Ireland or anywhere in Europe at that time. However, coming up against more complex, troubling, and difficult cases, I found I could not always help clients; through this I learned that no one approach is suitable for every client in all situations. I began to question the belief that there was one truth out there to be discovered and one right way of helping people in psychological distress. While feeling under skilled was not a pleasant experience, I embraced doubt and began to understand and appreciate that uncertainty was essential to my questioning the beliefs I had come to perceive as facts and truths. The experience of conscious incompetence acted as a catalyst to my perceiving the world in a different manner. In time, this opened up to me a variety of ways of being and acting in the world. My job was to help people; I could not do that unless I had a more holistic and pluralistic attitude, and to do that I needed to explore a wider landscape and move outside my Glasserian origins.

I learned about Carl Rogers and how I might integrate a person-centred approach with the more cognitive behavioural approach of CT/RT. By the time I signed up for my master's degree, I was a firm believer that no one method worked all of the time, and that an integrative approach was more useful. This was in line with the constant changes in the field and the preference at that time for an integrative framework. I was also teaching on a Diploma in Integrative Counselling and Psychotherapy programme and I specifically sought out that master's course because it had an integrative and multicultural component. I undertook the rigours of this further study because I wanted to engage deeply in understanding integration. One of the products of my master's project at that time was the writing up of a curriculum for a Certificate and Diploma in Integrative Counselling and Psychotherapy for my own college, the Institute of Integrative Counselling and Psychotherapy (IICP). This programme received recognition from the main professional accrediting body in Ireland, the Irish Association for Counselling and Psychotherapy (IACP) in 2006, and formed the basis for academic validation from the statutory governing body, the Higher Education and Training Awards Council (HETAC), now QQI (Quality and Qualifications Ireland) as a BA (Hons) in Integrative Counselling and Psychotherapy in 2010.

## **1.2 Why Metanoia?**

Having undertaken all my academic qualifications at Trinity College Dublin (TCD), including an undergraduate degree in psychology, a Master's Degree in Educational Guidance and Counselling, and a Postgraduate Diploma in Clinical Supervision, my mentor and I took it for granted that I would progress to a doctoral programme at the college. However, I could not gain a focus, although we discussed the options and potential directions many times. I had taken the opportunity of using the master's programme to research the profession and to design a model of integration applicable to the field of psychotherapy education in an Irish context. I wanted my doctoral endeavours to be relevant in a similar way.

I am currently Programme Director and founding member of the Institute of Integrative Counselling and Psychotherapy (IICP), which provides training in counselling and psychotherapy at diploma and undergraduate degree level. I am also founder and director of its sister counselling organisation, the Village Counselling Service (VCS). I pursued The Doctorate in Psychotherapy (DPsych) at the Metanoia Institute in collaboration with Middlesex University because it offered me the opportunity of completing a substantial research project that would have an academic focus as well as significance to my professional context. In addition I wished to engage in lifelong learning, to be challenged, rejuvenated and enthused with new discoveries, to express and explore questions that have arisen for me and to collaborate further with my colleagues in the field. My engagement with the DPsych has been a phenomenological experience, as I drew on critical reflexivity to review and discover the essence of my personal and professional journey and, at times, on pragmatism and sheer effort to write up those discoveries. Through my Review of Personal and Professional Learning (RPPL) I have critically reflected on my past experiences, current position and future intention. In completing my Recognition and Accreditation of Learning (RAL) 4 and 5 submissions, I further charted and articulated those experiences.

I discovered that the constant role I have adopted throughout my professional life has been that of collaborator and facilitator. Although I'm the founding member of the training and counselling services, I could not have established and progressed them without the knowledge, skills, expertise and support of a great many other people. The successes of both services are rooted in the professional, competent, and skilled team of lecturers and therapists I have assembled. They are the essence of the organisations and the ones who maintain the highest levels of quality and keep the project moving from strength to strength.

### **1.3 Aims of the Doctorate in Psychotherapy**

I believe it wasn't until after I had written up and reflected on my Learning Agreement that I became clear about the aims of the doctorate and they unfolded in the contexts outlined previously, through reflection on my practice, written reflections, and conversations with colleagues. Although it took some time, ultimately the aims were to:

1. Undertake a practitioner research project whose outcomes would inform the development and practice of integrative psychotherapy.
2. Initiate and contribute to the current narratives and debates in the field, especially in light of the draft discussion document on standards in counselling and psychotherapy which issued from QQI, in August 2013.
3. Contribute a practitioner-educator perspective to the development of statutory, academic and professional guidelines in the field.
4. Translate this learning and knowledge to other areas in the field, including research.
5. Draft, coordinate and implement a formal educational opportunity for practitioners who wish to train as integrative psychotherapists, in the form of a master's degree.
6. Develop and provide opportunities for continuing professional development seminars and workshops for therapists and educators.
7. Challenge myself personally, professionally, intellectually and spiritually.

### **1.4 Rationale for the Research Study**

Increasing attention is being paid to the requirements for accountability and competence in health care service delivery, and a growing prevalence of integrative/eclectic approaches as the modal orientation of choice in the United States and the United Kingdom, amongst other countries (Norcross et al., 2011; Hollanders, 1999). Therefore, research into the effectiveness of an integrative approach and the manner in which it is taught is a valid and current area of interest in

the field (McAleavey & Castonguay, 2013). However, it is claimed in the literature that research on integration is in its infancy (Weiner & Craighead, 2010; Castonguay, 2005), and that knowledge of how integrative psychotherapists integrate, which is an untapped reservoir, would clearly be useful for training programmes and in a professional and higher education context.

This study is an attempt to add to the understanding of clinical practice and to help inform the professional, academic and CPD training of integrative psychotherapists. It is also intended to give a voice to the participants, to add to debate within the field, and to distil and use the expertise of the participants for current and future therapists. In addressing the lacuna in the literature between research and practice, I hope to give expression to those clinicians who are using integrative psychotherapy quietly, skilfully and on a daily basis, and to disseminate the findings widely. What, if anything, can we learn from the lived experiences of integration that can be disseminated to others in the psychotherapeutic and psychological professions? Do these experiences have any influence on the way practitioners think and the manner in which they treat their clients? Furthermore, I would like to understand what impact, if any, these experiences have on clinicians' crafting and practice of integrative psychotherapy.

Gaudio and Miller (2013) contend that despite randomised control trials demonstrating the efficacy of psychotherapy, the field is losing ground amongst medical practitioners, insurance companies and policy-makers in the United States. Part of the reason for this loss is inherent in the field itself, an example being the gap between the perceived 'ivory tower' context of academics who research, and actual approaches adopted by clinicians in practice. Many therapists do not involve themselves as researchers of practice-based evidence and evidence-based practice, or as consumers of the research literature. Other issues relate to randomised control trials (RCTs) themselves; Norcross and colleagues (2011) continue to question the findings of RCTs, as other studies demonstrate that psychotherapy as practised outside of RCT studies is different to that within. They note that a majority of

therapists consistently identify themselves as having an integrative or eclectic approach and, therefore, practitioners most likely do not adhere strictly to one school but instead use a variety of techniques. Boswell and colleagues (2010) believe that because of this, it is important to extract the essential elements of competent integrative practice and find ways of ensuring these can be taught and developed during training.

Thoma (2008) advises that psychotherapy as practiced in the field is not a well-researched area and requires further investigation. The foregoing reports on the lack of data at local level prompted me to initiate this research project in the hope of providing a valuable, valid and reliable study, which would be of value within the field of integrative psychotherapy.

### **1.5 Academic and Professional Context to the Research**

It is not within the scope of this study to explore the debates, definitions of, and distinctions between, counselling and psychotherapy. The term “psychotherapist” has been chosen as the main descriptor, with therapist, clinician and practitioner being used interchangeably.

As an academic, practitioner and a doctoral candidate, there is a creative tension between my roles as I move back and forth between the college and the “real world”, where I practise as a therapist and supervisor. The idea of a practitioner-academic is a current topic of discussion in the psychotherapeutic field in Ireland. The requirement for practitioner status will necessitate an added academic focus. It is clear from the Submission to the Irish Government on the Statutory Registration of Counsellors and Psychotherapists in Ireland (2008), that the baseline qualification and experience for registration as a psychotherapist is being placed at a minimum of four years of training in a specific psychotherapy modality, and at level of a master’s degree. Through discussions with the IICP Academic Board and the college’s academic and professional consultants, IICP decided in 2012 to develop a Master’s Degree in Counselling and Psychotherapy. This was designed to meet the future

needs of the profession in Ireland and to keep the organisation relevant within the field. I was appointed to develop the programme, which was an honour and privilege, but also a tremendous amount of work and responsibility in synchronising and working with the development team.

As I progressed through the doctoral journey to the Programme Approval Panel meeting, towards the end of 2012, Dr. Nigel Copsey suggested that rather than write books, journal articles or workshops, the most effective way to disseminate the information from the project would be through IICP's proposed master's degree programme. As a result of that feedback, the IICP master's degree was firmly placed as a product of my doctoral journey. The timing of Dr Copsey's suggestion was serendipitous. Perhaps if I had the option at an earlier stage, I may not have acquired the breadth and depth of knowledge that I have over these past few years. In turn, this foundation of knowledge has changed the way I conducted the research study. For example, I think I would have rushed to opt for a quantitative rather than qualitative design, as that was within my comfort zone. The idea to choose a fully qualitative study evolved over a timeframe of more than two years and was influenced by the Research Challenges Module and the Professional Knowledge Seminars I attended.

My role as Programme Director and researcher has brought me collaboratively, actively and visibly to the community of integrative psychotherapy practitioners. Personally, this is of great benefit to my research, as I have a wide range of experts that I can consult with and seek support, help and guidance from as I continue the research voyage. Through these professional dialogues my thinking on integrative psychotherapy, both theory and practice, has evolved. Equally these have coincided with and assisted in the development of the master's degree. These ongoing professional dialogues were deep reflections on practice and the evolution of my ideas as well as personal insights, and are discussed in Chapters Six and Seven of this study.

## 1.6 Emergence of the Research Question

Due to the current move towards statutory registration of the psychological therapies in Ireland, the training of counsellors and psychotherapists is under review. No longer is the focus simply on the professional bodies' accreditation processes. The trend in Ireland is to move towards an international standard of incorporating the professional training of our psychotherapists within a higher education context. Having written a programme of study and teaching integration as a model of psychotherapy, I often wonder how integration is thought about and practised by the therapist. Taking into account the proposed changes to a more international standard of academic qualification in the development of psychotherapy training in Ireland, it seems an appropriate time to look at current practice in terms of future standards. I also question whether it is possible in a minimum of two years of study, for students to gain sufficient insight into any one model of psychotherapy to enable them to construct a framework and filter for other models. Does an integrative approach require further training in order to develop the necessary key insights and understandings for therapists to construct their own scaffolding? I think of Kolb's learning cycle and the need for reflection on action, taking time for the learning to become embedded and then to try out that learning again. Academic requirements are important for students to help them place their own learning and research in the field within a wider landscape. These musings on the current requirements for the training of integrative psychotherapists have encouraged me to explore the field more fully. I consider exploring the community of knowledge holds potentially important information for current, and future practitioners of psychotherapy, to help gain a deeper sense of where the profession is going and what are the current practices of integration as described by those presently working as clinicians.

My inquiry, therefore, stems from a workplace context as Programme Director with responsibility for the quality and development of training programmes in my own college, IICP. The focus of the study is on how established integrative psychotherapists describe their experiences of integration, to ascertain if there is

anything that can be learned to improve the quality of teaching, to better equip therapists entering the profession, and to support those already practising. It is important for professionally recognised colleges to constantly seek ways to improve our programmes. This is to provide the best service to ensure that our students, who are the future practitioners in the field, are knowledgeable and well qualified in the practice of their craft. We not only serve as role models, but also as providers of new and cutting-edge information for current and future clinicians. Ultimately, we are gatekeepers to the field and the standard bearers for the provision of high-quality services to clients.

Little is written on what therapists actually say they do that they call integration, much less why they choose to do what they do. Thoma (2008:57) has stated that psychotherapy integration is widespread amongst practitioners, becoming the rule rather than the exception, and further research should look to understand when and how practitioners do this. He concludes:

*studying the wisdom of experienced practitioners will help researchers to further understand psychotherapy's ultimate question: what works for whom and when?*

Currently the main therapist accrediting body in Ireland, the IACP, requires that all courses accredited by them must provide a detailed study of at least one major school of psychotherapy with an introduction to other schools and models for comparison, contrast and critical analysis. The equivalent organisation in the UK, the British Association for Counselling and Psychotherapy (BACP), which is the largest and broadest accrediting body within the sector in the UK, has a less prescriptive but similar requirement for their accredited courses to have sufficient theory so their trainees may develop an in-depth understanding "...of a substantial body of knowledge...to enable students to make explicit and critically appraise...comparisons with other therapeutic approaches" (BACP Accreditation of Training Courses, 2012, 5th edition). Similar to psychotherapy training in Ireland and the United Kingdom, counselling psychology trainees in the UK are expected to

have a critical awareness of a variety of therapeutic approaches (Ward et al., 2011). It has been stated that this type of training can lead to turning out “a cohort of broadly-based practitioners who possess a confused hodgepodge of half facts” (Norcross & Beutler, 2000: 255). I wonder if, unintentionally, the requirement for at least one other therapy model for comparison is actually encouraging an ad hoc eclecticism which is seen as a potentially unstable approach to the practice of psychotherapy. While this approach is not viewed as good for clients, it could also create insecurity in therapists. Clinicians can be at a loss to know which intervention to use, or how best to use it, and instead are picking and choosing in an improvised fashion with no compass or clarity, hoping that one or other intervention will hit the target. This does not seem an appropriate or professional way to help clients resolve their psychological distress, and might lead to ruptures in the alliance and failure of therapy (Gilbert & Orlans, 2011). The findings of this study may have relevance not simply in an Irish context, but perhaps for a wider population including UK psychotherapists and counselling psychologists.

## **1.7 Research Questions and Outline of Chapters**

The purpose of this study is to develop a phenomenological understanding of therapists’ perspectives of practising integrative psychotherapy. The main research question is: How do integrative psychotherapists describe their experiences of integration? Related to this research question, the following areas of interest are explored:

1. How do therapists understand the term integrative?
2. How does this understanding relate to their lived experience and practice of integration?
3. What is the lived experience of integration – theory, practice, skills, and supervision?
4. How has their personal and professional journey so far led them to an integrative stance?

5. At what point in their lives did they turn to an integrative approach – in training or during clinical practice over the years?
6. How do they feel that their clients respond to an integrative approach?
7. What would the therapist consider an appropriate symbol or metaphor for their particular approach to psychotherapy integration?

To summarise, this research study aims to understand the processes of integration at the local practitioner level. Although the nature of the enquiry is phenomenological, it may help illuminate a variety of issues in its attempts to explore what integrative therapists do that they consider is integrative practice. Consequently, the research aims to enlighten the current field of education and the ongoing professional development of practitioners, to provide best practice training and education to students and experienced therapists.

Chapter One will focus on placing the project in a personal and professional context, and provides the rationale for the study. It also outlines the overall aims, objectives, purpose and structure of the project.

Chapter Two presents a backdrop to the current study with a review of the literature. This includes the major debates on theory, research, training and practice, in light of the historical development of an integrative perspective and the knowledge required of competent clinicians.

Chapter Three explores the methodology employed in the research. It considers the rationale for the design of the project and the methodological, theoretical, ethical and philosophical foundations that have informed the process of conducting the study and choosing the method of data investigation, Interpretative Phenomenological Analysis (IPA).

Chapter Four outlines the method and procedures for carrying out the research, and reviews the ethical considerations. It also delineates the collaborative, procedural, and practical resources required in implementing the research.

Chapter Five describes the results of the study with supporting verbatim extracts from the participants' transcript recordings of the interviews.

Chapter Six discusses the key findings of the study in light of the research question and the literature review. Following analysis of the data gathered, supplementary areas for exploration came to light; therefore, some additional literature is incorporated into this discussion.

Chapter Seven focuses on the strengths and limitations of the study together with recommendations for future research. It also considers the relevance of the research together with the implications for training, practice and future developments within the field.

Chapter Eight examines the professional products to the doctoral project through which the research findings will be disseminated, to include a master's degree in counselling and psychotherapy.

Chapter Nine contains a review of the research study. I reflect on the process and outcome of the journey from a personal and professional perspective and describe the key areas of growth, challenge, surprise and satisfaction. I also share my insights as practitioner, educator and researcher of this study.

## Chapter Two: Literature Review

*With psychotherapy moving toward evidence-based practice, it is very likely that this will become more of the organising force for integration. In essence empirical pragmatism, not theory, will be the integrative theme of the 21st century.*

(Norcross et al., 2011: 289)

This chapter will review the research literature and historical context of the development of an integrative perspective in the wider field of psychotherapy.

### 2.1 Overview

My study focuses on how established integrative psychotherapists describe their experiences of integration, to ascertain what can be learned to better equip therapists entering the field, and to support those already practising. Little has been written about the actual practices of integrative therapists, much less the reasons behind these practices. Most research concentrates on clients' perspectives, their expectations of therapy and what works for them. The present research aims to explore the approaches to psychotherapy integration as conceptualised and practised by experienced therapists, to shine a light on the professional and personal nature of psychotherapy integration, and to examine any potential tensions between theory and practice in participants' attempts at integration.

### 2.2 Historical Context

In its short history, psychotherapy has played an important role in acquiring insight into and providing relief from the complexity of people's lives. The early history of psychotherapy is dominated by the development of different schools, each one eager to present its case against the others and each with its own language, which only those committed to its ideas would be likely to understand. Wedding and Corsini note:

*From 1900 to 1939 there were three major points of view and about a dozen minor ones in psychotherapy and during the next 60 years there were a dozen major points of view (including the original three) and perhaps two dozen others of consequence*

(2014: 13)

Monika-Maria Grace in her 2013 study considers psychotherapy as the art of persuasion, mainly because of its ability to improve the emotional state of troubled individuals. It has inevitably been influenced and shaped by the social, economic, political, and cultural climates in which it has been formed. It has evolved over the past 120 years into various approaches and schools including psychodynamic, cognitive-behavioural, humanistic, systemic and integrative (Knack, 2009). These approaches continue to develop and remain theoretically and scientifically productive (Boswell et al., 2010). Although distinct and different from each other there are several commonalities, including the involvement of a trained therapist, a formal change process and an expectation of improvement and the experience of hope (Knack, 2009).

The civil rights and counter-cultural movements in the 1960s signalled a shift from the prevailing standard of assimilation to a new one of integration. This external socio-political and cultural reality, as well as the economic context, was reflected in developments in the field of psychotherapy at that time. Taking into account that client populations vary in their cultural identity, requiring a more integrated and holistic approach, the contributions of other disciplines such as philosophy, sociology, anthropology, and psychology, are key to present practice and future developments in the field. Cushman (1995) contends that it is only in the context of these other histories that the history of psychotherapy can be properly presented and understood.

Previous research has documented the effectiveness of psychotherapy. Both qualitative and quantitative studies have demonstrated that around 80% of clients show benefits across a wide range of client issues and formats of therapy

(Norcross & Lambert, 2010). Therefore, through a variety of individual studies as well as several meta-analyses, the evidence demonstrates that psychotherapy in general is efficacious (Grace, 2013), however, over thirty years of meta-analytic reviews tend to support the finding of therapy equivalence, that is, that there are implicit common factors across therapies (Duncan et al., 2010). The statement by Norcross and Grencavage that “Meta-analytic research shows charity for all treatments and malice towards none . . . obviously, no clinical theory has a monopoly on truth or utility” (1989: 240) is still an accurate observation. These findings, together with clinical needs for flexible therapies, led to the interest in moving beyond a single school approach to practice.

Thoma and Cecero (2009) conducted a quantitative survey of doctoral-level practitioners to investigate the extent to which therapists endorse techniques outside of their self-identified orientation. The 201 respondents were found to support a significant number of interventions from outside their own specified theoretical beliefs (2009). Cook et al. (2010) conducted a web-based survey of 2,200 North American psychotherapists and discovered similarly that therapists identified with more than one theoretical orientation; integration was widespread, with relationship-oriented techniques such as the core conditions endorsed most frequently. Although various labels have been applied to this movement towards combining therapies and techniques, “eclecticism, integration, rapprochement . . . the ultimate outcome . . . is to enhance the efficacy, efficiency, and applicability of psychotherapy” (Norcross, 2006:71). Additionally, evidence demonstrating there are factors common to many theories and therapies and to their successful outcomes, has encouraged practitioners to integrate various approaches to help best meet the needs of their clients (Knack, 2009). Given this, it seems clear that psychotherapy and the various different theories and therapies have grown in response to psychological and social demands and pressures, rather than because research or other evidence has proven that any one approach is more successful than any other.

### 2.3 The Personal in the Professional

While the evolution of psychotherapy itself has been impacted at a global level by the sociological, psychological and philosophical contexts within which it is formed, so too has the therapist been affected by the same influences, but at a local level. McLeod (2014) considers that therapists gain in knowledge, skills and competence through the social context within which they live and work, and through their personal histories and professional choices, driven by external sociological trends. He further contends that due to the absence of ethnographic reports or formal life history studies, autobiographical accounts offer a starting point for understanding the social dimension of therapist development, however limited and selective. The reasons why people choose psychotherapy as a career are complex. Sussman (2007) maintains that a crucial motivating factor often involves an attempt to come to terms with one's own psychological distress. Bager-Charlson, in a study of 280 therapists in the United Kingdom, examining why therapists choose to become therapists; found that 75% cited personal experiences "...largely dominated by some form of crisis" (2010:32). She suggests that the ability to identify with others' psychological distress is connected to our ability as therapists to reflect on, learn from and transform our own suffering. Adams in her international and cross-orientation study of the private lives of 40 psychotherapists, found that their personal histories "not only determined their choice of profession, but also the model in which they chose to train (2014: 5). These personal histories revolve around central themes such as redemption in prevailing over suffering and distress, the academic pursuit of knowledge, remedying as adults childhood hardships and a professional career crafted by a quest for self-knowledge and personal development (McLeod, 2014).

Rønnestad and Skovholt (2013), in their comprehensive overview of the professional development of therapists over the career lifespan, found that in one set of interviews, eight out of twelve senior professionals recounted how experiences in early life (childhood, adolescence, interactions within the family and with parents) had affected various aspects of their professional lives and functioning. They

concluded that all therapists expressed the view that events in their personal lives had affected them as professionals.

Norcross (2006), considers that his beliefs are deeply anchored in a family background which is the product of an integration of diverse religions and cultures. This, he believes, primed him to adopt an integrative approach professionally. He contends that his intellectual drive to combine every theoretical intervention available, together with his desire to move beyond theoretical monism and a sceptical attitude towards the status quo, underscored by a pragmatic stance, all made integration an obvious direction for his energies. Equally, Louis Castonguay's intellectual quest to "...know everything (or as much as possible)..." was a driver in his seeking out integration as a way to escape the confusion that arose as he tried to incorporate every major approach into his practice (Castonguay, 2006:36). Lampropoulos likewise cites a profound curiosity and a belief from the outset of his career that there was no one single best theory; for him, psychotherapy integration made sense in that the strength of one model could compensate for the weakness in another. His approach is to view "...each theory in relation to others but not separately" (2006:9).

McLeod (2014) offers the example of John Marzillier's autobiographical account of his systematic search for different ways to be helpful to his clients, underpinned by his evolving understanding of the importance of relationship in his personal life. He also cites the personal history of Iris Fodor, a psychoanalytical-oriented clinical psychologist, who was influenced by her own personal history of marital breakdown. Her practice evolved to include CBT, RET, Gestalt Therapy and eventually Buddhism as a means of integrating her spirituality into her clinical work. Both of these therapists seemed to utilise a detailed exploration of their own life experiences as vantage points for deeper understanding of their clients and how change could be effected. McLeod believes that these introspections inform our appreciation and understanding of the intricate connections between the practice of therapy and therapists' early life experiences.

Goldfried, in his book on the personal and professional reflections of a sample of 15 of his colleagues, declares that the evolution of their practice has been "...uniquely seasoned by professional and personal life experiences..." (2001:328). He considers that such experiences create a sense of harmony in how therapists operate clinically, with a synthesis of the personal in the professional. The individual integrative approach was seen as an interaction of the therapist, their personal preferences and abilities, together with what was found to work clinically and "...the empirical evidence at hand" (2001: 327). His colleagues reported a variety of reasons for choosing their approaches and a main theme was the view that the limitations of one model were complemented by the strengths of another. Acceptance of, and patience with, the client was viewed as core to change, as was the need to provide clients with opportunities to learn and grow.

Schön considered that our personal and cultural biases have a major impact on the information we choose when trying to reflect on and make sense of our social reality (Bager-Charleson, 2010). McLeod believes that the accounts cited contain important implications for the way we understand how we perform "...as a professional community, in relation to the interaction between personal and social-historical sources of influence" (2014: 4). He further suggests that "...social narratives and personal contexts *converge* in meaningful ways to motivate a person into becoming a therapist..." (McLeod, 2014: 8). As Adams (2014) has pointed out, this extends to the type of therapeutic approach adopted, an example being the description cited above by Norcross of his own inclination towards integration (2006).

#### **2.4. What is Integrative Psychotherapy?**

Norcross (2005) considers psychotherapy integration is a developmental process which acknowledges the limitations of any one therapeutic system. It encourages the acceptance of a multiplicity of theories and techniques, and the movement has grown due to psychotherapists' appreciation of the genuine inadequacies of any single theory and agreement that a variety of perspectives can provide beneficial

understandings and effective therapy. According to Boswell and colleagues (2010), many psychotherapists identify with and practise different kinds of integrative approaches to psychotherapy. However, like the field of psychotherapy itself, which has refused to yield to any agreed definition, integrative psychotherapy is equally defiant. Norcross suggests the following statement of meaning:

*Integrative psychotherapy is the process of selecting concepts and methods from a variety of systems. Ideally the integrative approach is a creative synthesis of the unique contributions of diverse theoretical orientations, dynamically integrating concepts and techniques that fit the uniqueness of your personality and style.*

(2006: 65)

Gilbert and Orlans (2011) offer four broad and overarching definitions of integration: integration of the person – behaviourally, spiritually, physically; integration of theories and concepts, theories and techniques; integration of the personal and the professional – awareness of one’s own shadow so there is no split self when meeting the client; and finally, integration of research and practice. The clinician is researcher in their practice as well as in the wider field of psychotherapy. This all-encompassing definition resonates with me as an educator, practitioner and supervisor. It seems to me to be a meaningful and appropriate explanation of integration in practice, since it includes the personal as well as the professional.

Moursund and Erskine consider integrative psychotherapy to be relationship-focused, with a tacit understanding that all aspects of human functioning including cognition, affect, behaviour and physiology are involved: “It is based on the conviction that, just as relationship shapes the development of all of those aspects, so relationship is the basic therapeutic mechanism by which they can be changed and healed” (2004: 15).

Psychotherapy integration has been defined by Henry Hollanders as “the process of bringing things together, with the implication of making something whole and new”

(1999: 32). An increasing number of therapists describe themselves as using more than one broad model to their practice of therapy. Therapists tend to look outside their own core modality when they believe their current approach is ineffective with a client.

A study of UK therapists by Hollanders and McLeod (1999) revealed that when asked about their intervention strategies, 95% described an eclectic mix of techniques. A study by Thoma and Cecero in the US affirmed and extended those findings, demonstrating that “participants endorsed substantial numbers of techniques from outside their respective orientations” (2009: 405). A nationwide survey of American psychologists, counsellors and social workers found that integrative and cognitive approaches were the top primary orientations, with 24% each; psychoanalytic-psychodynamic had 16% and humanistic approaches were endorsed by 9% (Norcross et al., 2011: 745). Prochascka and Norcross (2014) consider that these statistics confirm their prediction made in 1992 that integrative forms of therapy would thrive. In addition, 80% of internship and training directors in the US believe a single model is an insufficient basis for treating a variety of client issues (Lampropoulos & Dixon, 2007). Integration is proving ever more prevalent, and using a single theory or a single practice is not enough for understanding the complexity of presenting issues, nor potential paths to client wellbeing and recovery.

This leads to the question raised by Evans and Gilbert: “Are there actually as many models of therapy as there are people practising as therapists?” (2005: 25). Boswell and colleagues (2010) state there is empirical evidence suggesting there may be different kinds of optimal interventions which therapists can use with specific client problems. It means that one specific approach cannot possibly be appropriate for every type of presenting issue all of the time. It is also reminiscent of the view of Milton Erickson, who was said to create a different therapy for every client (Zeig, 1994). So then, how do psychotherapists make sense of and conceptualise therapeutic integration?

## 2.5 Approaches to Integration

*The integrationist's role will be along the lines of a translator and interpreter ... the integrationist has the high task not of creating integrated approaches, but of undertaking a 'cohesive' role which will aim at facilitating a growing sense of unity within continuing diversity to enable the 'many' to have a sense of relatedness to the 'one'.*

(Hollanders, 2001: 44)

The question posed by Evans and Gilbert (2005) may yet turn out to be answered in the affirmative; however, there are four broad approaches which have been developed by academics and researchers and within which it is believed integrative practitioners can be categorised. While all four approaches are designed to expand and develop the applicability and efficacy of integrative psychotherapy, they do so in different ways and at different levels (Norcross & Goldfried, 2005). A relatively new perspective and fifth model, pluralism, will also be discussed, and this is viewed as part of a postmodern approach to psychotherapy integration.

### 2.5.1 Theoretical Integration

The profession has become sceptical of ever finding any one psychotherapy model that can deal with all mental health issues in all circumstances. So the grand perspective of theoretical integration, which combines certain concepts from different theories (O'Hara & Schofield, 2008) has evolved. Theoretical integration highlights the need for a metatheory which will bring elements from many different theories into a coherent and comprehensive approach to psychotherapy. The search for a grand plan that explains the sum of human emotional and psychological functioning was seen as providing the basis for a model of healing that could benefit a majority of client issues. Theoretical integration is a form of synthesis of two or more therapies, and seeks an emergent theory that is more than the sum of its parts, with clear guidance in the choice of interventions (Goldfried, 2011). It is viewed as the most demanding and onerous of the integrative approaches, where seemingly

incompatible philosophical differences are united and behaviour is explained in terms of interactions. The aim is to integrate concepts and techniques.

In 1977 Paul Wachtel published his seminal book on the proposed integration of psychoanalysis and behaviour therapy. He called his theory ‘cyclical psychodynamics’, where ideas from social learning theory, experiential theory and family systems theories are integrated. Significant revisions over the years have led to it becoming the theoretical basis for an integrative relational therapy that seeks to synthesize key facets of psychodynamic, behavioural, and family systems theories. It is a model of personality whereby interpersonal relationships, unconscious drives and behaviour “...mutually determine each other” (Gold & Wachtel, 2006: 79). It views change as a process requiring more than insight, and considers behavioural and systemic models of therapeutic change as complementary to the importance placed on transference and insight in the psychoanalytic process. It is construed as a synergy in which new behaviours assist new insights, which in turn prompt an enthusiasm to try new behaviours (Wachtel et al., 2005).

Another model, popular within therapeutic and educational contexts, is William Glasser’s reality therapy. Whilst it has evolved over the years, it can be said to fall within the theoretical integrative approaches with the central construct of choice as an organizing principle for therapy practice. It has its antecedents in the phenomenological-existential and cognitive-behavioural approaches to therapy and is further influenced by the leading therapists of the era to include Carl Rogers, Alfred Adler and Albert Ellis. It is an active directive and relatively short-term approach to therapy and concentrates on conscious behavioural problems, offering the therapist a straightforward framework for practice. It is free of complicated terminology and is seen, therefore, as accessible and usable by therapists, teachers and other para-professionals (Finnerty, 2003). It seeks to encourage people to accept their role in creating the situations of which they complain and endeavours to empower them to problem-solve and learn better ways of fulfilling their needs and wants. Throughout its evolution, it has become a profoundly relational therapy. It has a model of human

needs, and views psychological distress as arising from a lack of satisfying relationships (McLeod, 2013). These successful relationships are dependent on each partner being able to meet their own specific needs without attempting to control the other in the relationship. The element of choice is core to reality therapy. Choice in making changes, choice in staying stuck within the problem behaviour, and choice in taking decisions that will best meet one's own needs without impinging on the needs of another (Finnerty, 2003).

However, it is argued that with little evidence-base to support its usefulness, reality therapy represents the observations of one man, William Glasser. Equally it can be said reality therapy focuses on the individual without sufficient regard for the socio-environmental context within which people live and it can, therefore, presume too much independence of action on the part of the individual (Finnerty, 2003).

Similarly, cognitive analytic therapy (CAT) is a time-limited approach developed to provide an affordable psychological treatment (Ryle & Kerr 2002). It is widely used in Ireland within the Health Service Executive (HSE) and the United Kingdom within the National Health Service (NHS). It is informed by cognitive therapy, psychodynamic psychotherapy, some developments in cognitive psychology and seeks to involve the client collaboratively in their treatment. The therapist works with the client to identify the procedural sequences of thoughts, emotions and motivations that explain how a problem is established and maintained. At the same time, the therapist and client seek to identify problem relationships and how reciprocal roles may have been set up in childhood which are being replayed by the client with cognitive 'editing' through the Freudian idea of defence mechanisms, as obscuring the origins of dilemmas and traps. McLeod, considers that one of the most important features of CAT is the "extent to which it has remained open to further sources of theoretical influences" with it adding and integrating ideas relating to the dialogical nature of human communication (2013:373). CAT is a collaborative model of integration and seeks to understand the source and patterns of maladaptive

behaviours. While research studies into its effectiveness are ongoing because it is relatively new, there have not been any systematic reviews of the literature to date.

Another such model, called reciprocal determinism, was constructed from Albert Bandura's work to discuss theoretical integration by means of explaining human behaviour (Knack, 2009). The reciprocal determinism model is normally represented by the following formula:  $B f(P \leftrightarrow E)$ , which expresses that a person's behaviour is a function of an interaction between the person and the environment. According to Knack (2009), individuals are composed of both biological and psychological components, where the psychological processes include the ability to analyse and process the information surrounding them in an organised manner. However, whether people and their behaviour can ever be reduced to such a formula and how helpful that might be in the provision of quality psychological health care is a matter for debate.

Some of the available literature has explored the concept of spiritually integrated psychotherapy, where healing the client is brought about through the client's faith practices and theological beliefs (Grace, 2013). This approach is the act of integrating new perspectives together with established concepts (Erskine, 2009), where spirituality is incorporated into the therapeutic approach. It emerged from the premise that the client's journey towards personal wholeness encompasses both practised religion or faith and psychotherapy (Grace, 2013). It is related to the notion that culture is a set of values and meaning with the ability to influence a person's behaviour on an unconscious level (Erskine, 2009). Erskine and colleagues (2011) emphasise that focusing on the unconscious and the spirituality of an individual may help achieve effective change in their current life script. A life script is defined as a set of unconscious relational patterns that are based on logical actions of survival, decision-making processes, and self-regulated attitudes (Erskine et al., 2011). According to Frick (2012), spirituality is important in the healing process and cannot be separated from it. He says spirituality and faith are interwoven into human experience and our pursuit of meaning and living.

Gilbert and Orlans contend that what makes these integrative models distinct from eclectic ones “is their aspiration to theoretical coherence and the development of a framework that is flexible enough to fit the needs of different clients and contexts” (2011:14).

McLeod (2013) states that while theoretical integration brings together certain ideas it also rejects others and further fragments the field, although the models do provide a detailed set of procedures of what to do in therapy. They arrive at different results regarding a suitable overarching concept or principle, and are, in effect, partial integrations of previous theory. Hollanders queries whether it is possible to have “integration with intellectual integrity” since “you cannot be within two paradigms at once”. This raises the question as to whether integration at the theoretical level is ever truly achievable (2001: 34). As a result, theoretical integration is viewed as the most difficult of the approaches to master with technical eclecticism considered a more usable and flexible approach to integration.

### **2.5.2 Technical Eclecticism**

Technical eclecticism refers to the methodological application and implementation of two or more techniques in a systematic and sequential manner (Knack, 2009). It is a process of selecting out certain clinical techniques and matching presenting problems with the best approach, taking into account context, personality type and the phase of therapy (Lowndes & Hanley, 2010). Historically the terms integration and eclecticism have been used interchangeably by practitioners. However, when distinctions are made, those that emphasise technical skills are often classified as eclectic, and those more theoretically minded as integrative (Hollanders, 2001). While eclecticism is viewed as the least theoretical of the four approaches, Norcross and Goldfried (2005) say it should not be perceived as either atheoretical or antitheoretical. This approach does not necessarily seek a common or shared metatheoretical framework, although Hollanders (2001) says there will inevitably be some blurring of the boundary between eclecticism and integration, since both

concepts are believed to unite at some point in practice. While the eclectic practitioner must find a way of putting together the elements filtered out, the integrationist needs to first select the parts to be merged into a new whole.

Lazarus urges therapists to base their endeavours on data from the threefold impact of “patient qualities, clinical skills, and specific techniques” (1989:248), and for psychotherapy not to be bounded by theological and spiritual concepts but to also embrace the use of science as part of practice, to replace the trend for interpretative concepts with empirical hypotheses which can be tested. He also cautions against an ad hoc eclecticism where the therapist mixes and merges theories, therapies, and interventions from various schools of thought, resulting in a jumble of dissimilar elements that create confusion for the therapist and client. Gilbert and Orlans (2011) caution that some techniques may not match the therapist’s own style, and that random interventions acquired but not thoroughly understood may lead to breaches in the therapeutic relationship if they are not sensitively implemented. While Beutler and Harwood’s Systematic Treatment Selection has good empirical support, Lazarus’s multimodal therapy, which is one of the best known of the eclectic approaches, has little research evidence of its effectiveness (Norcross et al., 2011). Eclectic practitioners are sometimes criticised for the lack of consistency in their rationale for using any given intervention, since they do not subscribe to any one theoretical basis for understanding or using a particular technique. They choose what has worked before in a similar instance or what they think might work in the present, and stress the importance of understanding a client from a number of perspectives (Norcross et al., 2011). Eclectic therapists do not have or need to have a theoretical basis for either understanding or using a specific technique. They choose a technique because of its efficacy and effectiveness, not because of its theoretical basis. Using an eclectic approach means drawing on a range of methods in order to help the client. A distinction is made between an ordered technical eclecticism which is seen as methodical and systematic, and the more improvised ad-hoc eclecticism which is viewed as potentially confusing for both therapist and practitioner. The next section reviews the search for commonalities underlying successful therapeutic outcomes.

### **2.5.3 The Common Factors Approach**

The common factors approach aims at identifying, defining and assessing the common elements across all therapies that lead to success in therapy. This identification then underpins the development of a set of principles of change that reflect what happens in different interventions at a level of conceptual abstraction somewhere between theory and technique. These factors are emphasised and relied upon within a wide range and variety of psychotherapeutic approaches. The existence of common factors that cut across therapies has been supported by comparative outcome studies (Ahn & Wampold, 2001, Wampold, 2001). This “equivalent outcome paradox”, also known as the “Dodo Bird verdict” has supported the belief that despite theoretical and technical diversity amongst models of therapy, they share important similarities responsible for equivalent therapeutic outcomes (Duncan et al., 2010: 15).

Although there is no fixed, established list of common factors, there is constant reference to the therapeutic alliance as being of pivotal importance if such a list were to be drawn up. This factor appears to be more influential in effecting change than differences in theoretical models and interventions. Therefore, rather than the factors which differentiate one approach from another as the key to successful psychotherapy, it appears that the evidence points to the commonalities as being most important, with the therapeutic relationship as a core element (Duncan et al., 2010).

However, Messer (2008) observes that common factors are not all that common, certainly not as common as they appear initially. While the therapeutic alliance operates across different therapies and is an important feature, the establishment and nature of the relationship “will differ in accordance with what bonds, tasks, and goals are pursued” (2008:364). While some factors are typical to many therapies and theories, it is often the nuanced yet vital differences lurking within the various

approaches that create the greatest challenge to those wishing to unify commonalities (Messer, 2008).

Similarly, investigations of findings by Duncan and colleagues where they advise of research studies tracking the results of thousands of therapeutic encounters and which confirm the significant role clinicians play in the successful outcomes of therapy. They call these therapists “super shrinks” – a group of clinicians who consistently achieve superior results. On further examination of the data it seems that one of the patterns of this group of successful therapists is that early on and throughout therapy sessions they seek feedback about the quality of their work and how this is contributing to the therapeutic alliance. Most importantly, they are prepared to act to correct any negative feedback they receive (Duncan et al., 2010). This seems to support the significance of the therapeutic relationship; it could be said that feedback allows the therapist and client to work on their alliance as both negotiate the space between them. The common factors approach to integration involves trying to ascertain what are the similar constituents across a range of therapies which are considered as core to successful outcomes within those models. Messer (2008) considers that assimilative integration provides the bridge between technical eclecticism and theoretical integration and, in addition, accommodates this common factors approach.

#### **2.5.4 Assimilative Integration**

The fourth approach is assimilative integration: the gradual process of incorporating attitudes, perspectives, ideas or techniques from other therapies and assimilating these into one’s own main theoretical framework. It is the practice of absorbing a technique or idea from one therapy approach into the main theory within which one is grounded, with the imported technique influenced by the context into which it is absorbed (Messer, 2012).

Assimilative integration is believed to be an inevitable part of the development of most psychotherapists. It involves the smooth flow of one technique into another

rather than an inelegant or sudden introduction of an intervention, which might seem strange or inappropriate to a client. A technique cannot stand alone and separate from the therapy within which it is practised (Messer, 2012). Lampropoulos (2001) believes assimilative integration is the combination of theoretical integration and technical eclecticism and achieved in such a way that may reconcile some of their conflicts.

This approach can be seen as falling within a “pluralistic tradition, which holds that one theory or model can never pre-empt or preclude an alternate organisation of the evidence” (Norcross & Goldfried, 2005: 2). This stance contends that we need several theories of therapy at any one time, because the best way of achieving the most appropriate solution is through the ongoing challenging of multiple competing theories with each other and with the evidence (Messer, 2008). Assimilative integration, therefore, encourages a solid grounding in one system of psychotherapy, but with a willingness to incorporate, in a thoughtful and strategic way, perspectives or practices from other approaches. Messer (2008) believes that meanings, interventions and techniques change in different contexts and he considers assimilation to be at least a minor degree of unification.

Assimilative integration may be considered the status quo in psychotherapy integration, since most current models would seem to fall under this umbrella. Equally, it is viewed as an inevitable component to therapist development. While the prevailing standard is assimilative integration, Hollanders raises the question as to whether integration in any form can be in step with a postmodern society in which the “search for absolutes has been abandoned in favour of constructionism” (2001: 35).

### **2.5.5 Pluralism as an approach to psychotherapy integration**

Hollanders (2001) considers the search for unity or one truth goes against contemporary philosophical thinking. As a result of this debate and in addition to the previously mentioned four paradigms, there is a fifth route which is becoming

increasingly influential in meeting the current challenges in the field. O'Hara and Schofield (2008) consider that pluralism is one approach to managing the tension created by the use of different theories. Adopting a pluralistic approach enables therapists to use of a variety of theories, without the need to reconcile differences. The pluralistic view is postmodernist insofar as truth is seen as constructed more so than discovered, where the philosophy underpinning it holds that "any substantial question admits of a variety of plausible but mutually conflicting responses" (Cooper & McLeod, 2007: 137).

Messer believes that unity in psychotherapy is not possible because we do not:

*simply discover what is inherent in nature...we invent our theories and categories and view nature through them...there is no single truth and, by extension, no one unified or integrated theory of therapy to discover.*

*(2008: 364)*

He believes, therefore, this leads to a pluralistic outlook both methodologically and theoretically.

### **2.5.6 A Pluralistic Framework**

Pluralism was first introduced as an approach to psychotherapy integration at the beginning of the 21st century, in an attempt to address the prevailing changes in the field at the dawn of a new era of clients as consumers of mental health services, against a backdrop of ever-increasing cultural diversity. It reflects the growing popularity of the idea and practice for people to make informed choices rather than being passive recipients of expert-led treatment. Clients use modern technology to research their symptoms and develop ideas of what might be helpful to them in dealing with their problems (Cooper & McLeod, 2011b), or they may have formed views on what processes were helpful or unhelpful to them through previous experiences of therapy. As a concept, pluralism has been widely used in different disciplines such as politics, philosophy, and theology. Its core essence is the acceptance and credibility of other beliefs and answers, even when one is grounded

in a specific stance on an issue. When it comes to integration, pluralism is said to create another dimension whereby all psychological interventions, from whatever theory, can coexist (Cooper & McLeod, 2011b).

Cooper and McLeod (2011a) further consider pluralism as an adaptation and elaboration of central themes found in other strategies for therapy integration. They see it as an attempt to transcend schoolism and the ongoing proliferation of theories and therapies including new forms of integrative psychotherapy, and also as an approach to supervision. The authors say pluralism “can be contrasted with ‘monism’: the belief that every question has a single and definitive answer” (2011a: 7). They maintain pluralism in psychotherapy is an attempt to establish a type of approach that has the framework of a set of principles and meta-strategies which can be easily adopted by therapists from different backgrounds. Pluralism is seen, therefore, as a way to overcome the limitations of other integrative approaches while at the same time drawing on the most beneficial characteristics of these models. It does not ask anyone to abandon ideas and methods they find useful. It does, however, invite serious consideration of other options alongside the favoured and familiar.

In addition, the pluralistic framework aims to put the client at the heart of the therapeutic process, and attempts to maximise the client’s involvement by specifying a set of strategies for creatively drawing on several therapeutic practices and theories. Cooper and McLeod argue that because the pluralistic model is the most recent approach to integration to emerge, it can, therefore, reflect on the strengths and limitations of longer-established strategies. Each theory is seen as being of value, as offering its own unique contribution. A pluralistic standpoint “maintains that a multiplicity of different models of psychological distress and change may be ‘true’ and that there is no need to try and reduce these into one, unified model” (2007: 136–137).

Pluralists manage the practice tension by simply using any given theoretical

approach in a discrete fashion based on collaboration with the client. It could be argued that pluralism is not so much an approach to integration as an approach taken by therapists trying to manage the natural tensions arising from the application of multiple therapeutic paradigms (Cooper & McLeod, 2011a). Pluralism promotes a collaborative dialogue with the client as the focal point for thinking about and enacting therapy. It can be summarised as a both/and standpoint rather than an either/or one, in that all approaches to therapy can be helpful, depending on the presenting issue, the client, and the stage of the process. Therapy is practised in a way that is respectful and empowering of clients, in that it seeks to build a scaffolding to accommodate their voices while at the same time maximising the use of therapists' resources, expertise and knowledge base (Cooper & McLeod, 2011a).

Central to this standpoint is also the belief that there is no one, privileged perspective from which the 'truth' can be known. Cooper and McLeod distinguish between a pluralistic *perspective*, which considers "there is no one best set of therapeutic methods", and a pluralistic *practice*. In theory, someone holding a pluralistic perspective or viewpoint could work in a non pluralistic, single orientation way. On the other hand, a pluralistic practice means actually utilising different approaches and interventions in collaboration with clients, and "is characterised by dialogue and negotiation over the goals, tasks and methods of therapy" (Cooper & McLeod, 2011a: 7–8). This ties in with the discovery of Duncan and colleagues (2010) "super-shrink" findings which demonstrate that those who engage with clients in negotiations through feedback tend to be more consistently successful with clients. Norcross and colleagues (2011) caution that pluralism must be used in a manner that places the client's best interests at the centre of the therapy, and techniques should be based on research evidence.

Integration tends to privilege the idea of the main psychological concept while downplaying other psychological ideas. In contrast, pluralism is a much broader canvas that opens a conceptual space in which all psychological theories (and additional ideas from sociology, human ecology, and other disciplines) can co-exist.

Pluralism is not a fixed or prescriptive method – it is an evolving approach in a postmodern context. It encourages a return to what matters to the client in that it seeks to view each person as an individual, capable of self-efficacy and engagement in the therapeutic process, rather than a set of problems for which the therapist is expected to use their favourite or correct technique to ‘fix’ the client.

The literature on integrative psychotherapy is vast and constantly evolving. I have discussed five broad approaches in an effort to provide an up-to-date and comprehensive coverage of the main distinctions in the field, and my understanding of their nuances and the nature of how these approaches can be used in therapy. Like all approaches to psychotherapy, an integrative approach has to be taught and learned before it can be applied in practice. With the many paths that are available towards integration, how then do we train our therapists?

## **2.6 Debates on Training the Integrative Practitioner**

*We consider training to be the most important means to achieving real change in the field of psychotherapy.*

(Eubanks-Carter et al., 2005: 503)

A core debate in the field of integrative psychotherapy is how best to approach training and when should integration be introduced to the student, what the content should include, and whether it should occur after trainees have acquired a solid foundation in pure-form therapies, or whether individuals should be trained integratively from the outset. Castonguay (2006) says that based on the assumption that we can only integrate what we know well, there is strong support for the notion that trainees master one approach before they begin to practice integration. Once a student has mastered that one approach, they can then study models of integration, all the while they are encouraged to be open and respectful of other perspectives.

Norcross (2011) contends that the ultimate goal is not for students to identify as having an integrative orientation, but rather for students to develop an integrative

perspective, independent of the theoretical label they select. This concurs with the pluralistic approach as advocated by Cooper and McLeod (2011) and the view taken by IICP in our training programmes. A pluralistic perspective maintains that no one system is a panacea for all psychological distress, but favours the use of a diversity of methods in addressing client needs. I was trained in a single school orientation, which ultimately proved ineffective on occasions. Nonetheless, I did find my original training in Glasserian psychology to be extremely useful as a framework for integration by comparing, contrasting and filtering other theories, therapies and interventions into my practice.

However, others such as Eubanks-Carter and colleagues (2011), who have been instructed in an integrative approach from the outset, take a different view. They advocate the education of students in the theories and methods of multiple orientations from the beginning of teaching and learning. They say an integrative pedagogy can promote the critical skills necessary for integrative practice: flexibility, open-mindedness, creativity, awareness of the limitations of a single perspective, and sufficient resourcefulness to cope with future changes and challenges. This view also holds that integrative training would enable students to avoid the difficulties of trying to unlearn years of work and practice within one orientation (Norcross, 2011). In addition, as Wachtel (1977) observes, when therapists commit to one model, the numerous institutions and organisations they then join reinforce maintaining a purist approach which re-affirms a single-school mind-set. This can act as a barrier to considering other therapeutic possibilities.

There is also the view that students may become anxious and confused with only a single system to rely on as a secure base (Norcross & Goldfried, 2011; Wachtel, 1977). New career therapists' tendencies to need early closure or resolution of conflict mean they are unable to value the complexities and ambiguities of tensions between models (Orlinsky & Rønnestad, 2005; Rønnestad & Skovholt, 2013). In addition, if schooled in a single approach and this is then found not to be effective,

the student practitioner can find it difficult to audition other possibilities to helping their clients.

The recognition that there is no one best way to teach means those of us who are educators are continually attempting, as we interact with our students, to hold the tensions between different approaches, which is the task facing our students and colleagues in their practices every day. A majority of clinicians are constantly in pursuit of ways to create, identify and discover different approaches that will be applicable at different times and in a variety of situations (Norcross & Goldfried, 2011). This involves dealing with a tremendous volume of relevant literature for educators and students, and brings educators to the core in the ongoing debate about effectiveness and the meaning and manner in which this is researched (Gilbert & Orlans, 2011:232). Does instruction and practice in several approaches from the beginning create greater fluency in integration? Will this encourage students to understand that there is possibly no one approach applicable to all situations? Or is it better to start with just one or two approaches, which ultimately leaves the demanding task of integration to the individual trainee?

This responsibility of integration is an ongoing test faced by all practitioners, no matter what their training. Ultimately, therapists need to be competent and comfortable with a variety of methods to face the challenges and privileges their role bestows.

## **2.7 Competent Practice**

There is increased emphasis on accountability in healthcare delivery, and evidence that integration or eclecticism is the preferred modal orientation of therapists in many countries, including the United States (Norcross et al., 2011) and the United Kingdom (Hollanders & McLeod, 1999). What constitutes competent integrative practice has been investigated so these characteristics might be developed in training. There is a growing trend exhorting practitioners to demonstrate evidence-based

practice and also practice-based evidence, and it is incumbent on psychotherapists to be part of this drive. Equally, responsibility lies with educational institutes and universities to help students choose their theory and therapy interventions, by ensuring that a research and evidence-based attitude is at the heart of the training and education of practitioners. In my own case, knowledge produced by research needs to inform my practice as an educator, therapist and supervisor. Sustained practice, coupled with research, reflection and feedback is a pathway to competence.

Boswell and colleagues (2010) contend that competent integrative practice is the result of the psychotherapist's ability to comprehend the change that occurs within and between different theoretical approaches and orientations. They further consider that competent integrative practice can be taught through identifying the skills associated with various approaches and the similarities and differences between them in an effort to maximise these during training and in practice (Boswell et al., 2010). In addition, competent psychotherapists are also expected to be fully aware of the change process they are attempting to facilitate, the interventions most suited to that goal, and the centrality of a strong working relationship in the success of any therapeutic endeavour. The act of focusing on the principles of change is a sound strategy in approaching psychotherapy integration, as these principles:

*exist at a level of abstraction between specific techniques (in which commonalities across orientations are likely to be trivial) and the theoretical models developed to explain human functioning (in which philosophical discrepancies are likely to prevent any meaningful convergence).*

(Boswell et al., 2010: 4)

The practice of psychotherapy integration cannot be based on objectified 'truths' alone. Political, socio-economic and philosophical context has been central in the development of psychotherapy. The question arises: What type of knowledge is most appropriate for the practice of psychotherapy in a postmodern world?

### **2.7.1 Donald Polkinghorne and the Epistemology of Practice**

Polkinghorne (1992), in reviewing studies of the knowledge processes used by expert therapists in professional practice, noted how different these were to training received or observations of the practitioner in action. He considered that the chief source of information was the clinician's own prior experience and tacit knowledge. The importance placed on knowledge was derived from its usefulness rather than the search for any one truth. Polkinghorne considers that the epistemology of practice is based on pragmatic actions and considers it an error for a therapist to "...universalize his or her experience as applicable to all clients in all situations" (1992:160). The academic discipline, meanwhile, has been focused on the discovery of laws of human behaviour which can be generalised and transformed into interventions and techniques to be used by all practitioners. He considers that psychotherapists rarely find this research relevant for practice, and so they build up a second body of expert knowledge which is dynamic and context dependent. He argues that this mainly oral knowledge of practice is congruent with postmodern ideas of knowledge as without foundations, fragmentary and constructed, as well as with the neopragmatic understanding that the same result can be achieved in a variety of ways.

In addition to his trawl of the research literature, Polkinghorne (1992) also conducted a study of twelve expert clinicians in Los Angeles. He found that practitioners tend to repeat what worked before, informed by emotional as well as intellectual processes. Equally, there are no general or universal laws, so that the same intervention is not expected to produce the same response in all clients. Previous experience serves merely as a reference point. He contends that the meaning constructed and ascribed to events in the therapeutic encounter belong to both client and therapist. While clients give meaning to their experiences, it is also important to understand how "...clinicians contribute to their own experiences of clients" (1992: 160). For example, a reality therapist will view the client in terms of unmet needs in a personal relationship. A practitioner committed to CBT will view a client in terms of dysfunctional thoughts and beliefs. Polkinghorne considers that a purist

commitment to a specific theory will serve only to limit a therapist to the underlying assumptions of human functioning as understood by that theory. This leads to a movement away from the grand theories of Rogers or Berne to the personally constructed integrative or eclectic ones.

Polkinghorne concludes that “Practicality, not theoretical orthodoxy, has guided the actions of therapists” and that the “...concept of equifinality...” whereby similar results are achieved by a variety of means, is accepted (1992: 161). Therapists craft and tailor their theories and interventions, adapting them based on the perceived needs and responses of the client. Polkinghorne thus considers clinicians to be driven by “...pragmatics rather than theory” in response to their deeply felt wish to be of assistance to their clients (1992: 161). Practice, therefore, is driven by an appraisal of the unique nature of each therapeutic encounter, based on the therapist’s prior knowledge and expertise, rather than theories and models learned in training.

Whatever the approach used, it is essential for effective competent practice, that the clinician has a coherent framework for understanding what they are trying to achieve (McLeod, 2013a). McLeod identifies four types of knowledge that are relevant to the conduct of competent therapy (McLeod 2013a: x):

1. Personal knowledge. This “consists of an awareness and understanding, at an immediate experience level, of basic human processes such as love, loss, fear, meaning-making.” This is the therapist’s own experience of these events.
2. Practical knowledge. This is the traditional procedural knowledge of how to and “know-how” which is gained through training, mentoring, supervision, feedback and observation.
3. Theoretical knowledge. These are the scripts, heuristics and narratives we use to help us predict and “anticipate how things may unfold, and make plausible connections between different observations.”
4. Research knowledge. This is the cumulative documentation of research in the field, collected over many thousands of studies over many years.

He further states that the different sources of knowledge are equally important. Personal and practical knowledge are gained through experience, and the individual's own actions are central to this process. On the other hand, theoretical and research knowledge are gained from outside the realm of the therapist's own scope of seeing, hearing or feeling (McLeod, 2013a). It would also seem appropriate that a thread of tolerance of ambiguity runs through these four types of knowledge. Ladany et al. (2008) have suggested that tolerating ambiguity is an important aspect of any effective counselling practice. This seems particularly pertinent for integrative psychotherapy training. Consoli and Jester's description of good predictors of successful therapists include "tolerance of ambiguity, diversity, and alternative points of view" (2005b: 359). Competent integrative practitioners have inherent expertise and knowledge which enable them to utilise a variety of interventions and techniques (Boswell et al., 2010). So then, what research evidence is available, and relevant to the integrative psychotherapist in their daily practice?

## **2.8 Current Research**

There is an ongoing discourse, as within all fields of endeavour, on the nature of knowledge and the analysis of the nature of scientific inquiry. The focus in psychology has traditionally been on a positivist approach which assumes that the same methods are applicable in all fields of knowledge and consist of number-based research incorporating statistical analysis. Those opposed to this approach see many interpretative or hermeneutic ways of carrying out research, and contend that the study of human beings can only properly be carried out using a human science (McLeod, 2010). This approach forms the basis for several research strategies that utilise qualitative and interpretative methods and consist of language-based research in which experiences, perceptions and observations are not reduced to numerical form (Cooper, 2008).

Since psychotherapy is an interdisciplinary endeavour using concepts and methods from the arts, humanities, philosophy, sociology, psychology and medicine, it is

essential that valid and reliable research should draw on and give equal weight and legitimacy to, methods of inquiry drawn from all these disciplines (McLeod, 2003). Many thousands of studies have been conducted on what interventions work in therapy from the client's perspective, and the results have contributed to the overcrowded and ever-growing list of integrative therapies available. Since most of these studies focus on the client's perspective rather than the therapist's, it makes them somewhat one-sided and gives an incomplete understanding and explanation of the therapeutic process.

Gordon Paul's classic question, "What treatment, by whom is most effective for this individual with that specific problem, and under which set of circumstances?" (1967: 111) has led to the conclusion that: "When bona fide therapies are compared with each other, they are usually found to be about equivalent in efficacy" (Stiles et al., 2007). However, Roth and Fonagy note in their summary of evidence for treatment efficacy that there is enough support to indicate that different clients do better in different kinds of therapy (Binks et al., 2006; Roth & Fonagy, 2005). In other words, the lack of evidence that one approach does not work for a specific client does not mean that it is completely ineffective another (Cooper, 2008).

Some therapies lend themselves to testing more readily, such as cognitive behavioural therapy (CBT), and many of its proponents are in academia where research and development are central to their role (Cooper, 2008). Cooper also notes problems with the research evidence. For instance, results demonstrate that many researchers have a strong belief, conscious or unconscious, in the superiority of their own approach and are most likely to uncover evidence in favour of their preferred orientation – the so-called "research allegiance effect" (2008: 47). In addition, Roth and Fonagy (2005) point out that researchers usually only submit articles when their studies show positive benefits, and that results demonstrating any worsening of client conditions or actual harm to clients would only rarely be published; thus, our understanding and belief in both the potential efficacy and harm of these therapies is

flawed. It seems studies and results in the field are as full of contradictions and debates as is the field itself.

Norcross tells us that although the amount of outcome research on integrative and eclectic psychotherapies has grown considerably in recent years (Schottenbauer, et.al, 2007), he estimates that fewer than 10% of all psychotherapies publicised have been subject to any controlled outcome research (Norcross, 2005). However, the American Psychological Association (APA) 2006 Presidential Task Force on Evidence-Based Practice (Hilsenroth, 2013), argued that clinical trials were only one source of evidence informing practice. In an ideal world, theory informs research, but research findings are often not integrated into clinical practice.

*Perhaps the most damning reason given for the lack of integration is the constraints of experimental research and the need to control for extraneous variables. This limits the immediate usefulness of the findings and while studies may be internally valid, they are limited in terms of practical value.*

(Norcross, 2006: 420)

There is, therefore, a need to conduct studies directly related and relevant to practice. The APA task force was emphatic in its view that involving the individual therapist was of central importance to clinical research but was being overlooked and underutilised (Goldfried, 2010). There is also a need to encourage the practitioner-researcher; Orlinsky and Rønnestad (2005) urge therapists to involve themselves in the process both as researcher and participant.

The current literature may have fallen behind actual practice, with clinicians having to make their own decisions on how and what therapies and interventions to integrate in an effort to meet the needs of their clients (Norcross, 2006: 62). Norcross urges us to conduct research in the widest possible manner to include the training, practice and development of current students and clinicians already in practice. Although it is a challenge to study therapists' practices and decision-making and link them to outcome, he believes the field can benefit from the wisdom of those who spend the

majority of their time providing services. This requires a bottom-up research strategy to inform and complement the more standard top-down approaches normally undertaken; in other words, research that includes psychotherapists as core to the process (2006). One of the few bottom-up studies was conducted in Australia by O'Hara and Schofield (2008) with five participants; it found that integration was more a feature of therapists' in-the-moment responses to clients' needs. As Maja O'Brien (2004) says, "integration ultimately needs to happen at an individual level."

Integrative psychotherapy is a combination of scientific technique and creative expression. The art and science of psychotherapy integration is an intricate and complex interpersonal endeavour that draws on personal, practical, theoretical and research knowledge. The theoretical underpinnings of one's practice may only be fully understood when they are seen in use and reflected upon thereafter. Argyris and Schön propose that we construct our behaviour and maintain "theories of action . . . for so doing" (1974: 6-7). These theories are held at two levels: One is our "espoused theory" – what we say we do – and the other is more tacit and implicit, observable in our behaviour, which they call "theories-in-use" (1974: 6–7). Research knowledge and a collaborative spirit are at the heart of my work and inform my practice in the training and ongoing CPD of psychotherapists. Best practice needs to inform my work especially as an educator of therapists. From an academic perspective there is an obligation on me for psychotherapeutic research to contribute to knowledge, and for that knowledge to contribute to practice. Despite the growth in models of psychotherapy integration, little research has been conducted into how individual practitioners grapple with integrating theoretical perspectives in real-life practice. What does exist paints an interesting picture, and is often at variance with much of the published academic literature.

### **2.8.1 Making Sense of Integration for the Practitioner: Key considerations in the research literature**

There is abundant research on clients in therapy, but limited literature on therapist practice in an integrative context, aside from some studies into the perceived

challenges of integration from trainee therapists' perspectives. For example, in a qualitative grounded theory study, Lowndes and Hanley (2010) conducted interviews with two focus groups totalling seven people to explore newly qualified therapists' experiences in training. The study concluded that trainees made sense of integration by building their own unique and individual approach and tolerating theoretical ambiguity with the ensuing anxiety.

A study by Ward and colleagues (2011) sought to explore UK counselling psychology trainees' experiences of learning a number of therapeutic approaches. Similar to psychotherapy training, counselling psychology in the UK does not subscribe to a purist tradition and trainees are expected to have a critical awareness of a variety of therapeutic approaches. Equally, how programmes deliver the main model and additional approaches is not specified. Six trainees, three course directors and three experienced counselling psychologists were interviewed and the data were investigated using thematic analysis. It was found that trainees experienced the requirement to integrate a number of approaches to be quite challenging, although they were very positive about the advantages of learning an integrative approach. They understood the complementarity of a variety of approaches "...each theory has its gaps, which can be filled in by the other..." (Ward et al., 2011: 14). Programmes differed in the manner in which they encouraged trainees to develop an integrative stance. Some courses which taught a variety of models expected trainees to develop and assimilate their own ideas, without specific guidance in how to reconcile these or suggestions on how they could be integrated. Some single model training programmes took the same view. Other programmes used a clear integrative framework to help trainees think about and practice integration. Specifically, a pluralistic stance was seen to encourage trainees to appreciate the many ways of working with clients and "...to tailor the interventions in a collaborative fashion" (Ward et al., 2011: 13). Another finding related to the potential for challenge between the supervisor's theoretical model and the requirements of the trainee's practice context. These conflicts were viewed as "...highly growth promoting..." and a vital component in helping trainees to construct a coherent integrative

understanding (2011: 15). Generally, trainees considered that programmes should be much more explicit in helping them to bring the various training strands together in a unified manner. The study by Ward and colleagues (2011) focuses on trainees, while my study looks to the stories of experienced therapists, although one may inform the other.

A qualitative study by Thompson and Cooper (2012) on therapists' experiences of pluralist practice found that, while participants grappled with the lack of research into what is a new approach, they found their personal philosophy compatible with pluralism. The seven participants ranged from newly practising therapists to those still in training. They expressed their initial apprehension and misunderstanding of the need to be competent in a variety of models and the anxiety felt when attempting to integrate their pluralistic philosophy into practice. The authors consider this finding to be consistent with studies of newly qualified therapists from other orientations. The fit between personal values and a pluralistic philosophy was found to be important, as was the need to be comfortable with a collaborative, flexible, open and non-expert relationship with the client. Collaboration was seen as reaching a joint understanding about what the client wanted to achieve, based on their needs and wants. Listening was identified as a key skill in determining these at an implicit as well as explicit level.

While a person-centred approach underscored many participants' practices, talking and listening served to elicit further goals, tasks and methods to be negotiated. Tensions around the consultative nature of the therapeutic relationship arose when some clients preferred a therapist who would 'fix' them. Resolution was viewed as a shared activity involving the therapist's optimism regarding the client's "...own sense of knowing what's best for them" (2012: 72). Many participants considered that pluralism provided the freedom to use a variety of approaches based on the client's needs, which allowed for greater flexibility and creativity in the therapeutic process. The fact that this is a novel approach means there is limited research and sources of information. Some participants perceived practitioners from well-known

and established models as being more confident. Overall, the participants reported a high level of personal contentment from the innovative scope afforded by their pluralistic practice. The authors concluded that further studies may require distinguishing between the application of pluralism in practice and a pluralistic perspective. While the Thompson and Cooper (2012) study explored a pluralistic approach to integration with novice or newly qualified therapists, my own study looks through a different lens and to a more experienced group of clinicians, although as has been stated, one study may very well inform the other. Therefore, it would seem that a next step is to explore what challenges exist in attempting to integrate a variety of theories and therapies in the service of clients, and how experienced therapists meet and overcome these as they develop and mature.

In reviewing the literature on how experienced therapists practice integration, the qualitative study conducted by O'Hara and Schofield (2008) sought theories-in-use as opposed to espoused theories. To accomplish this, they took multiple views of observation of data, including three semi-structured in-depth interviews with five participants. They also included the video-taping of a session and analysis was through grounded theory (O'Hara & Schofield, 2008). The study found that two of the four major approaches to psychotherapy integration identified in the literature (theoretical integration and technical eclecticism) did not draw enough attention to the more idiosyncratic nature of integration, and that the space between theory and practice provides a helpful perspective through which to view integration. Their research demonstrated that psychotherapy integration "is placed in sharp focus when personal and local approaches to integration are examined" (2008: 62). These findings suggest that psychotherapy integration is more about the therapist as a person than about the techniques or theory. The researchers considered pluralism as one approach to managing the tension created by the use of different models. Adopting this approach allows therapists to recognise their use of a variety of theories without needing to synthesise them, with each approach viewed as offering a valuable and unique input. Since pluralistic practitioners manage the practice tension by using any intervention or technique in a discrete manner, O'Hara and Schofield

state that it could be argued that pluralism is not an approach to integration. However, because it is a style used by many clinicians in their attempts to manage the "...natural tension arising from the application of multiple therapeutic paradigms..." it should, therefore, be recognised (2008: 54). The participants were from a wide variety of backgrounds including social work, science, education, and counselling psychology, which was representative of the different fields in Australia. Merging multiple views of research observation added a layer of complexity, which may have been one of the study's limitations as much as a strength. My own study looks to a slightly larger and more homogenous sample with a less complex design, to ascertain similarities as well as differences within and between the participants involved. It is anticipated that this will supplement the field and gain some insight on the individual application of integration.

It would appear that the personal and idiosyncratic nature of integration on the ground and in practice differs from integration as conceived and directed from an academic perspective and contained in much of the literature. This may be because many of the academics developing theory no longer work as clinicians in the field, and are, therefore, remote and disconnected from the daily professional implementation of techniques and interventions. As a result, the literature is not seen as relevant to therapists in their day-to-day work with clients. While a growing majority of therapists declare themselves integrative, the form this takes would seem to depend on the personal choice of the therapist. Hollanders and McLeod note: "this state of affairs clearly presents a challenge to those who are charged with the responsibility of training future practitioners" (1999: 413). It is in light of such findings, which reveal sharp differences between academic theory and actual practice that this research study seeks to understand what we can learn from practitioners on the ground that might usefully inform integrative psychotherapy training and CPD programmes.

Therapists use their own expertise, as well as active collaboration with clients, to tailor their interventions to clients' needs (Thoma, 2008). Understanding more about

this flexible process of tailoring psychotherapy to clients' needs may be a valuable contribution towards the goal of understanding what works for whom and when. The accumulated experience of practising therapists is a relatively untapped reservoir of information on what works for clients. Indeed, practising therapists cited working with clients as the number one influence on their practice, above theory, research findings, supervision, and additional training (Orlinsky & Rønnestad, 2005).

## **2.9 Summary**

This inquiry aims to explore how practitioners think about and describe their practice of psychotherapy integration. Although there is a vast amount of written work in the form of books, journal articles and research studies, together with organisations espousing and describing in great detail specific integrative theories and techniques, there is a paucity of literature relating to actual therapist practice. What does exist pertains to the evaluation of specific, named theoretical approaches with little evidencing the effectiveness of combined/integrative approaches. It seems the personal and idiosyncratic nature of integration on the ground and in practice differs from integration as conceived and contained in much of the literature. This could be because many of the academics developing theory no longer work as clinicians in the field, and are therefore more remote and disconnected from the practitioner. Therapists use their own tacit knowledge as well as active collaboration with clients, to tailor their interventions to perceived clients' needs. Understanding how this flexible process works at a local, practitioner level may be a valuable contribution towards the goal of understanding what works for whom and when. The accumulated experience of practising therapists is a potential rich resource of information on what works for clients. Debates and distinctions continue to rage in the field of integrative psychotherapy. The search for one unified approach dominated the field up to the end of the 20th century. However, a softer, less certain, more open and questioning discourse has crept into the debates. Rather than positing one truth, a postmodern philosophy has influenced the current narratives in the field, and the interest in a pluralistic perspective bears witness to this. Returning to Gordon Paul's classic

question in 1967 of what works for whom, it is fair to say that while little progress has been made in more than forty-five years of searching, there is wider recognition of the view that there is no one truth, nor is there only one way of accessing possible solutions and insights. While a growing majority of therapists declare themselves integrative, the form this takes would seem to depend on the personal choice of the therapist.

Assimilative integration which involves the gradual incorporation of new ideas or techniques from other therapies into one's main approach is seen as a natural outcome of practising in the field over many years. However, others such as Polkinghorne (1992) consider that therapists use their prior tacit knowledge to construct a different framework for each client. Furthermore, studies demonstrate that therapists, from whatever school, endorse a wide array of interventions and techniques from outside their respective orientations (Thoma & Cecero, 2009). Hollanders questions as to whether integration is ever achievable in a world that is fragmented and where reality is co-constructed. There is little evidence to show that any one theory or therapy has any greater validity or effectiveness than any other.

It is in light of these findings and the lack of research at the local practitioner level, together with the fact that what literature does exist reveals sharp differences between academic theory and actual practice, that this inquiry has emerged. The study seeks to understand what might be learned from experienced practitioners on the ground, that could usefully inform the training of integrative psychotherapists and the ongoing professional development of clinicians within the field.

This chapter reviewed the literature on integrative psychotherapy to include the major debates on theory, research, training and practice. In so doing it provided a backdrop to the current study. The next chapter will discuss the methodology and design of the project.

## **Chapter Three: Research Methodology**

This chapter will consider the rationale for the design of the research project. I will discuss the methodological, epistemological, and philosophical foundations that informed the study, whose aim was to gain an in-depth understanding of the lived experience of established clinicians in practising integrative psychotherapy. I chose Interpretative Phenomenological Analysis (IPA) as my approach to investigating the data.

### **3.1 Overview**

Training therapists more effectively and enhancing clinical practice in the service of our clients served as the inspiration for this research. Those were my starting points on this leg of my research journey. I needed then to consider various options of how best to design and plan the project. It is claimed in the literature that research on integration is in its infancy (Weiner & Craighead, 2010; Castonguay, 2005) and knowledge of how integrative psychotherapists integrate would clearly be useful for professional and academic training programmes. This research seeks to understand the processes of integration at the local practitioner level. I wish to explore the perceptions of integrative practitioners, and ascertain what lessons can be transferred into training programmes and made available to the wider psychotherapeutic community.

### **3.2 Design of the Research Study**

McLeod (2003: 192) maintains there is greater understanding and awareness of the necessity of the relationship between research and practice, and that research needs to be “grounded in the messy world of everyday practice, and that practice-based evidence is as important as evidence-based practice.” Barker and colleagues (2008) contend that the research question will define what methodology is appropriate. The focus of this inquiry is on how established integrative psychotherapists describe their experiences of integration, their therapy as they live it, rather than “how to do”

integration. Qualitative research seeks to explore the rich experiences of human life, shining a light on the discovery of knowledge through participants' subjective and pre-reflective perceptions. It is about how participants "actively make sense of their world, their experiences and the psychological, socio-cultural and linguistic factors" which are brought to bear on this creation of meaning for each person (Marks & Yardley, 2010: 39). Qualitative research is designed to achieve an appreciation of how people's understandings are crafted by their subjective views of the world, taking into account the meaning of experience and behaviour in their context.

Qualitative methods, therefore, seek to explore the detailed experiences of human life, focusing on discovering knowledge through participants' subjective and pre-reflective experience. According to Finlay, qualitative studies "offer a bridge across the gulf that separates research from clinical practice within the field of therapy" (2011: 12). My inquiry was concerned with a phenomenon that needed to be explored rather than testing a theory or measuring variables. As Jonathan Smith advises, "human meanings are the key to the study of lived experience, not causal variables" (2008: 11). This detailed examination of the perceptions of the participants, focusing on discovering knowledge through their subjective worldview, meant that a qualitative research approach in general with a phenomenological focus in particular was most appropriate for this investigation.

### **3.3 The Qualitative Phenomenological Journey**

Qualitative approaches seek to facilitate the understanding of an experience, with a focus on engaging in an exploration, wherein "what we discover along the way may astonish, delight or perplex us. We may lose our way, go round in circles or find solid ground giving way to mire" (Finlay, 2002: 209). Qualitative research methods see "reality as subjective and multiple" (Creswell, 2009:17). These methods suit the purpose of this study, which is to explore the experiences and practices of integrative psychotherapists based on their unique perspectives.

Qualitative research stresses the “socially constructed nature of reality, the intimate relationship between the researcher and what is studied”, and the context of the inquiry (Denzin & Lincoln, 2005: 10). Creswell (2009: 175) notes certain characteristics of qualitative research that were central to my undertaking:

1. *The natural setting with data collection occurring in the field.* My question arose from my practice as an educator-practitioner, and the data were collected in the field.
2. *The researcher as key instrument and the one who gathers the data.* I conducted the interviews, which allowed me to discover the experiences of the participants.
3. *Participants’ meanings.* Creswell cautions that the researcher must keep a focus on “learning the meaning that the participants hold about the issue and not their own meanings” (2009:175). I engaged in dialogue with colleagues and wrote up a reflexive journal in an attempt to be aware of my assumptions and, however difficult, tried in that awareness to bracket them and keep as close to the participants meanings as possible. The core of bracketing is doubt: “not doubt about everything we say we know, but doubt about the natural attitude, or the biases, of everyday knowledge”. The aim of bracketing is to enable the researcher to describe the essence of the phenomena, the “things themselves” as referred to by Husserl, and to step back from and set aside those assumptions we have about the world around us (Langdrige & Hagger-Johnson, 2009:389).

Whereas the ability to see a phenomenon from many perspectives is crucial to filtering its essence or uncovering its intrinsic nature, debates abound as to how much we can truly bracket off our preconceptions, since our observations are made through the lens of our own specific consciousness. Finlay considers the phenomenological attitude as “the process of retaining an empathic openness to the world while reflexively identifying and restraining pre-understandings so as to engage phenomena in themselves” (2008:78). She suggests that developing this attitude of “openness and wonder requires discipline, practice and patience . . . a continuous iterative struggle is involved” (2008: 79). I found writing in my journal and the discussions with my colleagues and data analysis collaborator helpful in

becoming aware of my presumptions, assumptions, and prejudices, and supportive in managing the tension between setting them aside and using them as a source of insight. These discussions were also useful in helping me to view others with new eyes, which brought a deeper level of awareness of my own perspective.

In phenomenology, the individual is a conscious agent whose experience must be studied from the subjective, first-person perspective. Our experience is of a meaningful life-world, the knowledge-base of our human experience (Smith, 2008: 11). Phenomenological methods attempt to analyse the fundamental structure of subjective experiences, and while there is no single phenomenological perspective or prescriptive approach, there is a commonality of procedures. This includes the collection of “in-depth descriptions from people who have experienced a particular phenomenon, abstracting and summarising key meanings in these subjective accounts; and using these as the basis for an interpretation of the essential features of the phenomenon” (Marks & Yardley, 2010: 71). Phenomenology is concerned with unveiling the implicit so that in the data analysis, the researcher can elicit the essence of lived meanings and experiences from the first-person perspective.

### **3.4 Potential Approaches to Data Analysis**

Prior to deciding on the method I would use in this study, I reviewed a variety of approaches to the analysis of qualitative data. I considered grounded theory prior to my Learning Agreement because it emphasises process, action, and meaning (Charmaz, 2006; Glaser & Strauss, 1967). Grounded theory was not appropriate because its logical conclusion is to construct a theoretical-level account of the phenomenon, and the focus of this study is to explore the nuanced, detailed descriptions of the psychotherapists’ experiences. I also considered narrative inquiry (Clandinin, 2007) because listening to and reflecting on the stories of each participant were consistent with this approach. My focus, however, was on getting as close as possible to the essence of integrative psychotherapy from the participants’

perspectives – the meaning behind the story – and narrative analysis did not seem the appropriate analytic tool.

As these various methods were reviewed and eliminated and through further discussions with colleagues, I then looked at empirical phenomenology as associated with the Duquesne School of Phenomenological Psychology. Amedeo Giorgi and Frederick Wertz are two of the better known authors. This approach stresses in-depth analysis and is based on the processes of bracketing, performing the reduction and describing (Langdrige & Hagger-Johnson, 2009: 402). However, I wanted to move beyond reporting and into interpretation. Interpretive Phenomenological Analysis (IPA), developed by Jonathan Smith in the 1990s, seemed to offer a systematic, flexible, accessible, experiential, and practical approach to analysing the data generated by this study (Smith et al., 2009).

The interpretative emphasis of IPA has resulted in it being viewed as one of the hermeneutic alternatives to the Duquesne School. There is a belief that for research to have a greater impact it must do more than describe. Yet Finlay cautions:

*The space between description and interpretation is ambiguous. . . . I see description and interpretations as a continuum where specific work may be more or less interpretative . . . drawing on Gadamer's ideas, he helpfully distinguishes between interpretation as pointing to something . . . and interpretation as pointing out the meaning of something.*

(2011: 120)

At times in the analysis of the material, I could have been pointing *to* something in a descriptive manner such as simply detailing what a participant said, without interpreting what those words meant to me in the context of integrative psychotherapy.

### 3.5 Interpretative Phenomenological Analysis (IPA)

Smith et al. state that while IPA works “at an early stage in relation to Husserl’s ambitious programme for phenomenology, it was important for Husserl to move from the eidetic instances to the essence of experience” (2009: 38). Moran (2000) says Husserl viewed phenomenology as the science of the essence of consciousness, approached explicitly in the subjective first person, but in IPA the priority is the detailed analyses of particular cases of actual life. IPA researchers adopt an attitude of openness and sensitivity, allowing the experience of participants to be revealed as accurately as possible. The researcher needs to be empathic and have genuine curiosity to unlock the true meaning of the events relayed by participants during the interview (Smith et al., 2009).

IPA then is an experiential qualitative approach committed to understanding the first-person perspective, and is a relatively new and evolving method of data analysis. The approach has been developed to “allow rigorous exploration of idiographic subjective experiences, and more specifically, social cognitions” (Biggerstaff & Thomson, 2008: 4). A growing number of IPA studies are published in the field of health psychology (Arroll & Senior 2008; Smith, 2008; Smith & Osborn, 2007; Flowers et al., 2000, 2003, 2011). IPA sets out to identify what matters to participants, then explores what these things mean to them (Harper & Thompson, 2012). IPA is also concerned with the idiographic micro-analysis of individual experience and with the “texture and nuance arising from the detailed exploration and presentation of actual slices of human life” (Smith et al., 2009: 202). It acknowledges my active presence as the researcher, particularly in the latter stages of the analysis when I interpret the data to answer the research questions. Dermot Moran reminds us:

*Phenomenology is seeking after a meaning which is perhaps hidden by the entity’s mode of appearing. In that case, the proper model for seeking meaning is the interpretation of a text and for this reason Heidegger links phenomenology with hermeneutics. How things appear or are covered up*

*must be explicitly studied. The things themselves always present themselves in a manner which is at the same time self-concealing.*

(2000: 228)

Dahlberg et.al. write that “to understand the whole in terms of the detail and the detail in terms of the whole is a methodological principle that takes research into an art of understanding” (2008: 237). The hermeneutic circle is employed to facilitate interpretation by moving back and forth between the part and the whole to gain an overall sense of the text, and in so doing, to understand parts of the text. As researcher and interpreter I bring my own assumptions and preconceptions to the encounter, which need to be made explicit. The tasks associated with the RPPL and RAL submissions have facilitated the explication of some of my preconceptions and assumptions, and through collaboration, dialogue and journal keeping I have endeavoured to continue this process.

For Heidegger, people interact in the world, intertwined with others, and we do not study our activities by bracketing them out. Instead, we interpret our activities and the meaning things have for us through fundamentally contextual relationships in the world, both historically and socially, and mediated through language and our interpretations. IPA researchers are especially interested in what happens when, as Heidegger believed, the everyday flow of lived experiences takes on a particular significance for people. According to Smith et al., Heidegger considers language as “the house of Being” and contends that our interpretations are shaped, limited and enabled by it (2009: 194). IPA gives voice to and reflects participants’ nuanced and textured language by including excerpts from interviews, and is focused on the subjective perspectives of the participants in their particular social, cultural and historical milieus. My research concentrates on the perceptions of the daily practice of integration as described by experienced integrative psychotherapists. Barker and colleagues (2008: 81) conclude that IPA is a systematic and practical approach to analysing phenomenological data, in that it outlines approximate steps involved in conducting an investigation to include how to generate meaningful lower-order and

higher-order categories from the data (Barker et al., 2008). IPA aims to offer insights into how a given person in a given context makes sense of a given phenomenon, and has been widely used in the field of health psychology.

### **3.6 Epistemological Perspectives, Lived Experience and IPA**

Finlay maintains that in the flow between the “reductive focus” and our own reflexive self-awareness there is a tension as we glide in and out of those positions and probe them as a source of insight. To do so we must be conscious and manage our pre-understandings, which will ultimately reward the researcher with significant and transient “...moments of disclosure in which the phenomenon reveals something of itself in a fresh way” (2008:1). I found myself at one point realizing that repeated narratives of past hurts and rejection were a common thread in the histories of the participants and a question came to me of my own trajectory into the work, a question relevant to me as researcher and also drawn upon by the participants.

In making sense of this movement and to manage the pre-understandings that I as researcher brought to the process, I found Bager-Charleson’s (2014) guidance on the important and overarching difference between perspectives on reality helpful. She states that this difference is often made in terms of “realism” versus “idealism”. Epistemological realism is the idea that noticeable characteristics exist in the observed object, independent of the observer. There is a reality independent of our minds and perception. It implies a world-view where material objects can exist independently of our senses or perceptions. Epistemological idealism, on the other hand, posits the idea that nothing exists independently of our mind, senses and perceptions. Kenneth Gergen’s (2009) belief that all claims to knowledge, truth, objectivity or insight are founded within communities of meaning-making has influenced my own worldview, as well as my growing awareness of social constructionism, phenomenology and critical realism. I believe there is a reality distinct from our consciousness and our concepts of such reality - including our discourses. However, it becomes “a world of meaning only when meaning-making beings make sense of it” (Etherington 2004: 71). This facilitates a pluralistic attitude

which recognises the legitimacy of a multiplicity of answers to any significant question. Bager-Charleson contends that a critical realist perspective “is not an unusual epistemological positioning within practice-based research with a reflexive stance” (2014: 121). Finlay maintains that critical realist researchers are pragmatic and that they “consider meanings to be fluid while accepting that participants’ stories reflect something of their subjective perceptions of their experience (if not their actual experience)” (2006: 258).

Whilst critical realists seek to understand reality, there is also a potentially transformative element to this stance, “a radical vein: what is important is not just to explain the world but also to change it” (Alvesson & Sköldberg, 2009: 39). I have a growing awareness that this perspective is expressed in my work to drive social change by providing an affordable, accessible, primary-care mental health service in a disadvantaged community. A critical realist stance is suited to my personal values and to my professional endeavours. I use a combination of realism and idealism in my life to help me understand the world, and do not strictly hold to one or the other. When analysing the research data, this worldview was helpful to me as I moved between participants’ descriptions of the essential nature of their subjective experiences as interpreted by them, and my interpretations and meaning-making of those descriptions.

Although this study is phenomenological in that it seeks to understand the participants’ perceptions of reality, it sits well with my critical realist stance in that I have used IPA as the method of data analysis. IPA is distinct from other qualitative phenomenological approaches because of its combination of psychological, interpretative, and idiographic components (Smith et al., 2009). Through a consolidation of insights from these and engagement with subjective experience, IPA, similar to a critical realist stance, offers a middle way between different qualitative methods. Willig (2012) says IPA has made phenomenological methodology accessible to those who do not have a philosophical background.

According to Finlay (2011), “the strength of IPA lies in its ability to identify meanings and develop understandings which emerge out of sustained interpretative engagement” (2011: 146). It incorporates the impact and meaning of the individual’s experience from their perspective: “In terms of devising a data collection method, IPA is best suited to one which will invite participants to offer a rich detailed, first person account of their experiences” (Smith et al., 2009: 56). Finlay says researchers are “advised to explore the semantic content and language used at a number of levels: *descriptive* (taking explicit meanings at face value), *linguistic* (for example, noting metaphors) and *conceptual* (taking a more analytic approach)” (2013: 13). In my study, all of these features and strengths of IPA were applied when I collected data that were based on the experiences of each of the psychotherapists who participated in the study, developed themes based on the data collected, and interpreted the meaning of the data based on my own analysis.

Moran contends that phenomenology for Heidegger leads to a new way of seeing: “Heidegger claimed that what Husserl had given him was eyes with which to see . . . ‘seeing’ meant doing away with all philosophical theories, whether idealist or realist, and cultivating a ‘pure’ naïveté” (2000: 228). The dichotomy then between realism and idealism may not be helpful in understanding, exploring and interpreting the descriptive, linguistic and conceptual content in an IPA study, as suggested above by Finlay (2013). On the other hand, I have found that a critical realist perspective can provide an epistemological framework which positions the researcher between “realism” and “idealism”, and is capable of holding the tension between both.

### **3.7 Cognition and IPA**

There is an argument that because IPA is concerned with cognition and internal processes, it is not congruent with intentionality, which is the foundation of phenomenology. Willig (2012) argues that phenomenological research should not study people’s cognitions, but should aim to understand subjective experience. Smith et al. (2009) respond that interpretative activities are central to certain aspects

of cognitive psychology, and this is especially true of social cognition which shares a concern with IPA in unravelling the relationship between what people think, say and do. They claim that IPA is a broader model of cognition which “includes the range of layers of reflective activity which make up part of everyday experience and which can therefore form the focus of a phenomenological inquiry” (2009: 187). Heidegger considered that interpretation corresponds to cognitive comprehension and provides our day-to-day existential understandings (Macann, 1993). IPA focuses on perception and meanings as embodied, inter-subjective elements which are part of how we make sense of, or see meaning in, our experiences. The feedback I received from the participants in this study (for instance: “It was great to reflect on my practice and I didn’t realise a or b”) is consistent with the contention that the interview itself may trigger another layer of phenomenological reflectivity, “deliberate controlled reflection” (Smith et al., 2009: 189).

### **3.8 Suitability of IPA in Psychotherapy Research**

McLeod (2011) observes that while a majority of psychotherapy research has been conducted from within the discipline of psychology, IPA is increasingly being applied in the field of counselling and psychotherapy research. It is especially anchored in the views of Heidegger, who presented hermeneutics as a prerequisite to phenomenology and questioned the possibility of any knowledge outside of an interpretative stance, whilst grounding this stance in the lived world – the world of things, people, relationships and language. He believed that “in shared meanings and interpretations and to get to the lived experience we need to get behind the first layer of everydayness. Meaning is thus of fundamental importance” (Smith et al., 2009: 16). IPA is an iterative process, with the results of one iteration used as the starting point for the next. The initial emerging themes eventually lead to superordinate and master themes. That same process was used in this study, wherein further refinement was achieved through constant analysis of the main ideas that emerged at each stage. Psychotherapy is about working with unique individuals, and because IPA pays close

attention to each case, it would seem a good match for psychotherapy research in general and this study in particular in terms of philosophy and practice.

Having examined all of the foregoing, I considered IPA an appropriate approach to the analysis of the qualitative data. It offers a flexible framework with clearly outlined steps for conducting research, and has been placed as an adjunct to mainstream social psychology, which makes it accessible (Willig, 2012). It would seem IPA has the framework to capture the formal reflections and other activities carried out by me as the researcher and the participants throughout the study. IPA does not propose a dogmatic method and is explicit in understanding that each research study will be different. Despite this potential for differences in interpretation, IPA adheres to the principle of collating clear documentary evidence of what was done and why it was done.

Smith and colleagues (2009) advise that there is no clear right or wrong way of conducting IPA; they encourage innovation and creativity in the ways researchers approach analysis, and caution against a rigid methodology. They say successful data collection strategies require organisation, flexibility and sensitivity. Equally, successful analyses require the systemic application of ideas, and methodical rigour, but they also require “imagination, playfulness, and a combination of reflective, critical and conceptual thinking” (2009: 80). The sequence of the analysis performed in my study began with an examination of the text from the interviews. I employed an empathic stance to interpret the data and the analysis led to the development of themes and sub-themes. These represented the recurring ideas that emerged from the fourteen participants who were interviewed. More details will be provided in the section on data analysis in Chapter Four.

The IPA researcher is said to be engaged in a double hermeneutic, because the researcher is trying to make sense of the participant who is trying to make sense of what is happening to them. This captures the dual role of the researcher as key to the process (Smith et al., 2009) and is the main reason that member-checking is not

considered a necessity in IPA. I have access to a participant's experience only through the participant's own account of it. The results are based on how I interpreted the experience of the participants, formed by the analysis of the interview data.

### **3.9 Summary**

This chapter focused on the methodology of the research, including the rationale for the design of the project. I discussed the methodological, epistemological and philosophical foundations that have informed the process of carrying out the study and analysing the data using Interpretative Phenomenological Analysis. The next chapter will describe the method and procedures involved in conducting the study. It will address the ethical considerations and the collaborative, procedural, and practical resources required in implementing the research.

## **Chapter Four: Research Method**

This chapter will outline the method and procedures for conducting this study, including the ethical considerations. I will also discuss the collaborative, procedural, and practical resources required in implementing the research.

The aim of the study was to gain an in-depth understanding of the first-person subjective experience of established clinicians in practising integrative psychotherapy. The main research question was: How do integrative psychotherapists describe their experiences of integration?

### **4.1 Ethical Considerations**

I sought and received ethical approval for this study from the Metanoia Institute and Middlesex University (Appendix I:6). There was a need for sensitivity in this study with established practitioners. Speaking personally of their experiences of psychotherapy or voicing negative opinions could prove uncomfortable, exposing or potentially shaming. I endeavoured to minimise this by giving as much information in advance as possible so that participants could make an informed decision, and I reiterated that they had the right not to answer questions they were uncomfortable with and could withdraw at any time from the study, including after the interview, and without having to give any reason (Appendix 1:1, 1:2, 1:3, 1:4 and 1:5). I also spent some time debriefing after each interview and offered to be available to participants for further discussions if they so wished.

I worked at all times within the guidelines of the IACP's Code of Ethics and Professional Practice, as well as the Ethical Framework of the British Association for Counselling and Psychotherapy (BACP, 2012) and the British Psychological Society Code of Ethics and Conduct (BPS, 2009). I ensured that participants were informed that they had access to their own material and could remove part or all of it at any time, even after data analysis. I was open and transparent from the outset about my

objectives and plans to publish and disseminate the findings. Therefore, participants were fully informed about the purpose and procedures and the fact that others would be involved in the collaboration. Consent forms were reviewed and signed before the meeting, and the average time for interview was 50 minutes. Participants were invited to ask any questions, to clarify procedures, and I emphasised that there were no right or wrong answers, only the participants' view of their experiences. Before each meeting began, I re-iterated to participants that they were free to withdraw at any stage and would have their confidentiality and anonymity respected at all times. In practice this means that some details have been omitted and all participants have been given pseudonyms.

An ethical consideration in this context for me was that it could bring me into a dual relationship with participants. Due to my membership of various accreditation bodies and their committees, especially the IACP, together with my profile as programme director of a well-known college and the fact that I am an established integrative psychotherapist and supervisor in what is a small field in Ireland, all of the participants were professionally known to me or I was known to them. In addition, I am a member of various professional bodies' committees and have both presented at, and organised, many conferences over the years.

Though the interviews were semi-structured and approached conversationally, I had considered whether our professional knowledge of each other would impinge on the participant being open, especially where personal issues might emerge. Reflecting on the interviews afterwards and listening to the recordings, I was struck by the lack of investment the participants had in maintaining any "persona"; it seems they were honest, open and revealing of themselves both personally and professionally. Perhaps because of the fact that the participants and I are skilled in the art of interviewing and being interviewed, as therapists, supervisors, and/or supervisees, the interview process was not a daunting one. When I checked in with each one at the end of the meetings, the feedback was of how useful the process had been to them. The consensus was that the interview offered a rare opportunity to reflect on their careers

and personal journeys. The experience was illuminating, satisfying and something they wished to engage in again. One participant said what resonated with him as he reflected after the interview was:

*how my personal life has shaped how I practice, it has been some time since I sat down and consciously thought about my philosophy of counselling and where that has come from. It's important for me to reflect, and important for me to remind myself of why I do what I do, to know the reasons, both from a personal and professional perspective (Keith, 116, 118).*

This is consistent with the contention that the interview itself may trigger another layer of phenomenological reflectivity of deliberate and controlled reflection (Smith et al., 2009: 189).

Some measures were taken to protect the specific context of the study. Due to the homogeneous and specialised nature of the group, maintaining anonymity required careful monitoring. Having discussed this with colleagues, I decided it would be best practice not to include full transcripts in the appendices to this study. Some personal and professional details of the role and context of participants may have compromised their identities. Instead, I sought and was granted permission from one participant to provide their entire transcript, with identifying comments, words, phrases and context redacted (Appendix 2:2). In addition I have included in the appendices a summary of emerging themes from this transcript, together with themes tables from each of the 14 transcripts (Appendix 2:3 and 2:4). The verbatim reports of definitions of integration and personal metaphors as outlined in the demographic results were edited to ensure that anonymity of the participants was protected through careful monitoring, reflection and diligence (Appendix 4).

Ethical considerations have been central to the entire doctoral process for me and informed the discussions on the design and delivery of the project itself, as well as the professional products. This pertained to how the findings would be disseminated at conferences, workshops and in the master's degree programme currently being

developed at my college, IICP. Equally, it was essential that participants remain anonymous with my peer reviewers and IPA data analysis expert.

## **4.2 Sample Size**

IPA is idiographic in that it is committed to the detailed examination of the particular case and the meaning of the occurrence for each individual participant, as well as looking across participants' experiences of the phenomenon more normatively. For this reason, IPA studies usually have a small number of participants and the aim is to reveal something of the personal involvement of each of those individuals. IPA sampling tends to be purposive rather than random, and broadly homogenous. In my case, the aim being to gather detailed information about the experiences of a fairly specific group (integrative psychotherapists) on a fairly specific topic (descriptions of their lived experiences of integration), a small, purposive, group was the appropriate sampling strategy. Smith and colleagues (2009), advise a sample size in the range of between four and ten interviews is appropriate and can provide a sufficient perspective given adequate contextualisation. Brocki and Wearden (2006) note that there are several factors affecting this process and there is no one right size. The literature using IPA includes sample sizes from one to thirty.

According to Elliott, Fischer and Rennie, qualitative research should strive to achieve "understanding represented in a way that achieves coherence and integration while preserving nuances" (1999: 222–23), and it is when the researcher feels their analysis has achieved these goals, whilst telling a suitably persuasive story, that the analysis may be considered sufficiently complete. In 2006, Flowers et al. conducted a study with 16 participants and in 2011 with 14, and although in IPA terms this was considered a large sample, Smith et al. deemed that the sample still illustrated IPA's "commitment to an inductive approach" (2009: 135). IPA encourages participants to talk about the way they think about an issue, rather than using "a priori hypotheses to make assumptions about how people think" (Smith et al., 2009: 135). My study involved 14 participants, and with such larger studies, Smith et al. say the emphasis

may need to alter to assess the key emergent themes for the whole group. I began by identifying emergent themes at the individual level and then searched for patterns and connections as I reviewed the group as a whole. While there was undoubtedly a loss of depth at the individual level, what makes this an IPA analysis is the fact the group level themes are still illustrated with specific examples taken from the individual transcripts. I also looked to the recurrence of themes across the individual cases, a process that is viewed as increasing the validity of findings in a more sizable project (Smith et al, 2009). Section 4.3 hereunder further discusses sample size in relation to this study.

### **4.3 Research Participants**

A non-probability, purposive, sampling of 14 experienced psychotherapists was invited for individual interview. I approached potential participants at conferences and professional association meetings and enquired as to their interest in taking part in my research. Of those I approached, 14 said they would be interested in hearing more about the study before agreeing to participate, and I arranged to email the details for consideration. I had the notion that perhaps 10-12 of those 14 would agree to participate. Twelve responded in the affirmative to my email by return, and two did not. After the initial 12 participants had been interviewed, the final two invitees made contact with me as they had been out of the country on extended leave. This presented me with a dilemma because the “magic” 10-12 sample size which I believed, at that early stage in the research process, was most suited to IPA had already been satisfied. I spoke to colleagues and wrote in my reflexive journal as I dealt with the inner conflicts of wanting to be respectful to the two individuals who were late responding. While they were kind enough to agree to participate and had stated in their emails how much were looking forward to the experience, on the other hand, my thoughts were that two more participants might actually mitigate against the integrity of study. After consulting with colleagues and my own conscience through journaling and in discussions with my IPA collaborator, I considered it important to give voice to all who accepted the invitation to participate and that I

should interview and include the entire 14 cases in the analysis. I researched on how best to analyse the data with a larger sample size and discovered that there was no one 'right' way or 'exact' number of participants, a larger sample simply needed me to ensure my focus was on emergent themes for the whole group, without ever losing sight of the individuals within the group.

The interview schedule for the 14 participants, was semi-structured, with open-ended questions to encourage the members to describe, reflect, to speak freely and in detail about their experiences.

All participants were experienced therapists who were qualified and accredited with one of the main accrediting bodies in Ireland, The Irish Association for Counselling and Psychotherapy (IACP), The Irish Association for Humanistic and Integrative Psychotherapy (IAHIP), The Psychological Society of Ireland (PSI), and The Irish Association of Alcohol and Addiction Counsellors (IAAAC). Research demonstrates that early career therapists are still in the process of establishing their theoretical and skill base, and tend to be limited by the theories they have been exposed to in training, whilst experienced therapists have either consolidated their training emphases or discarded them in favour of theories and approaches which suit their own personal preferences (Orlinsky & Rønnestad, 2005). It was for these reasons that accredited experienced therapists were recruited for the study.

It was difficult to be clear on the meaning of the term 'experienced psychotherapist'. Rønnestad and Skovholt (2013), who have conducted research and written extensively on therapists' professional development, do not define this phase precisely. Instead, they consider there to be an understanding that to be in this category, clinicians will have experienced a variety of work settings and client groupings. In addition, they view the phase prior to recognition as an experienced professional as encompassing "...2 to 5 years after graduation" (2013: 83). From discussions with colleagues and signatories, it was decided that to ensure the participants had sufficient experience, only those qualified for a minimum of five

years and who had worked with a variety of clients and in different settings would be included in the study. In summary, participants were purposively selected to meet with the following inclusion criteria:

1. Held membership of one of the main accrediting bodies in Ireland: IACP, IAHIP, PSI, IAAAC.
2. Had practised as a therapist for a minimum of five years post-qualification.
3. Had worked in a variety of settings and with a variety of client groupings.
4. Were currently actively working in the field as integrative psychotherapists.

#### **4.4 Research Procedure**

Interviews were conducted over a six-month period from January 2013 to June 2013 and took place in a location of the participant's choosing. Ten took place in participants' workplaces, three in my workplace, and one took place over the internet through the video connecting technology Face-Time. The internet interview arose because the participant could not make the original travel and meeting arrangements; the interview, whilst different, was not difficult in that we were both at ease with the technology. The setup worked well but there were some breaks later in the interview. At the time I found it off-putting when the signal dropped, as I thought it must surely have an impact on our interpersonal communication and the flow of the interview. However, that frustration did not appear to be shared by my participant. Upon checking in after we re-connected, he reassured me that because he lived in a relatively isolated area, the technology and its quirky nature were well known to him and an accepted part of the process. Having said that, I found the break in connection somewhat jarring to the flow of the interview and I noticed it broke both my concentration and that of the participant. It is difficult to ascertain the effect of this on the process, only that it probably had an effect.

As a therapist and supervisor, conducting interviews was a set of familiar skills for me, although I had intentionally reflected upon the differences between a therapeutic encounter and a research interview. I wanted to ensure that I listened to the

participants and allowed their exploration and expression, and that I wasn't seen in a therapeutic or supervisory role. Therefore, when I welcomed and thanked participants for their interest and participation, I also told them I would say little, as I was interested in their stories and lived experiences. The demographic questionnaire and signed consent forms were reviewed at the start of each interview and discussed in advance, as was the participant's right to withdraw at any time – even after the interview had taken place. Each participant was shown how we could erase the taped interview if they so chose at the end of the session. In attempting to answer the core research question, How do integrative psychotherapists describe their experiences of integration?, this was asked early on in each interview in one form or another. Participants were reminded that there were no right or wrong answers, only the answers that were meaningful to them, and, that in listening carefully to them I wanted to walk in their shoes. Participants were encouraged to elaborate on their responses through prompts, for example: “Can you give me a concrete example of that?”, “Tell me a bit more about...”, and other prompts.

As the interviews progressed, questions emerged in response to participants' dialogue. My intention was not to lead participants in any particular direction or away from their own experience. Data emerged from the interview that are beyond the scope of this study, and I plan to revisit these in future research.

An MP3 digital player was used in the interview, which was compatible with my computer and allowed for electronic download of our discussion. Due to time constraints, a research assistant (experienced in the field of transcription) was contracted in to help transcribe the data. This contract included requirements for participant confidentiality and anonymity. The interviews, which lasted approximately 50 minutes each, were transcribed by the research assistant and typed verbatim accounts were returned to me. Each interaction on the transcript was coded with a number for reference in the data analysis. Participants' names were replaced with pseudonyms and any identifying information was redacted in a similar manner to a therapist or supervisor presenting a case study. The file was locked with a code,

which was known only to the research assistant and me. I listened and re-listened to each tape and reviewed each transcript and made amendments, adding or altering words that had been omitted or misunderstood. This facilitated the process of me deeply engaging with the participants and their descriptions, explanations and interpretations.

The questions, from both the demographic questionnaire and the interview, provided some categories under which to approach the initial analysis (e.g. the definition of integration and the use of metaphors or analogies) and will be outlined in Chapter Five. I read, re-read and reviewed each transcript a number of times before I engaged in the formal analysis process. After each interview, I listened to the recordings and wrote up a journal of my own thoughts and reflections in response to the overall interview experience and in response to listening to the recordings.

#### **4.5 Data Collection**

IPA studies predominantly employ semi-structured interviews to collect data. These are designed to enable the participant to articulate the experience in as much detail as possible. I constructed an interview schedule consisting of a number of questions to describe and reflect on different aspects of participants' experiences. The interview schedule, therefore, was semi-structured, with open-ended questions to encourage the participants to describe, reflect, to speak freely and in detail about their experiences and to provide a heuristic framework to structure the interviews. This was done in a flexible manner depending on the individual interviewee's responses (Appendix I:5).

As I listened to the recordings, I realised that I instinctively used my therapy skills while conducting the interviews. I did not interrupt the participant and allowed the conversation to ebb and flow as I did not want to follow a structured agenda. To ensure the quality of the research, I sought answers to the five broad areas noted in my interview schedule (Appendix 1:5). What I attempted to do at all times throughout these streams of inquiry was to allow the conversation to move in the direction of the participants' greatest interest, focus, and needs. I then turned this into

a narrative account where my analytic interpretation is presented in detail; the results of the study are contained in Chapter Five, supported by verbatim extracts from the participants' interviews, with a discussion of these findings in Chapter Six. This work was accomplished in consultation with an expert in the field of IPA.

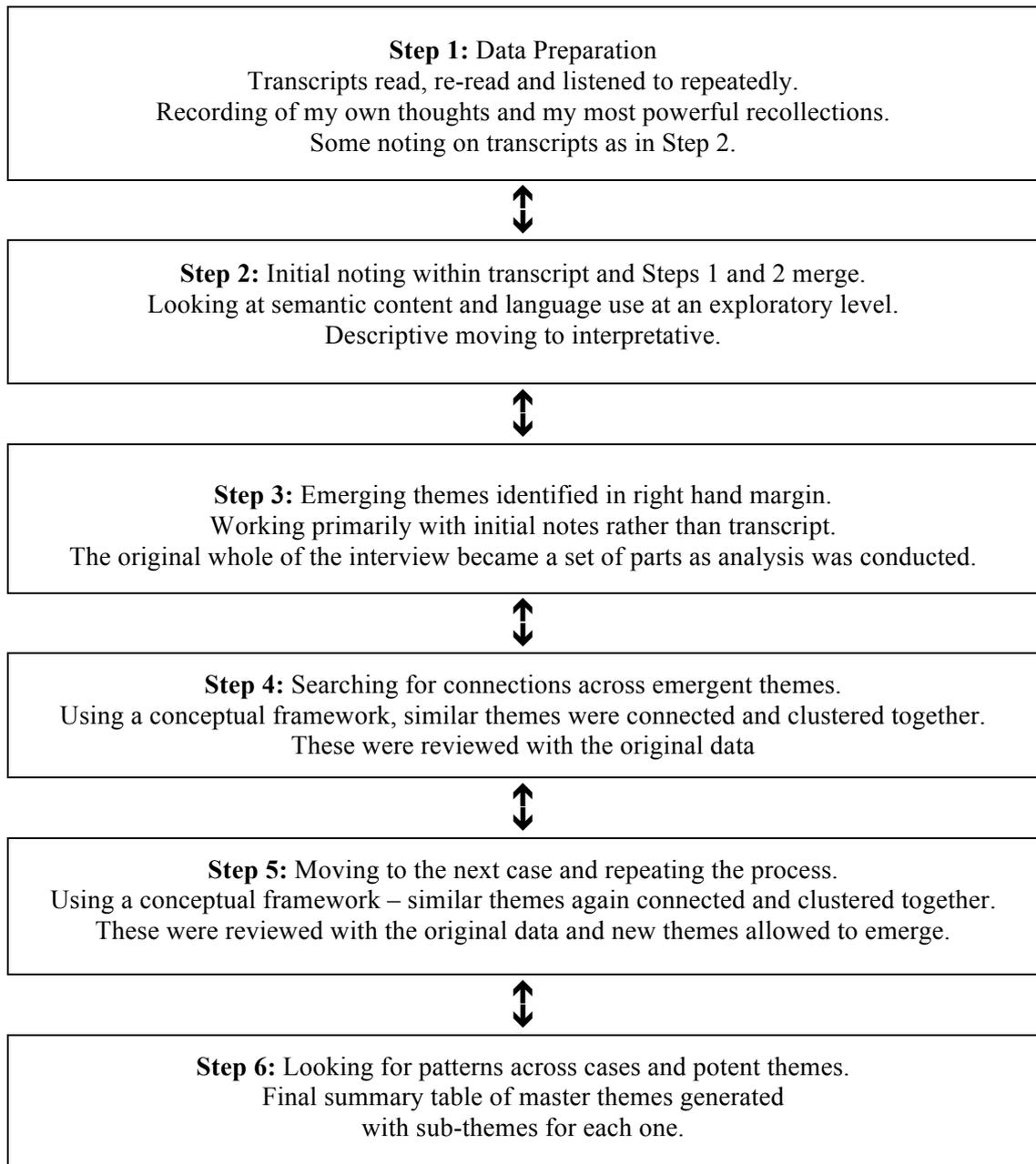
#### **4.6 Analysis of the Data**

As has been stated, the data generated from the interviews were analysed using IPA. This was in an effort to gain insight into how the participants in their own context made sense of their experiences of integrative psychotherapy. As part of a strategy to slow down the process of immersing myself in the data, I recorded my own recollections of the interview experience and my observations about the transcripts in a notebook. This is the beginning of the process of entering the participant's world and a phase of active engagement with the data. While this can be overwhelming at first, using a means of recording my own observations "in order to help you to bracket them off for a while" is considered useful in helping the researcher keep their focus on the data (Smith et al., 2009: 82).

While Smith and colleagues (2009) describe a step-by-step approach to analysis, the more important thing is to use these stages as a guideline for the process. To begin with, I divided each transcript into four columns by hand using a pencil and ruler. To the left of the transcript, there was a margin for the line number, another margin to note themes, then the text and to the right of that a margin for comments. I made a preliminary reading to become familiar with the case and began identifying descriptive themes. I then did an in-depth reading, trying to get a sense of what was unfolding in terms of superordinate themes at a conceptual and linguistic level. I re-read the transcripts yet again, and using separate sheets of paper, noted emerging superordinate themes with associated line numbers. Thematic analysis drew on Interpretative Phenomenological Analysis (Smith et. al 2009) to identify the superordinate master themes, which I subsequently refer to as "master themes." The

master theme is a descriptive label which evokes the essence of the collection of themes within its category. This required an attitude of empathy with the data, which Smith and colleagues (2009) refer to as empathic hermeneutics. The data were very rich and engaging and the process was informative and enlightening. As initial themes were identified, I adopted a stance of both empathic and questioning hermeneutics, in an effort to occupy that central space whereby it is possible to combine both, as I attempted to uncover the meaning of the experiences while rigorously engaging with the specific details. I was attempting to understand from the perspective of the participant and also to analyse and make sense of the data.

The data analysis procedure is illustrated in Figure 1, overleaf.



**Figure 1: Multi-directional procedure steps in analysis of the data using IPA**

While this part of the process required a great deal of time, energy and patience, it was also an exciting and extremely interesting facet to the study. I had a sense of being part of something privileged and unique. The results of the analysis produced three master themes pertinent to understanding the experience of integrative

psychotherapists: (1) Being an Integrative Therapist; (2) The Therapeutic Relationship – A Dynamic Process; and (3) Identity – Personal and Professional.

#### **4.7 Quality of the Research**

While traditional criteria of reliability and validity are not appropriate for qualitative research, other criteria are needed. Smith and colleagues (2009) suggest that IPA satisfies the four broad principles outlined by Lucy Yardley in assessing the standards required of qualitative research, (i.e., sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance):

*IPA is sensitive to context* from the outset in that it tends to recruit purposive samples of participants who share a particular lived experience and may be more difficult to access as a result. My participants, who were all integrative psychotherapists, were assembled using purposive sampling.

*Commitment and rigour* are evidenced in IPA through attentiveness to the participant and the completeness of the analysis undertaken. The thoroughness with which the IPA stages are detailed and the drafting and re-drafting of the analysis meet the criteria for commitment and rigour and *transparency and coherence*. Although new to IPA and to qualitative analysis generally, I endeavoured to ensure quality research by collaborating with an expert in the field of IPA as guide and auditor. This was integral to the entire process of analysing the data. I also undertook extensive reading, joined an online IPA group, and attended a series of workshops on the rationale for, and use of, IPA.

*The assessment of impact and importance* cannot be ascertained as yet. The intention is to disseminate the information through a proposed master's degree in psychotherapy, conference and workshop presentations as outlined in Chapter Eight; by necessity, these must be evaluated at a later stage.

I also utilised the following verification procedures as suggested by Creswell (2009: 201):

1. *Prolonged engagement and persistent observation in the field, including trust with participants.* The interviews were conducted over a period of six months, each one lasting on average of 50 minutes, and the analysis process was conducted over a period of nine months with a constant return to the original transcripts as I wrote up the project. This facilitated prolonged engagement with the material, and the richness of the data generated indicates this has been achieved.
2. *Peer reviewing or debriefing.* I have been in ongoing consultation and collaboration with colleagues, a critical friend, signatories and an IPA research expert who acted as auditor.
3. *Clarifying research bias.* This was discussed with colleagues and the IPA research expert as I engaged in writing my reflexive journal and attempted to be aware of and set aside my presuppositions.
4. *Rich, thick descriptions.* The use of IPA has facilitated rich descriptions through the analysis and discussion of themes and sub-themes and, again, this has been achieved in consultation with an IPA expert.

McLeod maintains that the question of validity in research comes back to whether the researcher is plausible and trustworthy, noting that trust is based on “the personal qualities of the researcher, his or her integrity, courage, honesty and commitment to the task of inquiry” (2011a: 280). McLeod further contends that if a piece of research is carried out with integrity, there is “some value in it...some truth in it. Conversely, though a study is technically or formally flawless, if it lacks personal integrity, it is of limited value” (2011a: 280). The ongoing collaborative and open approach I have adopted has been in an effort to ensure that my work is credible, trustworthy, and dependable. This has been one of the driving forces in my working with an IPA expert throughout the data analysis to ensure that I carried out the research by submitting my work for viewing by another investigator, an expert in the field, according to the “canons of good practice” (Robson, 2002: 377).

#### **4.7.1 Reflexive Statement**

As the study is positioned within an interpretative paradigm, the data generated and the analysis are considered to be the outcome of the researcher's interpretation of the participants' representations of their experiences, and thus the study is a double-hermeneutic. I too am an integrative practitioner and often identified similarities and differences between my experiences and the stories of my participants. Equally, the participants and I had previous professional interactions and I was conscious of these issues. I was also aware of my own inner processes, and engaging with them reflexively has been essential in my effort to stay close to my participants' experiences (Finlay, 2002). I endeavoured to do this through discussions with colleagues, journalling, and with the help of a collaborator in the data analysis. This encouraged my creativity and reflexivity in writing, and I engaged with my signatories and colleagues, discussing the setting aside of my assumptions. This was all in an effort to distance myself from my presuppositions and to leave myself open to analysis of the data from the participants' meanings.

#### **4.8 Resource Considerations**

I have a team of colleagues who provided knowledge and assistance in the area of integration and the use of qualitative methodologies. I also have the support, advice and goodwill of the four signatories to the Learning Agreement. I needed to plan and manage my tasks efficiently because qualitative analysis is all-consuming and required extended blocks of time. Additionally, writing up the material required large chunks of concentrated effort, and a reduction in my administrative duties was sanctioned from March 2013 through to April 2014. I was facilitated with an extra three months' annual leave throughout the year to make it possible for me to complete the project.

Collaboration and co-operation are at the heart of all I do and were the bedrock to the effectiveness and success of the two organisations I lead, IICP and VCS. I have brought that spirit of teamwork, partnership and a belief in lifelong learning to the

doctoral programme, from planning, design, and managing, to the delivery of the research project and professional products. The research was conducted with the participants in a spirit of collegiality, and the delivery of the analysis was supported by my colleagues, consultants, IPA expert and signatories. The professional products required partnership with the IICP Registrar, collaboration with the IICP faculty team, various professional working committees, my consultants, experts in the field of integration, pluralism, phenomenology, IPA, and Quality and Qualifications Ireland (QQI), who provide academic validation for IICP programmes.

It took some months before I fully engaged with my signatories, as I believed that their participation was already sufficient by signing on my behalf. However, my colleagues were willing to debate, challenge, assist and read the research. They brought expertise from the academic, psychological, psychotherapeutic and Buddhist traditions, and shared their knowledge both through discourse and in reading materials.

I had the privilege of having the faculty and administrative resources of my own college, IICP, at my disposal. I was also privileged to have access to the senior faculty in Trinity College Dublin, both in the School of Education and the School of Psychology. Through my own institute, I was in a position to avail of funding for library resources, research assistance for data transcription, analysis and dissertation guidance, and proofreading, as well as being facilitated with blocks of time in which to complete the research analysis and the writing up of the work. These cumulative and many resources assisted me in the completion of this inquiry.

#### **4.9 Summary**

This chapter outlined the method and procedure for carrying out the inquiry. I also discussed the collaborative, procedural and practical resources required in implementing the research. The next chapter contains the findings of the study.

## Chapter Five: Findings

This chapter will consider the results of the study in light of the research question. The aim of the research was to gain an in-depth understanding of the lived experience of established therapists in practising integrative psychotherapy.

### 5.1 Overview

The findings from the analysis of the experiences of practising integration reported by 14 integrative psychotherapists are presented in this chapter, together with the demographic details. As described earlier, I made detailed descriptive and interpretative notes on each of the 14 interview transcripts, and then developed a list of emergent and superordinate themes for each participant. To illustrate this process, Appendix 2:1 includes Tom's full interview transcript with analytic notes. A list of the emergent themes and superordinate themes identified in his interview are noted in Appendix 2:2 and 2:3. Tom has given permission for his full transcript to be included in this study. Following this individual work, I explored connections between the sets of themes and developed a table of master themes for the group. The following is an account and illustration of the themes in some detail, and I engage in broader interpretative work, connecting with the existing literature when discussing the results in Chapter Six.

The data collected through the 14 semi-structured interviews were transcribed and subsequently analysed using Interpretative Phenomenological Analysis, producing a rich landscape of information. Many themes emerged from the analysis, with the three major themes represented in this chapter, together with relevant sub-themes. The master themes noted were: (1) Being an Integrative Therapist; (2) The Therapeutic Relationship – A Dynamic Process; and (3) Identity – Personal and Individual (Table 5). These master themes and sub-themes are illustrated with extensive verbatim extracts from the interviews throughout this chapter.

It is accepted that, given the depth of analysis using IPA, it is not possible to present all the experiences and opinions of the participants in their entirety. Their descriptions were rich and extensive and I have endeavoured to give the reader an insight into participants' experiences and how they made sense of integration personally and professionally. To support my interpretations from the analysis, the verbatim extracts from the interviews have been included with some minor changes made to improve readability. Small hesitations, word repetitions and utterances such as "um" have mostly been removed, and quotes from participants have been corrected grammatically. Material omitted is indicated by an ellipsis (...) and material added is represented in square [ ] brackets. The names of participants have been replaced with pseudonyms and as much identifying information as possible has been removed or changed.

## **5.2 Demographic Questionnaire**

The demographic questionnaire distributed prior to the interview surveyed the participant's age range, qualifications, professional experience, impact of theoretical orientations on current practice and the influence of various elements on the evolution of therapeutic practice (Tables 1, 2, 3, 4, 6 and 7). The participants also provided a personal working definition of integration together with a metaphor or analogy that best described their personal approach to integration, the details of which are contained in Appendix 4.

The following organisations were represented amongst the participants:

1. IACP (The Irish Association for Counselling and Psychotherapy)
2. IAHIP (The Irish Association for Humanistic and Integrative Psychotherapy)
3. PSI (The Psychological Society of Ireland)
4. IAAAC (The Irish Association of Alcohol and Addiction Counsellors)
5. WGII (The William Glasser Institute Ireland)

A total of 14 participants took part in the study, eight female and six male. They included a broad range of experience and nine were also accredited supervisors. Each had undergone professional and academic training in integrative psychotherapy to include diploma (1), bachelor's degree (7) through to master's degree (6), some having obtained more than one master's degree. Ten were born and educated in Ireland, and four were born and educated abroad. The highest frequency in the post-qualification years range was 9–12 years (5) and next most frequent was the 5–8 years category (4). Whereas the most common age range was 55–64 (6), the next most frequent was the 65+ age group (3). Tables 1, 2, 3 and 4 refer.

### **5.3 Demographic Information**

To protect the anonymity of participants, information regarding country of origin, specific training, professional memberships, and accreditations was not revealed in the tables reporting the demographic findings. This was also the main consideration in providing edited versions of the participants' definitions of integration and metaphors representing their personal approaches (Appendix 4). I sought information on the extent to which the participants' practices were guided by various therapeutic schools/models. While all were working in private practice at the time of the interviews, eight had experience of working in community counselling centres, four in addiction centres, and two in educational settings.

The demographic summaries of the sample are presented in tables 1, 2, 3 and 4 below.

**Table 1: Participants' Profiles**

	<b>Participant pseudonym</b>	<b>Gender Male (M) Female (F)</b>	<b>Age range Years</b>	<b>No. of years qualified</b>	<b>Highest qualification</b>
1.	Tom	M	25-34	9-12	Bachelor's degree
2.	Jean	F	65+	17-20	Master's degree
3.	Sara	F	55-64	17-20	Master's degree
4.	Rachel	F	35-44	5-8	Bachelor's degree
5.	Ruth	F	55-64	13-16	Master's degree
6.	Keith	M	35-44	5-8	Bachelor's degree
7.	Frank	M	55-64	9-12	Master's degree
8.	Sofia	F	55-64	5-8	Diploma
9.	Grace	F	45-54	5-8	Bachelor's degree
10.	Mary	F	65+	21+	Master's degree
11.	Sam	M	45-54	9-12	Bachelor's degree
12.	Paul	M	55-64	9-12	Bachelor's degree
13.	Julia	F	55-64	9-12	Bachelor's degree
14.	Ben	M	65+	13-16	Master's degree

*Table 1: The information represented above is taken from the Demographic Questionnaire completed in advance of the interview by each participant. Information provided by the participants on their professional memberships and country of origin has been omitted. To indicate this explicitly may serve to identify the participants.*

**Table 2: Frequency of Age Range**

<b>Age range (years)</b>	<b>No. of participants</b>
25-34	1
35-44	2
45-54	2
55-64	6
65+	3

**Table 3: Frequency of Years Qualified**

<b>No. of years qualified</b>	<b>No. of participants</b>
5-8	4
9-12	5
13-16	2
17-20	2
21+	1

**Table 4: Frequency of Qualifications Level**

<b>Qualifications Level</b>	<b>Years Qualified</b>	<b>No. of Participants</b>	<b>Total No. of Participants</b>
Diploma	5-8	1	1
Bachelor's Degree	5-8	3	7
	9-12	4	
Master's Degree	9-12	1	6
	13-16	2	
	17-20	2	
	21+	1	

#### **5. 4 The Master Themes: Introduction**

As has been stated, many themes evolved from the analysis with three master themes represented here and outlined in Table 5 together with the sub-themes assigned in each category. Exploration of these master themes and their sub-themes forms the basis of the rest of this chapter. More data were generated than are represented here and, as discussed, for the purposes of participant anonymity, only one entire transcript is included in Appendix 2:1. Appendix 2:2 contains a summary of themes emerging from that transcript and Appendix 2:4 provides the data analysis procedures and themes tables from each of the 14 transcripts. I have included extensive verbatim accounts throughout this chapter to support and help clarify the themes presented.

The next sections discuss the three master themes (1) Being an Integrative Therapist (2) The Therapeutic Relationship – A Dynamic Process and (3) Identity – Personal and Individual.

Table 5 overleaf illustrates the three master themes and the several sub-themes which emerged from these.

**Table 5: Summary of Master Themes and Sub-themes**

Master Theme	Master Theme Definition	Sub-themes
Master Theme 1	Being an Integrative Therapist	Definition/Practice of Integration: An open, flexible stance "...to support the client's mental, emotional and spiritual needs"
		Approaches to Integration: "I go on my past experience, all I have learned so far."
		Training and Other Influences: "The need to develop a diversity of skills"
		Integration of Research into Practice: "I refer back to my books ..."
Master Theme 2	Therapeutic Relationship – A Dynamic Process	Core Features of the Therapeutic Relationship: A collaborative process to meet the needs of the client "being able to draw on different tools intuitively, intelligently and constructively...helping the person to integrate themselves..."
		Goals of Therapy: "What they want from therapy...I go with what the client is asking for and needs from me."
Master Theme 3	Identity – Personal and Individual	Personal Background of Therapists: "...so that was a defining moment..."
		"purist as master, integrative as life-long learner"

### **5.5 Master Theme 1: Being an Integrative Therapist**

This section seeks to capture the core of the descriptions of the lived experiences of how integrative therapists integrate, what it is they actually do and why they do it. Four sub-themes were identified: (a) Definition/Practice of Integration: An open, flexible stance "...to support the client's mental, emotional and spiritual needs..." (b) Approaches to integrative therapy: "...I go on my past experience, all I have learned so far" (c) Training: "The need to develop a diversity of skills" (d) Research: "I refer back to my books ..."

### **5.5.1 Using an open flexible, stance in response to the cognitive, emotional and spiritual needs of clients.**

Participants expressed different degrees and emphases in relation to both the understanding and practice of integration. In general, it was seen as an open, flexible stance, with different ways of supporting clients based on client needs at the time. While no two descriptions of integrative therapy were identical, there were important areas of similarity and convergence in the views of participants regarding the nature of an integrative approach. The following sub-sections outline the various descriptions and meanings provided by the participants.

#### **5.5.1a Combining different approaches to address clients' needs**

Most of the therapists perceived integration as the melding of different approaches, whether theoretical or in terms of techniques. The participants emphasized the diversity of techniques and approaches utilized by integrative therapists, with the goal of addressing the unique needs of each client. For instance, Rachel described integrative therapy as:

*It means integrating two main kinds of ways of working. In my case it would be client-centred/humanistic and psychodynamic but then also applying bits of other theories, other techniques, other interventions so it's a flexible, open way of working (Rachel, 4).*

Integration involves bringing things together in a way that makes sense but with an understanding, an overall plan, of what you are doing and why, as Frank stated:

*You need to have an understanding of the different parts that you are bringing together, of knowing which is the best approach to use right now in this session for this client...it's not necessarily linear either (Frank, 4).*

All were prepared to use other disciplines and therapeutic modalities in their work. For example, Keith listed a range of theories and therapies as his core choices in practice:

*...person-centred, choice theory, CBT/REBT, existential philosophy, Gestalt, Jung would be there and psychodynamic (Keith, 56).*

Jean considered integration as having the ability:

*to cordon different theories in order to fit or meet the needs of the client, whatever the client is presenting from moment to moment, not rigid (Jean, 2).*

#### **5.5.1b Person-Centred Therapy: Provides a set of shared common values that support an integration**

There were many participants who compared integrative therapy to the basic tenets of person-centred therapy, as a way of being in the process to establish a therapeutic relationship. They then moved to other techniques and interventions as the therapy progressed. Tom described integrative therapy as focusing on the client's needs and reflecting person-centred values:

*So for me it was being person-centred in my way of being while using the other training that I had in my way of intervening, it's quite direct and it's quite focused (Tom, 4).*

Julia referred to her wanting to make the client feel safe and to do this she used:

*...person-centred as a way of creating a safe place for her to build up her confidence and then using behavioural things like some belly breathing (Julia, 58).*

Several participants used the term "way of being" which Carl Rogers associated with an empathic attitude and considered one of the most important elements in helping create change within clients. The participants understood this process as involving a sensitivity to the felt meanings as they ebbed and flowed within the client before moving to another therapy approach as a way of intervening. Frank believed:

*...it gets away from a particular school, I am listening and it comes down to my way of being, then I use CBT ... (Frank, 8)*

### **5.5.2 Sub-Theme 2.2 Being an Integrative Therapist: Means that I can use all my past experience, and everything that I have learned so far.**

It was evident from this second sub-theme that the therapists who took part in the study were open to using prior experiences of what worked in other situations or what they thought might work in the current one. They stressed the importance of understanding a client from a number of perspectives and were open to using any approach that they thought would help:

*I would go on my past experience, all I have learned so far in working with hundreds of people, I am very confident that some of these techniques are very powerful and really help clients to move on so it's a combination of experience and also learning a new technique, it's trying it out and then it goes into the toolbox (Sara, 24).*

Although the descriptions pointed to many different and idiosyncratic approaches to therapeutic practice, the core rationale for using an integrative approach, either implied or expressed explicitly, was to have a “toolkit” to source a range of approaches based on prior knowledge built up over time, experience and training:

*...from my experience...from my past and from my training (Mary, 12).*

For many participants, the process of assembling a therapy toolkit was characterized as involving a process of active learning and reflection. For example, Tom was dubious about the literature and over the years he has developed a more discerning attitude to debates about what works in therapy. While he considered the literature was important, it was his own practice that taught him most about whether an intervention was worthwhile or not:

*Originally I was like a sponge I just soaked it all up and took it as gospel whereas, over the years, I've developed the ability see the strengths in a model and the limitations; experience has taught me that as well. I have learned that, yes, the books might say it works for everybody with this issue but practice might show me it doesn't (Tom, 15).*

### 5.5.2a Using what Works at that Time and in those Circumstances

Many therapists did not describe integration as based on an abstract working-out of the similarities and differences between theoretical paradigms. Instead, they were concerned to find what would work in each concrete situation.

Keith spoke about the appropriateness of choosing the best approach to address client issues in particular circumstances, and of being flexible in moving to other ways of working at other times:

*If a client is grieving, for example, you are not going to try to pull out solution focused brief therapy, you are going to be more person-centred, or some existential [work]....to help them with their angst (Keith, 2).*

Julia was clear that, although she had learned other models, her core way of working was person-centred with empathy as her guide:

*...my core training was person-centred and it wouldn't be appropriate, even if a person has anxiety, to just launch into CBT work with them so just to empathise with what they were going through seemed to me to be more therapeutic than to be going into giving them homework, and diaries to fill out, which would be part of the CBT model (Julia, 4).*

### 5.5.2b Actively managing the tensions between different therapy approaches

All participants were aware of conceptual and practical tensions between different therapy approaches. Some found it easier to hold the tension between the different modalities, with Sara declaring that it suited her personality and love of variety. This drove her initial interest in CT/RT and CBT. However, as she progressed in the profession and took further training, she accommodated the ambiguity because the models worked for her clients:

*Somebody who is an activist, as I am, enjoyed RT and CBT but then as I journeyed on and trained in psychodynamic counselling, I also found that fascinating and a completely different model that would be poles apart to reality therapy ... as I journeyed through that experientially and with clients, somehow I have been able to integrate those two, I think very well, with my clients (Sara, 10).*

Mary considered that integration had to happen within herself before she could be of help to any client. She spoke about being confident in managing her own life and anxieties and also “to have your doubts and being able to have your shadow and to be able to embrace that as part of being integrated” (37). She considered that integration is about being who we are and knowing which part of us we are bringing into the therapy room. It is about accepting the shadow side and not allowing that to interfere with the therapeutic process, to own what belongs to us as therapists, so that we can work with what belongs to the client.

For some, the tensions were managed through engaging in praxis, a purposeful, intentional, educative endeavour made possible by hard work, study and experience. Managing the tensions was also seen as a balance between task and process and a constant reflecting on that process. Tom used the metaphor of weaving a tapestry with threads of different colours which forms a picture. He considered the only way to integrate was to reflect on how one is weaving those strands together, to journal about it, to think deeply, and to consciously practice. Tom stated:

*I don't think you can integrate unless you really, really, really know the various theories that you are integrating, you have to know the models inside out, upside down, so for me integration starts with knowledge (Tom, 44).*

With others, no matter what approaches were used or how the tensions were managed, sometimes nothing worked. Jean found it difficult when the desire to help her clients and the use of a variety of approaches was not enough. Speaking of one client, Jean said:

*She was an intelligent woman who hadn't the opportunity to become a lawyer, her parents hadn't the money, she ended up in a dead-end corner of the bank. I did struggle with her. I used visual material with her, psychodynamic, CT, Rogerian, CBT, because of her irrational beliefs, nothing really worked (Jean, 59).*

Many, like others, had developed a love of diversity, and the self-knowledge gained over time helped her and them to maintain an inner balance and to utilise whatever

approach most suited. Ruth considered that integration of personal values and of science and religion fostered a pluralistic outlook based on her own life's journey. She was originally trained as a scientist which she considers afforded her a love of scientific research, her spiritual and religious life have given her something to believe in, and her value system helped her master the tensions. She concluded:

*The pluralistic approach gave me a love for diversity – once it's connected to a value framework (Ruth, 5).*

### **5.5.3 Training and Other Influences on Therapeutic Practice: “The need to develop a diversity of skills”**

This sub-theme relates to initial training and professional development influences on participants over the course of their careers. The group as a whole can be divided into two groups, the first comprising of the six participants with master's level degrees and the second comprising the seven with bachelor's degrees and one person with a diploma (Table 4). Those with master's level qualifications tended to be accredited longest with five being qualified 13 years or longer and just one from the 9-12 years category (Table 4). This is relevant because these participants would not have had a requirement to train in more than one model, except for the one person within the 9-12 years range.

Prior to the introduction of this requirement, grand-parenting of practising therapists, whatever their modality, was promoted in an effort by IACP to streamline the process of accreditation for established clinicians. This was to facilitate the introduction of the first set of criteria and guidelines for accreditation which came into force in Ireland in 2002. Grand-parenting is a time-limited alternative route designed for established practitioners whose competence is assessed on a different set of criteria. Table 6 overleaf outlines the results of the demographic questionnaire on theoretical orientations guiding current practice of therapists. This questionnaire was used with the permission of its author, Dr. Nathan Thoma (2008).

**Table 6: Current Practice guided by Theoretical Orientations**

<b>Approach</b>	<b>Not at all</b>	<b>A Little</b>	<b>Moderately</b>	<b>Greatly</b>
Behaviour Therapy	2	3	7	
Client Centred Therapy		1	2	11
Cognitive Behaviour Therapy		3	7	3
Choice Theory/Reality Therapy		1	8	3
Existential		4	4	2
Gestalt		7	3	
Humanistic		3	1	8
Psychodynamic		5	5	4
REBT	3	4	2	2
Systemic	3	2	4	
Solution Focused Brief Therapy	1	5	2	1
Transactional Analysis	1	9		
Other: Yoga/Meditation			1	
Other: Mindfulness			2	
Other: Biblical Counselling				1
Other: Freud (Psychoanalytical)			1	
Other: Process Oriented				1
Other: Emotional Interviewing			1	
Other: Jungian			1	

*Table 6: The information represented above is taken from the Demographic Questionnaire. It includes the variety of models and number of participants who state their current practice has been influenced by that approach, from "not at all" to "greatly." © Thoma, 2008.*

A common bond amongst all the participants was their unwavering loyalty to and affinity with the person-centred approach and CBT or CT/RT as the models of choice. While these were the most popular therapeutic models, there was also strong support for other models of practice, especially psychodynamic, with a rising interest in Gestalt therapy. Several interviewees mentioned “the empty chair” as a valuable technique for use in therapy although only one, Julia, had taken further training in this approach. Accessibility to a wider range of training in Gestalt therapy is being made available in Ireland at the moment and several therapists mentioned they wished to enrol. It will be interesting to see if there is an uptake in the availability of this further Gestalt Therapy training and how that play will play out as a feature of therapeutic practice in the coming years in Ireland. There was a space on the questionnaire for “other” and this led to the nomination of seven additional and different orientations which were an important influence on those seven individual participants (Table 6).

Eleven of the 14 participants stated that CT/RT had moderately to greatly influenced their practice with another 10 reporting a similar response regarding CBT. Since CT/RT and CBT are viewed as problem solving models which facilitate the use of many other therapies, this may account for the eclectic viewpoints in some of the descriptions of practice.

Another strong connection amongst the participants was the overriding impact of their client work on the evolution of their therapeutic practice and Table 7 overleaf outlines these influences. This questionnaire was used with the permission of its author, Dr. Nathan Thoma (2008).

**Table 7: Influences on the Evolution of Practice**

<b>Most influenced by:</b>	<b>Not at all</b>	<b>A Little</b>	<b>Moderately</b>	<b>Greatly</b>
Informal peer interactions	1	6	6	1
Formal peer interactions (e.g. case conferences)	2	3	7	2
Supervision			6	8
Experiences in personal life		1	6	7
Experiences with clients			1	13
Scientific literature		3	7	2
Reading up on theory		1	10	3
Personal therapy	1	5	4	3
Seminars/workshops		4	3	7
Additional formal training	1	1	4	8
Increased interest from clients seeking short-term problem-focused therapy	4	6	4	
Increased personal interest in using problem-focused techniques	3	6	5	
Other: Mindfulness study				1
Other: Evolving belief system				1
Other: Meditation training				1
Other: Being a teacher			1	
Other: Making mistakes				1
Other: Cultural/history			1	

*Table 7: The information represented above is taken from the Demographic Questionnaire. It seeks to elicit the influences on the evolution of therapeutic practice since completion of training from, “not at all” to “greatly.” © Thoma, 2008.*

Thirteen of the 14 participants found that working with a diverse range of clients, above all else, challenged them to have a variety of responses, and this is what prompted them to seek further training; this figure includes those who trained initially in an integrative approach or were grand-parented into the profession. While continuing professional development is a requirement for membership of

professional bodies, a sense of curiosity and an interest in life-long learning was apparent in the endeavour to be the best they could be for their clients. An inherent pluralistic perspective was the driver for many to seek out further training:

*I find that the diversity of personalities, the diversity of issues, the diversity of situations I have worked with that I have had to develop a diversity of skills... (Grace, 4).*

A factor that divided the groups was the reported influence of supervision on the development of their practice. In the demographic questionnaire, therapists who had a higher degree (e.g. master's level) placed supervision as a less important influence than client and personal experiences, whilst those who held a diploma or bachelor's degree placed supervision on an equal footing as an influence on the development of their practices. However, this difference did not emerge in the transcripts with a general consensus that:

*I find the space of supervision where I can tell the story and in the telling ...I can catch it to challenge it, to change it (Ruth, 74).*

Using a structure was important to Mary, so that she has a framework for her integrative approach as a therapist and supervisor. She learned about Glasser's work in the late 1970s and still uses what she calls "a skeleton that I was confident with and I was familiar with" (14).

Tom concluded that he considered the only way to learn and teach integration was to write, practice and reflect on that practice:

*write on how you weave those strands together so that [students] are thinking about it, writing about it, doing it, practising it, you are asking them to do reality therapy while being person centred in how they do reality therapy... in a very reflective empathic way, you are asking them to practice integration as well as learn about it (Tom, 123).*

While all the participants knew their theories, the emphasis was on finding what fitted for them, learning that theory and therapy as well as they could, seeing what

value it had for them and then adapting it into their way of being, personally and professionally. The underlying conclusion was that a multiplicity of interventions was required to respond adequately to the variety of presenting issues. A pluralistic perspective underscored the participants' search for knowledge and skills to better meet the needs of their clients.

#### **5.5.4 Integration of Research in Practice: "I refer back to my books or I am continually reading stuff..."**

The participants expressed different ways in which, and varying degrees to which, research is integrated into their practice. Some participants rely on classic works of the great psychotherapists, meaning they are not up to date on recent trends in practice-based evidence or evidence-based practice. Some attend conferences or use the internet to stay updated on current advancements in therapy. Table 8 below summarises the responses of the 14 participants in relation to their thinking and practice around research.

**Table 8: Integration of Research in Therapy**

<b>Research activity</b>	<b>No. of participants to offer this experience</b>	<b>Percentage of participants to offer this experience</b>
Read classic books	3	21%
Attend conferences	2	14%
Use internet	2	14%
Exposed to a variety of research materials	2	14%
Wants to be more involved in research	2	14%
Not interested	1	7%
Member of a journal club	1	7%
Conducts research	1	7%

Ben, Paul, and Sofia relied on classic works of the great psychotherapists to inform their therapeutic practice. For example, the research and writings of Carl Rogers

were influential for Paul. Sofia said she goes back to her books instead of reading journals:

*I am going to be honest and say no, not research journals, I refer back to my books that I have... I don't read research journals because the honest to God's truth about that is that I am lazy and I hate having to go look for them (Sofia, 48).*

Although he considered his interest more a way of finding ideas to inform his writing than as actual research, Frank relies on the internet to get new information:

*I am continually reading stuff on the internet about counselling and psychotherapy, that is partly because I use it as a way of finding ideas to write about, and also because I am just interested in it anyway... (Frank, 8).*

Some participants found ways to incorporate research into their practice of integrative therapy. Julia attends a book club once a month, allowing her to keep up to date in current advancements in therapy:

*I am a member of this journal club, members are from different modalities so we would read maybe an article and then discuss it. I value the fact that it might just be one chapter in a book rather than a whole book because we can get more in-depth (Julia, 42).*

Sam keeps himself informed by attending an annual conference whereby he engages with the latest information about psychology:

*I attend the Open University conference, and I find that a great source of information as well [as] keeping up to date in psychology (Sam, 6).*

Sara said that she was not using research in her practice of integrative therapy. Most of her exposure to research was based on previous training courses:

*I wouldn't read a lot of research to be honest; I am not hugely interested. In the context of training I would be interested in research but I definitely don't read journals, I don't research stuff really myself (Sara, 22).*

Being a consumer of the research literature was not a strong component of many of the participants' views of professional practice requirements, yet many engaged in the activity in some form and at some point or another, and it influenced their practices to varying degrees.

## **5.6 Master Theme 2: The Therapeutic Relationship – a Dynamic Process**

The therapeutic relationship was viewed by all 14 participants as core to the success of therapy. They saw it as an emerging and evolving process, and something that was actively worked on in a flexible, collaborative way, with acceptance of the client as a container for the strength of the relationship: “all our life is worked out in the space of relationship” (Ruth, 44). It was seen as a touchstone to the success of therapy regardless of the therapeutic orientation: “even if you are doing pure CBT with someone the relationship for me is still important” (Tom, 67). It was viewed as a facilitative space and a way of being as a therapist, to be present for the client, acknowledging and honouring their pain:

*Witnessing their pain, accepting someone where they are at, really communicating that you are trying to understand and see the world from their point of view (Tom, 48).*

Building the relationship was seen as a way of getting to know the client as a unique individual with their own beliefs and points of view, and as an end in itself, as Sara maintained:

*I don't think I can fix people but I believe in relationship. You probably leave all the books, all the studies, all the journals, all your learning outside the door and just be with somebody and then draw on whatever comes up (Sara, 64).*

In addition, the therapeutic alliance was seen as a microcosm of the client's real world experiences. It is a way of encouraging the client to step into their own power and become a model for successful and independent living, with the therapist playing a role, for a certain time, in the client's life:

*If the counselling relationship goes well, the end product is that the person becomes more independent and better able to make their own decisions (Mary, 27).*

There was talk of acceptance and wellbeing as a by-product of a sound therapeutic relationship and, although not explicitly stated by many, some thought the relationship egalitarian. Keith considered:

*I like to keep it at a balance that we are both in this relationship and with the purpose of helping the client work through whatever (Keith 38).*

### **5.6.1 Core Features of the Therapeutic Relationship: A collaborative process to meet the needs of the client**

This sub-theme concerns the specific features of the therapeutic alliance that the participants found important, with tailoring mentioned by 13 out of 14 participants. The findings also seem to indicate that listening, evaluating and having a therapeutic space were important features in the development of a sound therapeutic alliance.

#### **5.6.1a A Toolkit for Tailoring**

Common to most participants is their practice of crafting or tailoring the therapy to meet the perceived needs of the client. This was viewed as a prime responsibility of the therapist. It seems all participants have an underlying person-centred approach to that tailoring. They saw their task as working with the client to gauge the intervention or direction based on the client's needs, and that this involved a balancing between task and process. Jean considered the knowledge of a variety of theories or "tools" as central to integrative practice:

*...it is being able to have a knowledge of a lot of theories, having tools at your beck and call that you can just pull out to fit what the client is presenting from moment to moment (Jean, 4).*

Although the descriptions pointed to different and idiosyncratic approaches to therapeutic practice, the core rationale for using an integrative approach, either implied or expressed explicitly, was to have a "toolkit" (Mary, 12) in order to draw

on a range of approaches based on training and past experience. The aim was to be able to respond in a variety of ways and to collaborate and help the client put the pieces of the jigsaw together for themselves. Mary believed in crafting the therapy through:

*... being able to draw on different tools intuitively, intelligently and constructively, helping the person to integrate themselves in a way that works for them (Mary, 12).*

Frank articulated his appreciation at having a variety of approaches, a “toolbox” of different instruments:

*...it's attractive because you can see it as almost a toolbox that you can take out and you can use this, this, this and this to apply to people's problems (Frank, 14).*

All participants, no matter how idiosyncratic the practice, modified their approach in an effort to be of greater benefit to their clients and to be able to work with a range of issues. As Tom stated:

*It was really about trying to find more information, more skills, more knowledge so that I could best meet the needs of all sorts of clients as opposed to expecting them to fit into the orientation that I am using (Tom, 8).*

Grace saw herself as limited by having just one model, and in order to have more options to use with her clients she looked to using play therapy with adults to give them a voice and means of expression:

*I found that actually PCC just didn't work but introducing play therapy [the client] would start to explore, through her doodling and her imagery. So I'd bring a very eclectic mix into my therapeutic work (Grace, 8).*

This process of adapting the therapy to meet the needs of the client was considered a key responsibility of the practitioner.

### 5.6.1b Listening as key to the therapeutic relationship

Many participants were also explicit about the importance of listening. The role of listening as a precursor to building an alliance was referred to by all participants at some point or another. It was referred to as the “default mode” and as the container for the relationship and for holding the client, while Jean considered:

*Building a therapeutic alliance, listening to their story, and spending a good deal of time listening, actively listening, picking up on important words and things (Jean, 81).*

Keith spoke of how his therapy training had taught him to listen deeply to the client and also to himself:

*listening to my own intuition and listening to where the client is at as well which is obviously the most important, also listening to what my inner voice is saying to me at the same time, listening to [clients] at a deeper level and not just at a surface level (Keith, 6-8).*

Ben listened to his own body as “the best diagnostic tool...it is counter-transference” (135), and he also believed that listening to the client was his main way of being in the therapeutic process:

*listening, I suppose I am listening to my own body while I am listening to the client (Ben, 4).*

Frank used his previous experience in the working world where he came to realise the power of simply listening to people. As a therapist, he found that listening at a profound and concentrated level facilitated clients to talk about themselves and their fears, especially those who had difficult stories to tell. He considered that listening at a deep level left the client feeling like they had something solid to take from the session, even though it was not a solution to the problem:

*...I was always listening to people’s worst stuff if you like, putting them at their ease and I hope dealing with it in a responsible way and I learned that, sometimes, if you really, really listen to what people say, they feel they have*

*got something even if you haven't produced a solution, but people come and you really, really listen to them (Frank, 26).*

The participants placed great importance on listening deeply to their clients and to their own somatic responses and intuition. This facilitated the therapist's ability to build a sound therapeutic relationship and to pick up clues as to the lived experiences and difficulties of their clients. All of this was undertaken with the inevitable appreciation that there are multiple aspects to the client's problems including spiritual and emotional. The purpose was to help discover one of a myriad of ways of understanding their client's issues so that they could be worked on through a variety of interventions and techniques. Being open in the relationship was seen as a driver towards integration.

### **5.6.1c The Therapeutic Space**

Many of the participants were explicit about the importance of the therapy space in the development of a therapeutic alliance. It was seen as a reflective space, a microcosm of the client's real world and a developmental space that nurtures clients. Paul said: "...a safe place for sharing the journey through troubles, problems – towards gradual change. A space for working" (12). Grace talked about the importance of a therapeutic space:

*very important context for development of the therapeutic relationship. An egalitarian space of sharing a journey where there is caring, acceptance, it's a creative space (Grace, 66).*

Keith also spoke of how having a safe place was vital in the development of a successful therapeutic relationship,

*A safe space and a context for development that contains the therapeutic relationship where a client can progress into a better place in the real world. If I can create that relationship, the client can find the answers and develop (Keith, 78).*

Listening actively and creating a safe environment were viewed as core to the process of discovering how practitioners might tailor the therapy to meet the perceived needs of the client.

### **5.6.2 Goals of Therapy: “What they want from therapy...I go with what the client is asking for and needs from me.”**

The second sub-theme for the master theme ‘therapeutic relationship’ refers to the goals of therapy. There was broad recognition that therapy was goal oriented, with the client’s welfare at the heart of the process. Goals were seen as developmental, in attaining life skills, self-esteem and in integrating the self with experience and reality. Support and challenge were seen as necessary to encourage clients’ growth and feedback for the therapist was viewed as necessary for therapeutic success.

#### **5.6.2a Client Needs and Wants**

Most of the participants believed that the primary goal of therapy is to address the needs of the client. Goals were seen as a collaborative process between client and therapist, although establishing what the client actually wanted to gain sometimes involved a guessing game.

Ben achieved this through listening, thinking and reflecting:

*trying to find out from the client what would be a good outcome for them, I have some training in Gestalt therapy so I would be listening to see if there was an opportunity to use some empty chair work or I often start with a genogram so I might work with what is the systemic entanglement here (Ben, 4).*

Tom, on the other hand, maintained that he allowed the client to lead and set the broad goals of therapy, while the interventions are most likely determined by Tom, as he works with the client:

*Their goal, what they want from therapy, if they say to me I just want to stop hitting my wife or whatever, or they say I want to work on my anxiety I would go with what the client is asking me for and needs from me (Tom, 65).*

Grace also emphasized addressing the needs of clients, which are unique and specific to each person:

*We work with goal setting you know but fundamentally for me a person-centred [approach] would always be at the heart of what I do anyhow but it wouldn't always work for everybody (Grace, 18).*

Mary, who had a Reality Therapy filter, also spoke about how she works in collaboration with the client to use her core model to set goals, based on client needs:

*I love the structures of the different needs [in Reality Therapy] and being able to explore them slightly systematically, depending on what the person wants to do themselves, and then to use the procedures that lead to change (Mary, 16).*

#### **5.6.2b Checking in, Problem Solving and Challenging**

Thirteen of the participants, either implicitly or explicitly, mentioned that they checked in with their client as to what they wanted from therapy, and what their goals and desires were, either through the use of the CT/RT process or as an evaluation.

Sara considered that to work with the client she needed to “check in with a client” (24), and then, going on her past experience of what worked in combination with any new training, set goals with the client. CBT and CT/RT are very much about asking a client “What do you want?” from therapy, and from life in general, and this may be a reason why goals of therapy came out quite strongly in the study. Sam considered feedback as a way of conducting “regular reviews [of the therapeutic process] with the client” (20).

Tom was aware that he did not want to force clients to fit into any one way of working and he believed using an integrative approach facilitated his ability to be flexible and responsive:

*that I didn't try and impose my way of working on my clients but rather tried to meet each client where they were at and because I have integrated more than one approach I was able to respond to more clients than if I had just stayed limited with the one way of working (Tom, 91).*

However, Sofia, who was person-centred, was taken aback and felt challenged when her client gave her some feedback. He asked specifically for a CBT approach. She found it a positive experience though, because it resulted in her trying something new. She said:

*[the client] said look this is what I want, this is what I think will work with me and he was talking about CBT to get his thought processes in order, he understood about his feelings but it was the thought processes that were difficult for him. That took me a little bit by surprise but it forced me then to come out of my comfort zone a little bit because I would be very person-centred (Sofia, 6).*

Again, listening was a favourite with the participants for a variety of reasons and was also employed as a goal of therapy, with Ben commenting:

*People say I feel lighter now and all I have done is listen and you know that's remarkable I think (Ben, 127).*

Equally, active listening and picking up inconsistencies or where there was a lack of clarity, was seen as facilitating challenge. Challenging the client was viewed as a goal of therapy by many of the participants. The proviso was that challenge should only be attempted within a strong therapeutic alliance. Both Grace and Keith explicitly stated the need to “earn the right to challenge” (Keith, 96). Grace commented that she would follow-up with the use of immediacy when challenging clients:

*In an exploratory way using immediacy, 'what is that like now' - I would have developed the relationship before I bring that in, but I have found that very, very useful (Grace, 8).*

Some participants used a problem-solving and active approach in goal setting. For example, Sara was enthusiastic about her enjoyment of people and her learning style as an activist/pragmatist:

*I wouldn't really be so interested in huge reflection, although I have tried to develop that over the years, I like to sort of sit down with people and go – right – let's do this stuff, I don't sit stroking my chin as a therapist (Sara, 16).*

Implicit in the participants' comments was the notion of working in a supportive manner and offering challenge and feedback to the client as a gift. In addition, receiving feedback from the client was viewed as a way of self-correcting and orienting towards the client's goals, however meandering the way in which this was achieved.

### **5.7 Master Theme 3: Identity – Personal and Individual**

The third master theme relates to the identity of integrative therapists based on their perceptions and beliefs. Their identity encompassed aspects such as personal and family background, spirituality and religion. The analogy of a journey was used by several participants and, in response to my asking Grace to elaborate on what 'journey' meant to her, she replied:

*I think of Mary Oliver's Poem "The Journey", 'One day I finally knew what I had to do and began,' so the journey is that integration into self and I think everybody's journey is very personal and very individual (Grace, 68).*

This represents how integrative psychotherapists view integration as a constant journey. However, the route each one takes and the method of transport is different for every therapist. They all spoke of being integrated personally and professionally. Perhaps because there is no global, agreed definition of what integration is –

although there is an acceptance that integration means combining things – the how, when, and what of integration is unique and personal to each therapist.

Participants spoke of how their past has defined them and primed them to embrace an integrative perspective. The next sub-theme described, personal background, considers how this might have influenced their decision to adopt an integrative approach to their psychotherapy practice.

### **5.7.1 Personal Background: “...so that was a defining moment...”**

This sub-theme refers to the personal backgrounds of the participants and how that might have affected their approach to therapy. Many of the participants were influenced by their own personal interests, disposition and religion (5 out of 14 participants, 36%). Other personal background factors that seem to have influenced their approach to therapy included family and life experiences. Table 9 below is a summary of the responses of the 14 participants.

**Table 9: Personal Background**

	<b>No. of participants to offer this experience</b>	<b>Percentage of participants to offer this experience</b>
Personal interest/inclination	5	36%
Religion	5	36%
Family problem/issues	4	29%
Life problems/experiences	3	21%
Adoption	2	14%
Depression	2	14%
Learning difficulties	1	7%
Teenage experiences	1	7%

Several different reasons were given as to how the present was influenced by the past and how personal experiences influenced professional practice. Ruth needs to integrate science and religion, and draws strength from faith and love in God. She recognises that clients have their own values and reality. A previous experience of

personal therapy which left her feeling rejected taught her the importance of accepting differing belief systems:

*I was really suffering, I was in a state of angst, depression or just hopelessness and I went to a psychotherapist, in the first ten minutes she talked about my value framework, and in the next five minutes she said 'I can't work with you, our philosophies are too different' and she showed me the door. The experience of being excluded had a profound effect, that was such a rejection of me [it] hugely influenced [my acceptance] of others' values (Ruth, 20).*

Sara described her choice of original training model, explaining how it influenced her family, and the fact that her husband is a minister, meeting the needs of a Christian community:

*To me it was sensible, it was practical, it fitted with my Christian [values], even though [CT/RT] is not a Christian model, all of those concepts were perfectly acceptable within my Christian worldview and worked in my own life, gave me great insights. So it was like a personal development journey as well as a journey for our family because my husband also trained, in our parenting. I integrated it into my own life (Sara, 8).*

Jean's spiritual values were important to her; she declared:

*Any of the theories that I have mentioned, because I am a very spiritual person, they would also have to line up with the Bible (Jean, 18).*

Frank has been influenced by Buddhist beliefs and towards the end of the interview he reflected on the link between his past history and present practice. This became more real for him as he responded to my query about what resonated with him as we approached the last few minutes of our time together:

*I would not previously have linked what I am doing in a therapy room to my family past or even my own past as a very shy sort of person before, as the Buddhists say, we are just the outcome of conditions and so the family of origin is a major set of conditions (Frank, 55).*

Rachel's personal history and her father's death coincided with her psychotherapy training and she realised how the dynamics of her parents' relationship played out in her practice of psychotherapy:

*That was my father and that was my mother and that is what I always do, I always go in to rescue the underdog (Rachel, 48).*

Ben noted that a time of complete disarray in his life marked a turning point for him and led him to become a psychotherapist:

*So that was a defining moment when everything sort of fell apart for me and that's when I found psychotherapy, so the falling apart has been an important aspect of my life, it's the integration of all the components of myself (Ben, 48).*

Tom believed that being a wild and crazy teenager gave him insights into how some of his clients might feel:

*I would have experienced a lot of things that maybe clients that I worked with had experienced so I had real insight into probably the shame and the guilt that goes with problem behaviour (Tom, 8).*

Keith suffered from depression in his twenties. He believed in finding meaning and purpose in one's life, his own difficulties making him aware of how social context affected clients' lives. He said:

*Without having gone through what I went through in my twenties, being in a bad place with depression personally for a number of years I wouldn't be where [I am] or be the person or have the life and the relationships I have now (Keith 60).*

Finally, perspective changing and an open mind were central to Ruth's approach to integration and growth over time:

*I think the main change for me is that my absolutes have become a lot less; when I was a young practitioner I was absolutely definite about a whole load*

*of thinking and beliefs, I am less definite, I see that there are different ways to look at things, because life does change our perspectives (Ruth, 32).*

Only one person could not find a personal reason for choosing an integrative approach and this was Julia who looked to her training in response to the personal in the professional question during the interview.

### **5.7.2 Purist as Master: Integrative as Lifelong Learner**

Finally this sub-theme relates to how a majority of the therapists viewed being integrative as entirely positive with no drawbacks. Thirteen of the participants saw no downside to an integrative perspective; some considered that with it there came "...a sense there is a shalom, a sense of harmony, integration, wholeness, peace" (Ruth, 66). Rachel considered being a 'purist' and believing there was only one truth was potentially a great loss:

*The dangers of being a purist, that kind of orthodox 'there is only one way' there is a loss in that, in every avenue of life, just doing the one thing for me would be a loss (Rachel, 94).*

However, while Rachel equated being a 'purist' to becoming a master, at the same time she held the belief that being an integrative therapist was somewhat more difficult, requiring an ethical commitment to life-long learning:

*If you are a purist you can really become an absolute master at that art whereas if you are an integrative practitioner then you have to constantly re-train, re-read the theory and that makes the job a little bit harder but I suppose the clients deserve that, but that's the downside, definitely (Rachel, 100).*

The consensus of the benefits to an integrative approach was solid and unquestioned.

## **5.8 Summary**

The purpose of this interpretative phenomenological study was to explore the descriptions of the lived experiences of integrative psychotherapists in practice. A

total of 14 participants took part in the study, eight female and six male. They encompassed a broad range of experience, and nine were also accredited supervisors. Each one had undergone professional and academic training in integrative psychotherapy to include diploma through to master's level, some having obtained more than one master's degree. Ten were born and educated in Ireland and four were born and educated abroad. The highest frequency in the post qualification years range was 9-12 years (5), and the next most frequent was the 5-8 years category (4). Whereas the most common age range was 55-64 (6), the next most frequent was the 65+ age group (3). This would seem to indicate that psychotherapy was embarked on as a second career for many of the therapists within this study. Working with clients was viewed as the most important influence on the evolution of practice. Person-centred therapy, CBT and CT/RT were the orientations considered as having the greatest impact, with techniques and interventions from a multiplicity of models utilised, often because they had worked previously for the therapist.

In general, integration was seen as an open flexible stance, combining a variety of approaches, based on previous experience and tailored to meet client needs. However, the degree to which integration was practised varied from one therapist to another although all agreed that listening was key to a sound therapeutic relationship which, in turn, was viewed as core to successful therapy. There was an appreciation of multiple aspects to the client's problems to include spiritual, emotional and behavioural and a myriad of ways in which these problems can be understood and worked through. Being open in the relationship was viewed as a catalyst towards integration. Even though the goals of therapy varied, participants believe that it is a collaborative process between client and practitioner. Therapy is seen as a reflective space, a microcosm of the client's real world, and a nurturing, developmental space. Therapists recounted personal experiences they believed primed or encouraged them to adopt an integrative perspective and their identities were forged from personal values and religious affiliations. Finally, there was a mixed response to the usefulness and applicability of research within the therapeutic endeavour.

This chapter presented the data from the study to include the three master themes: (1) Being an Integrative Therapist, (2) The Therapeutic Relationship – A Dynamic Process, and (3) Identity – Personal and Individual, together with supporting verbatim extracts from the transcript recordings of the interviews. The next chapter will discuss the key findings in light of the research questions.

## Chapter Six: Discussion

This chapter will discuss the key findings of the study in light of the research question and in relation to the existing literature. As the analysis generated new findings and areas for consideration that had perhaps not been anticipated, some additional literature has been incorporated (Smith et al., 2009). The purpose of this study was to gain an in-depth understanding of the lived experiences of integrative psychotherapists as described by established clinicians. The data from the semi-structured interviews were investigated using Interpretative Phenomenological Analysis.

The main research question was:

“How do integrative psychotherapists describe their experiences of integration?”

Related to this question, the following sub-questions and areas of interest were explored:

1. How do therapists understand the term integrative?
2. How does this understanding relate to their lived experience and practice of integration?
3. What is the lived experience of integration – theory, practice, skills, and supervision?
4. How does the therapist feel that their clients respond to an integrative approach?
5. How has their personal and professional journey so far led them to an integrative stance?
6. At what point in their lives did they turn to an integrative approach – in training or during clinical practice over the years?
7. What would the therapist consider an appropriate symbol and metaphor for their particular approach to psychotherapy integration?

## **6.1 Overview**

The aim of the study was to provide a richer understanding of the perceptions of integrative psychotherapists in practising integration. Based on a trawl of the current literature, there is a paucity of research conducted from the practitioner's perspective, although there are many studies reporting on clients' experiences. Since several research projects concern the client's experiences in therapy, it was intended that this study would help redress that balance somewhat and add to the body of knowledge from the therapist's viewpoint. I hope the findings will assist in offering suggestions for the enhancement of current training and continuing professional development of psychotherapists. The semi-structured interviews conducted included questions that were both personal and professional, which were core to uncovering valuable data (Appendix 1:5). The main research question and other areas of interest will be addressed in the following sections and sub-sections.

It should be stated from the outset that the literature suggests there are common attitudes and practices exhibited by effective therapists. Such therapists display high levels of empathic connection and interpersonal skills and a humility borne of professional self-doubt (McLeod, 2014). Using this as a rubric it is clear that all participants in this study can be said to be effective therapists.

## **6.2 How do Integrative Psychotherapists Describe their Experiences of Integration?**

The descriptions offered by the participants confirm that integrative psychotherapy is a dynamic, complex and relational endeavour. Overall, the findings demonstrated that each therapist combined and tailored whatever techniques, interventions and approaches they thought would best help their client. All said they attempted to collaborate and understand the client's perspectives, needs and wants, and placed these at the centre of the therapeutic process. However, the interventions to address the needs were based on therapist expertise. Participants engaged in a cycle of praxis and used knowledge of what worked previously to inform their current practice.

They spoke in generalities rather than specifics, with client needs in support of a strong therapeutic alliance as core to any encounter. Therapists engaged in continuing learning to help combine new interventions and techniques, as they considered that no one approach could adequately respond to the complexities of psychological distress. They viewed the various models as complementary, with the disadvantages of one being enhanced by the strengths of the other.

However, there was no search for an overarching framework or theoretical coherence, no slavish following of theories or models as outlined in detail in much of the research literature; instead, their accounts of integration reflect the findings of Polkinghorne's 1992 study which revealed the main source of reference used by therapists in practice was their prior, tacit knowledge. This they derived from its usefulness and it was informed by emotional as well as intellectual processes, rather than simply theories or models learned in training. The participants seemed to have built up a second body of knowledge, their own expert knowledge, which is dynamic and context dependent and reflects an improvised eclecticism. This repertoire of interventions, skills and techniques was constructed and developed over many years and many client encounters. Any perceived gap in knowledge became a driver for learning. The majority of participants, 13 out of 14, stated that the most important influence on the development of their practice since training was client experience. Their journey of life-long learning was borne of a deep desire to help their clients, and was driven by their accepted belief that there was no one best or only way. They tailored and crafted their interventions based on their perceptions of clients' needs. Polkinghorne (1992) argues that this is reflective of a postmodern idea of knowledge as fragmentary and constructed, underscored by the belief that the same result can be achieved in many ways. Certainly, the participants in the study reflected a fractured and co-constructed nature to their practice, considering that each client will require a different approach at any given time in the process, and deemed that a purist perspective was limiting to their clinical effectiveness.

### **6.2.1 Understanding of the Term 'Integration'**

Many understood integration as an open way of working within a flexible stance. Others considered that integration needed to happen within themselves before they could be of help to a client. This could be achieved by managing one's own life, but self-doubt was also necessary. Some saw integration as a root with many branches, a combining of different theories and therapies. The common theme in the definitions was that the therapist's efforts were in service of the client.

Some understood the term as defined by Gilbert and Orlans (2011), which includes: the integration of the person behaviourally, spiritually and physically; the integration of theories and concepts, theories and techniques; the integration of the personal and the professional. Many indicated that they add their own personal touch based on their perceptions of the various techniques. Some spoke of being aware of their 'shadow' and other personal issues, and the need to ensure that these do not interfere with the therapeutic process. This view of an all-encompassing definition to include the personal as well the professional context reflects the view of Norcross who contends that: "...integration as a process probably occurs within a person before it occurs as a psychotherapy" (2006: 59).

Polkinhorne's contention (1992) that there has been a movement away from the grand theories of the likes of Rogers and Berne towards a much more local, personally constructed, integrationist or eclectic approach to knowledge and psychotherapeutic practice is reflected in the views of the participants. However, while there were similarities between the therapists' descriptions of their understanding and practice, there were also nuanced differences; one reason may be the variety of personalities, as noted by Norcross (2006). Some of these differences relate to disparate methods used in approaching client issues. Integrative psychotherapy has long been considered a relationship-focused style to therapy (Moursund & Erskine, 2004), which is in line with the notion that each client may require a unique approach, a view held by the participants.

### **6.3 Lived Experiences and Practices: A Pluralistic Perspective**

While there was no one clear, unanimous account used by the therapists to describe their practice of integration, and all participants seemed to travel their own unique and idiosyncratic route, their descriptions combined pointed to a broadly pluralistic outlook on integrative practice, with a common belief that no one truth existed. Messer (2008) maintains there is no one unified or integrated theory of therapy to discover. Ultimately, he states, this leads to a pluralistic outlook both methodologically and theoretically, and this conclusion is interwoven throughout the findings. Participants considered that the way to practice therapy with any given client was a reality to be constructed and there were many possible variations on how this could be achieved. They believed it important to have a variety of interventions in order to craft an individual therapy for each client. Many spoke of using a collaborative, adaptable approach, placing the client at the heart of the process. This is viewed as the hallmark of a pluralistic practice, as described by Thompson and Cooper (2012). Participants felt more competent in addressing the needs of their clients as a result of having a number of options and a variety of methods to offer. Others saw their practice as giving a choice of therapies to their clients rather than imposing any particular value or offering only one way of working. As a result, participants felt confident that an alternative, potentially successful, technique would be available to them should one technique fail to achieve the desired result. All of this is underpinned by a strong therapeutic alliance between client and therapist.

#### **6.3.1 Managing the Practice Tensions: Tailoring, Listening and Collaborating**

A pluralistic perspective allowed the participants to utilise a diversity of theories and therapies, and all stated many times that they did this in their efforts to place the client's needs and welfare at the centre of the process. They used their own expertise, as well as active collaboration with clients, to tailor their interventions. O'Hara and Schofield consider that pluralism is an approach used by many clinicians in an attempt to ease any tensions that may arise when applying a multiplicity of therapeutic methods (2008). Participants recounted managing practice conflicts

between various models by using any theoretical approach in a discrete fashion, based on their belief as to what might work best with the particular client.

The results of the findings demonstrate the belief that the therapist's ability to create a strong therapeutic alliance, and actively listening to the client, were considered vitally important common factors in the effectiveness of any therapeutic endeavour. Listening was the number one skill cited by the participants as the foundation to their personal approach to integration. In the Thompson and Cooper study (2012), listening was identified as key to a pluralistic practice, in determining client needs at an implicit, as well as explicit, level. While a person-centred approach underscored many participants' practices, talking and listening served to elicit further goals, tasks and methods to be negotiated. Listening can be viewed as supporting the common factor of the therapeutic relationship as core to the success of the process. However, the participants viewed listening deeply to the client as leading to an inevitable appreciation of multiple aspects of the client's problems including spiritual, behavioural and emotional. This then opened up a myriad of ways in which these problems can be understood in theory and worked through using a variety of interventions and techniques. Being open in relationship was seen as a driver towards an integrationist direction. This in turn encourages the therapist to view the client as an active participant in the process. All participants spoke of listening to the client; some also referred to listening to their own inner processes and to the deeper unspoken meanings behind the client's words. However, participants stopped short of giving the client full voice in their own healing. Rather, they implicitly took on the role of expert and exerted themselves to search deeply for some therapy or technique that would help the client. The majority of participants declared that they used a person-centred model, which is underscored by the principle that the client is the expert on their own life and has the resources for self-understanding, change and growth. Why, then, do we not engage with the client in a more collaborative process to determine what is best for them in the therapeutic process? Is there a core belief that 'because I am qualified in integrative psychotherapy, I am the expert and must have all the answers'?

### **6.3.2 Client as Expert**

While there was an espoused belief that the client is the expert on their own life, the therapeutic practice as described involved the therapist coming up with appropriate interventions. The practitioner accepted responsibility for deciding which technique or approach should be implemented. Perhaps the title of ‘psychotherapist’ bestows a certain authority on a clinician, who then takes on the role of expert; explicitly in the use of psychotherapy, and perhaps implicitly in the client’s life. This unspoken and unrecognised power creates an expectation in the therapist that they should have the answers; meanwhile, the client has the same expectation of the therapist, based on the perceived mastery and wisdom of the role. Thompson and Cooper (2012) consider that a non-expert relationship and an open dialogue with the client are vital to a pluralistic practice. The participants in this study expressed an implicit understanding that they were responsible for deciding on which techniques and interventions were most appropriate for their client’s specific issues.

However, Sofia reported being surprised when a client asked her to use a CBT approach rather than her usual person-centred one. While initially taken aback, she acceded to the request. Although outside her comfort zone, the learning opportunity that arose from the encounter became a positive experience for her. This may be a sign of things to come, or perhaps it is already happening – the client as a consumer of therapy, researching symptoms and possible techniques before and during engagement in a therapeutic process. Additionally, the client could bring knowledge of what they found helpful, or not, from a previous therapeutic encounter to a new engagement.

Despite protests that it is not our role, perhaps clinicians take on this duty of expert in an attempt to be truly empathic, to walk in the shoes of our clients and to fully understand their needs. Maybe it would be a risky strategy and may cost us some power and status if we were to consult with the real expert on the problem, the client. Open, transparent communication has the potential to help develop a strong

therapeutic alliance, a core factor in successful therapeutic outcomes in certain models. The findings from the “super-shrink” study of Duncan and colleagues (2010) reveal that therapists who engage with clients in negotiations through feedback tend to be more successful within a range of approaches and on a consistent basis. Although many of the participants in this study did seek feedback from the client as to how the therapy process was working, none sought the client’s input on what the therapy process itself should include.

Is it better to search desperately for solutions to client issues through supervision, peer interactions, reading and taking advice outside the therapy room, than to seek solutions within it, which would mean consulting with the client?

A pluralistic perspective contends that there is no single, best or only approach to therapy, and all participants accepted this. Different clients are likely to have different needs at different points in the therapeutic process, and will require distinct therapies and techniques. The results of this study demonstrate that a broadly based pluralistic approach is adopted by many of the participants in maximising their resources, expertise, and knowledge. While tailoring therapy to client needs, they stop short of inviting the client into the heart of the therapeutic process.

#### **6.4. What is the Lived Experience of Integration – Theory, Practice, Skills, and Supervision?**

##### **6.4.1 Core Models in Practice**

Some core models were favoured by the participants with person-centred therapy used as the mainstay for building a successful therapeutic relationship, and was interwoven throughout the entire process. Cognitive behavioural therapy, as well as choice theory/reality therapy, were employed as the bases for therapeutic interventions. This could be interpreted as person-centred therapy being used as an initial relationship-building approach, with CBT or CT/RT relied on to provide a range of techniques and interventions as therapy progressed. Beyond that, the

participants chose individual elements from a variety of systems, with psychodynamic and Gestalt models being the most popular, followed by other techniques such as neuro-linguistic programming (NLP), art or play therapy. While there are three favoured core models, the rest were chosen because therapists felt “stuck” with the client. In a bid to move the therapeutic process forward, other techniques were considered, with further training undertaken as necessary. Castonguay states that his “fear of confusion”, a realisation that none of the major traditions he studied were correct, with all appearing to contain some truth, was a potent force in driving his involvement in integration (2006: 39). This could be said to be true of the participants in this study. In addition, how any theory or intervention is applied, core or otherwise, depends on the individual therapist’s decision, based on assessment of the client’s needs at any given time in the therapeutic process, decisions often taken in the moment. This process creates a distinctly idiosyncratic nature to the practice of integrative psychotherapy.

#### **6.4.2 Integrative Practice and Supervision**

Participants were driven by practicalities rather than theoretical orthodoxy. Their descriptions encapsulated some components of the broad approaches to psychotherapy integration, to include ad-hoc eclecticism and attempts at assimilative integration, with the common factor of the therapeutic relationship as the container for the entire process (Duncan et al., 2010). While 13 of the 14 participants reported themselves as explicitly integrative, the descriptions of the majority demonstrated an implicit eclectic approach underscored by a pluralistic perspective. All considered listening a key skill, and considered their successes proof of the effectiveness of their approaches.

While the descriptions of 11 of the 14 participants pointed to an improvised, ad-hoc eclecticism, this does not adequately accommodate the body of tacit knowledge, skills and expertise drawn on by the therapists in their practices. Improvised eclecticism is viewed as a jumble of dissimilar elements, creating confusion for the

therapist and client. It is seen as an unstable approach to the practice of psychotherapy, with the potential for rupturing the therapeutic alliance (Gilbert & Orlans, 2011; Lazarus, 1989). However, in this study there was no indication that the mix of approaches was in any way harmful to the therapeutic alliance, which was highly prized by all participants as central to the success of therapy. Nonetheless, the reporting of an ad-hoc eclecticism conflicts with the literature, which considers an assimilative integrative perspective to be the dominant choice of experienced practitioners (Messer, 2012). According to Messer, assimilative integration, whereby there is a gradual incorporation of other theories and therapies into one's own main theoretical framework, is the most favoured of the integrative approaches, and something similar to this was described by three of the participants. However, the notions of similarity and strategic incorporation were not evident. For example, some participants grounded in reality therapy described using the empty chair technique from Gestalt therapy to deal with a past relationship. In reality therapy, the past is only discussed in terms of successes, and the idea of working out past issues through present therapeutic interventions is anathema.

On the other hand, the results would seem to concur with the conclusion drawn by Hollanders and McLeod that experienced therapists from different orientations are similar to each other in practice (Hollanders & McLeod, 1999). All participants were prepared to try a variety of interventions from Jungian to person-centred to CBT models. The results also support the belief that integration means combining different techniques and interventions. Although the blending was based on the practicalities of the therapist's 'in the moment' response to the client.

#### **6.4.3 Current Professional Training Requirements**

The participants described being driven by both the perceived client need and their own personal preferences when choosing an approach. They referred to this as integration, although some therapists wondered, as they reflected during the interview, whether what they were doing was more about eclecticism. This confusion

may be due to the manner in which current professional training is structured, with a requirement for trainees to have a critical awareness of a variety of therapeutic approaches with no guidance on integration. It may inadvertently encourage an eclectic and individualistic approach to the practice of psychotherapy. It may also promote a use of the models one by one, rather than incorporating and combining them.

Perhaps our training colleges' curricula are unconsciously designed to turn out ad-hoc eclectic graduates. Moreover, the question arises whether professional training helps to develop enough knowledge and insight into the potential outcomes and consequences of using such an approach.

#### **6.4.4 Supervision**

In the demographic questionnaire, therapists who had a higher degree (e.g. master's level), marked supervision as having less of an impact on the development of their therapeutic practices than client and personal experiences, whilst those who held a diploma or bachelor's degree placed supervision as equally as important an influence. However, this difference did not emerge in the transcripts, with supervision viewed as a safe space to bring client work and a strong influence on practice for all participants. Perhaps supervisors' own training and practices have been shaped by the therapeutic plurality as recounted by the participants and hence supervision was seen as a necessary professional safeguard and an accepted and appreciated forum for learning and development. Or it could be that with time to reflect and discuss rather than simply tick a box, nuances emerged for the participants and the differences were not quite so marked.

#### **6.5 Understanding of Client Responses to an Integrative Approach**

All participants believed that an integrative approach was beneficial to their clients, and that this flexible and open style was counter to, and more beneficial than, what they considered the rigidity of a single-school approach. They considered that their

clients' perceptions were that an integrative framework meant therapists might have more to offer in understanding and finding solutions to the particular problems with which the client was struggling. Adhering to one school or model was seen as being too limited. Participants believed that their clients viewed an integrative perspective as providing more and better options and this allegiance to the efficacy of their choice of techniques and theories was voiced strongly throughout the interviews.

Once clients accepted the use of an integrative approach, therapists felt they had established a solid relationship and that progress towards healing for their client had begun. This response also encouraged therapists to expand their therapeutic knowledge, skills and expertise through further training, so that they felt qualified to work with a variety of client issues. Empirical pragmatism did not seem to drive the participants, but their own intuition concerning the client's problems did.

## **6.6 Personal and professional journey leading to an integrative stance**

This subsection deals with the areas relating to participants' personal and professional journeys and the points in their lives they believe primed them to adopt an integrative perspective.

The various findings that support the notion that personal difficulties were often the underlying reason for choosing therapy as a career were reflected in this study. There was a belief that personal histories of adoption, parental difficulties, financial constraints, and making choices in their teens or early twenties that they later came to regret, combined to give the participants insights into themselves. Some spoke of their experiences of growing up with parental discord and taking sides, or attending several therapists themselves when young, and of how these had influenced their approach to the practice of psychotherapy. Rachel talked about her tendency to be partisan in her practice which, through supervision, she discovered was a role she adopted in her family, that of siding with the perceived victim. The Rønnestad and Skovholt (2013) study of senior professionals concluded that all therapists viewed events in their personal lives as having affected them as professionals. Similar to the

participants in this study, their personal histories either primed them to place a value on integration, or their clients taught them that one size did not fit all.

Norcross (2006) considered that his beliefs are anchored in his personal biography. The participants in this study recounted many stories of their personal histories influencing their current value systems and practices. Some had experiences of an education system that did not value or accept diversity, and only in later life did they realise there was more than one way in which to learn. Their journeys in life brought them to an understanding that there are many options from which to choose. Some spoke of their personal experiences of being a client and of not being accepted because of differing value systems. The sense of rejection and mismatch led these participants to choose to become integrative practitioners to accommodate perceived differences.

Being able to maximise their choices was seen as an advantage because it meant that they could resort to alternative options if the need arose. Lampropoulos cites a profound curiosity and belief from the outset of his career that there was no one single best theory. Many participants held a similar view; therefore, psychotherapy integration made sense in that the strength of one model could compensate for the weakness in another. Lampropoulos advises us to view "...each theory in relation to others but not separately" (2006: 9).

As McLeod (2014) observed, the personal histories of therapists often revolve around central themes such as redemption, the academic pursuit of knowledge, remedying as adults childhood hardships and a professional career crafted by a quest for self-knowledge and personal development. Some participants had experienced similar situations to their clients and believed that this resulted in them having greater insight into problem behaviours. Due to the similarity of experiences, participants said they felt able to connect more easily with their clients and to formulate techniques to help them cope with their problems. These stories evoked the notion of the archetype of the wounded healer, whereby therapists use the pain of

their own life experience to facilitate the mental wellbeing and healing of others. McLeod (2014) offers the example of John Marzillier's autobiographical account of his systematic search for different ways to be helpful to his clients, underpinned by his evolving understanding of the importance of relationship in his personal life. He also cites the example of Iris Fodor, who was influenced by her personal history of marital breakdown. Her clinical practice evolved as a means of integrating her professional work and personal spirituality.

Similarly, in this study, there were many stories of awareness gained through private loss and tragedy. All seemed to have learned from personal adversities and these insights were used in their therapeutic practices. Ben spoke about a defining moment for him when he felt his life had disintegrated. He went into therapy and eventually became a psychotherapist himself. McLeod (2014) maintains that these introspections inform our appreciation and understanding of the intricate connections between the practice of therapy and therapists' early life experiences. Participants considered that their certainties have become less definite. Their personal and professional experiences chiselled, fashioned and loosened them. Perspective changing and an open mind were considered central to therapists' growth as well as that of their clients.

The privilege of being given a window on the private world of the participants to this study has facilitated my own understanding of how the role of the personal experience and history of the therapist primes us and plays out in our professional practice.

### **6.7 Symbol or Metaphor for Approaches to Psychotherapy**

The value of a qualitative approach is in the wealth and detailed descriptions of the metaphors shared by the participants (Appendix 4). Being able to immerse myself in their lived experiences and allowing them to elaborate their thoughts has offered me rich and meaningful accounts of their therapeutic practices. Many symbols, metaphors, and analogies were used in the participants' explanations of their

methods of working and this provided a rich imagery and symbolism as they reflected on what captured, for them, the essence of their practice. All analogies were different, even though two participants mentioned a tree as their symbol, and two others a jigsaw puzzle. Rachel described her tree as a solitary figure, evolving, changing and growing new roots. This indicated her openness to lifelong learning, which is key to an integrative perspective. Ruth viewed her tree as strong, with roots and many branches, part of a forest of trees, reflecting her spiritual beliefs as her core, with many other interventions and techniques making up her practice. Paul described his jigsaw puzzle as being able to draw on a range of approaches, as if the puzzle were already a unity. Mary, on the other hand, used the idea of a jigsaw depicting a stained glass window with rich deep colours and different parts being put together to produce a bigger picture. She saw integration of self and integration of the client as parts of a larger whole, built to be unified. The jigsaw was a tool kit consisting of her previous experience and training, which helped her clients assemble the pieces for themselves. Tom's analogy was that of weaving a tapestry, with threads of different colours interwoven to form a picture. This expressed his belief in the necessity for depth and richness in order to understand a range of theories and therapies, allowing them to be used in a cohesive manner. However, there was not a mutuality or shared image of the therapist and client; for example, completing the jigsaw puzzle together. Many of the metaphors revealed an implicit belief that it was the therapist's role to integrate the theories and therapies and have the 'right' intervention, with the client a passive recipient.

The metaphors and analogies reflected the profound sense of responsibility that practitioners felt in the role of therapist, and the complexity of that role, from the 3,000 word jigsaw puzzle, to the exquisite and intricate tapestry of different colours and threads. As the metaphors were the symbolic representation and expression of the participants' personal knowledge and phenomenological experience, they provided a vantage point from which to view their implicit grasp of integration. They also provided an expression for the idiosyncratic, profound and personal nature of the understanding of integration. They were reflective of a deeply felt sense of duty

on the part of the therapist for the orchestration of the therapeutic process and, perhaps, for its success.

## **6.8 New findings not addressed in the research questions**

Novel findings not addressed in the research question, but which emanated from the study, included the role of research in the lived experience of practising integration and identity as an integrative psychotherapist.

### **6.8.1 Researcher–Practitioner**

A surprising finding was that, while some therapists expressed an interest in and appreciation of the research literature, others showed a lack of understanding of its usefulness, whether as evidence-based practice, or practice-based evidence. The majority of participants did not use peer-reviewed journal articles as an information source, and perhaps this is because much of what is published in the literature does not reflect therapeutic practice for these clinicians. McLeod (2013) considers that there are more fundamental issues underlying this researcher–practitioner gap, such as the nature of knowledge about psychotherapy. The history of research has been dominated by quantitative methods and assumptions borrowed from mainstream psychology, whereas those from qualitative research are probably more appropriate to the field. He considers that the situation will not be resolved while psychotherapy defines itself as a sub-discipline of psychology rather than seeking an explicitly interdisciplinary approach (McLeod, 2013). Perhaps a large part of the problem is the perceived definition of research, based on a quantitative paradigm. Since psychotherapy is an interdisciplinary endeavour using concepts and methods from the arts, humanities, philosophy and sociology, as well as psychology and medicine, it is essential that valid and reliable research should draw on, and give equal weight and legitimacy to, methods of inquiry drawn from all these disciplines (McLeod, 2003). Psychotherapy is generally conducted in conditions of confidentiality and is usually a private activity. Research studies facilitate clinicians

in learning about and from other therapists, and allow the profession a means of pooling knowledge and expertise on an international scale (McLeod, 2010).

All participants confirmed that they read and bought books relating to psychotherapy, consulted with supervisors and peers, read journals supplied by their professional organisations, and generally consulted with experts, especially when they had a puzzling or unsettling client issue at hand. It was interesting that the participants did not view day-to-day clinical work as a potential research endeavour or a data gathering opportunity. Much of the rich histories and accounts of the work being carried out on a daily basis are not being systematically recorded for further investigation or collaboration, and this loss seems unnecessary and rather tragic. Since some therapies lend themselves more easily to evidence-based research, it would be an invaluable service to the profession if those practising in the less easily researched approaches helped to gather data from the bottom up, in order to collaborate with, share, and inform their colleagues and the wider field.

### **6.8.2 Consulting the Literature: Evidence-based Practice and Practice-based Evidence**

The findings of this study indicate that the practices as described by participants do not reflect integration as outlined and discussed in the main literature. Perhaps the reported indifference to peer-reviewed journals, in particular, reflects a lack of relevance of the content to the actual lived experience of therapists. It could also be a reflection of inadequate emphasis during training on the importance of systematic investigation of practice. As a result, research is perceived as a major endeavor, such as a randomised control trial with little understanding of the significance and usefulness of a smaller undertaking and the potential of a single case for great depth and discovery. Yet in the demographic questionnaire a majority of participants in this study stated their practice had been influenced moderately by reading up on theory and to a lesser degree through the scientific literature. Recent findings demonstrate that there is a trend in the United States for an increase in the use of pharmacotherapy and a decrease in the use of psychotherapy, in both comparative

and relative terms, in the primary care of clients presenting with psychological distress (Gaudiano & Miller, 2013). Lack of engagement with the research process by clinicians is viewed as one reason. The majority of participants in this study confirmed that they rely on their own intuition and personal experience ahead of research, although they are prepared to seek guidance and advice when confronted with a difficult or puzzling case. It seems that evidence-based practice or practice-based evidence is not a way of being, but rather more a way of seeking solutions when confronted with challenging case issues. Rather than applying a research focus, participants generally rely on their own previous experience first, and then consult with supervisors, peers or the literature.

Psychotherapy education may have inadvertently encouraged this divide as traditionally there is greater emphasis on the benefits of skills, theory and personal development in training, with little time devoted to the benefits and importance of being a practitioner-researcher. In fact, all are essential to fully equip psychotherapists for practice in the 21<sup>st</sup> century.

### **6.8.3 Identity as an integrative psychotherapist**

Another novel finding from the study is the lack of a strong association with an integrative psychotherapist identity amongst the participants. Instead they felt connected with other areas of interest and affiliation in their lives. The absence of an accepted definition of integrative psychotherapy probably hinders practitioners from identifying with it in a professional and official sense. Their identities stem from their core orientations, professional associations or religious affiliations, rather than their roles as integrative psychotherapists. The fragmentation in the field, which has been ongoing for many decades, is reflected in this lack of a cohesive professional identity in this group of clinicians. Many of those who are integrative practitioners come from specific integrative approaches such as CT/RT or certain single-school models, and consider themselves a ‘Glasserian’ or ‘Rogerian’ rather than ‘integrative’. In addition, there are many professional associations and journals

representing the interests of single-theory groups, but few networks or professional communities that are constructed around integrative approaches (McLeod, 2013).

In addition, all participants were working alone in private practice, rather than as part of an agency, and this may have affected their sense of self, their perception of operating as an individual rather than as part of something bigger. Working alone does not give participants the opportunity to collaborate with and learn from colleagues, or to seek advice from them in an informal manner, nor to feel part of a larger landscape of specifically integrative psychotherapists.

## **6.9 Summary**

The findings support previous research evidence demonstrating that integrative psychotherapy is a complex process, with therapists constantly seeking ways to help their clients. However, the manner in which the participants describe their practice differs to that outlined in the research literature. Experienced therapists use their prior, tacit knowledge, built up over time, as a reference point for their client work. Therapy is based on what worked for them before, rather than the primacy of any theory or model learned in training. All considered listening as one of the mainstays of building a collaborative, therapeutic relationship, which they saw as core to the success of therapy and the driver towards integration. They all viewed tailoring specific interventions to meet the needs of the client as underpinning their approach, with an implicit understanding that this was the therapist's responsibility. Overall, the descriptions painted a pluralistic perspective to therapeutic practice.

Personal histories and therapeutic experiences combined to influence clinical practice. The metaphors chosen offered a glimpse of the participants' implicit understanding of integration and the profound sense of responsibility they felt within their role.

The study uncovered some novel and surprising findings, including the lack of a cohesive identity shared by integrative psychotherapists, and a view of self as not a researcher, although descriptions of their practices often indicated the opposite.

This chapter has discussed the findings from the research in light of the main research question and sub-questions. The strengths and limitations of the study, together with the implications and recommendations for the field, will be outlined in the next chapter.

## **Chapter Seven: Review of the Research and Implications of the Findings**

This chapter will review the strengths and limitations to the research which sought to gain an in-depth understanding of the subjective perspectives of 14 experienced clinicians in practising integration. Recommendations for future research will be considered together with the relevance of the study and the implications for training, practice and further development of the field.

### **7.1 Strengths of the Research**

The depth and breadth of the data collected and the challenge of capturing the convergence and divergence through deconstructing and re-constituting the parts and the whole was an enormous task. The use of IPA provided a rich and detailed container for the research study. It afforded an appreciation of each individual experience and the various accounts in all their wealth and diversity. It also allowed for the recognition that sense-making is co-constructed between the participants and myself as researcher (Smith et al., 2009) with my own assumptions, beliefs, feelings, values, and viewpoints playing a role in the knowledge that evolved, no matter how much I worked on bracketing.

While each account presented is but one potential interpretation of the participants' experiences with the possibility that another researcher would produce differing themes, it is intended that these interpretations should give a previously unspoken voice to the experiences of the participants. Clinical expertise requires the ability to reflect on one's own experience, knowledge, hypotheses, inferences, emotional reactions, and behaviours (Rønnestad & Skovholt, 2013: 33). It is for this reason that psychotherapists' training may make them eminently suited to report on their own behaviour. Therapist education facilitates the reflective practitioner and the development of an internal system of self-monitoring and self-evaluation to assist in their ethical practice, and as a basis for supervision. This exploration of the lived experiences of integration through the participants' voices is a notable strength of the

study. Their practices were explored from a phenomenological perspective, which facilitated the possibility of numerous, distinct and co-constructed realities. I reminded myself throughout the research process of the importance of facilitating the participants to tell their stories, as it was their voices that needed to be given expression, they were viewed as the experts in their own unique experiences.

## **7.2 Limitations of the Research**

It would be impossible for my own beliefs, values and viewpoints not to have influenced the interpretation of the participants' narratives, even taking into consideration the guidance and auditing of the process by an IPA specialist. My reflections resulted from the literature reviewed, my interactions with the participants and the stories that emerged from the interviews which were co-constructed by myself and the participants. An inherent limitation to all such research is the self-descriptive nature of the qualitative approach and the fact that reported behaviours may not necessarily indicate what clinicians do in practice. The possibility of bias in the answers of the participants may create flaws and inaccuracies in the findings. Giving participants the ability to voice their personal views allows them to promote their own perspective, which will vary amongst different therapists. These findings relate to the participants' reflections on their actions rather than on observation of those actions. It is an exploration of the espoused theories of the therapists rather than their theories-in-use, which are often implicit and tacit (Schön, 1987: 255-256). In addition, since IPA studies are conducted on a relatively small homogeneous sample so that convergence and divergence can be examined in some detail, the knowledge produced might not be applicable to the wider psychotherapy community. A study with a small population obviously limits the collection of understandings compared to that of a larger sample from a wider range of participants. However, it is possible to move to more general claims with IPA. While immediate claims are bounded by the group studied, an extension can be considered through "...theoretical generalizability where the reader of the report is able to assess the evidence in relation to their existing professional and experiential knowledge" (Smith et al.,

2009:4). In addition, as a phenomenological inquiry, the findings from the experiences of these participants may provide insights that can be used to reflect upon the experiences of other integrative psychotherapists. In other words, as an IPA study the focus is on transferability from person to person or from group to group rather than generalisation to the whole population.

Nine of the participants were also trainers of single-school models or specific modules in various colleges. This may have affected the study and the ability of the participants to articulate what integration meant to them. Among the models and modules taught were: personal development; person-centred therapy; group process; bereavement, loss and grief; skills training; addictions, and mindfulness.

Nonetheless, the findings of the study can most accurately be described as a collaboration, consisting of the stories of the participants, my own views, experiences and values and the literature consulted. The research is valuable in that it provides a rich description but is also limited in that it is only one of many possible co-constructions.

### **7.3 Insider–Researcher**

Since 13 of the 14 participants were known to me through previous professional contacts, the influence of the insider-researcher component to the study is worth noting. It is perhaps an inherent strength and a limiting factor. It was a strength because our familiarity seemed to contribute to the smooth flow of the interview and I considered a trust was built in advance. However, it could also be a limiting factor as there may be some bias evident due to the lack of anonymity in the interview data gathering process. Because this was a qualitative study with one-to-one semi-structured interviews as the vehicle for data collection, it is most likely that my prior knowledge and the insider relationship had an impact on the process. This could have been in the form of shared or implicit understandings and an insufficient search for clarity, or perhaps I might not be as objective in relation to the findings and their interpretations as a stranger might be.

### **7.3.1 Context to the interviews**

I found conducting ten of the interviews in the therapists' own rooms was especially interesting. I believe I got a greater sense of the person as a therapist and the therapeutic space, from wide open expanses to more boundaried and utilitarian settings. Conducting the interviews and being afforded a glimpse of how the participant is as a practitioner of therapy has given me a greater depth of insight into their practice of integrative psychotherapy. Being a therapist myself, I felt I had a connection to them from that perspective and yet, I was also the researcher, which was a relatively rare experience for me. I felt I was missing a piece of the puzzle from the three participants I interviewed in my own office and even the interview over Skype was more informative as I could see in the physical backdrop to the practice context. I got a felt sense for the therapeutic space created, even at a distance. I think the setting in which the interviews were held played an important role in my gaining a greater understanding of the participants and their practices of integration.

### **7.4 Recommendations for Future Research**

The limitations of the study have been discussed above and have generated areas for possible future research. Rather than using 14 participants and one interview, I recommend that fewer participants are involved and at least two interviews conducted to provide an even deeper and richer set of data. At the end of the first interview in this study, each participant reflected and commented on how valuable they considered the interview had been for them. It may prove interesting to return and complete a second interview to obtain follow-up reflections, feedback and information that could illuminate other insights. This might help shine a light on whether there were any changes to clinician's practices based on their reflections, or whether new research or experiences have encouraged them to attempt any novel interventions or techniques.

A traditional comparative study of single-school trained therapists might provide similar or different, but no doubt interesting, discoveries. Finding single-school trained psychotherapists who still use only one approach may be difficult, as it seems that the norm is, even within single-school trained therapists, to use a variety of interventions and methods outside of their orientation. However, being able to focus on this one basic approach will add an important and distinct understanding of how therapists might apply only one model, as opposed to those who practice in an integrative fashion.

Another area of potential rich data might be a prospective study rather than a retrospective one, and the use of diaries. This would allow for understanding of therapists' processes as they practice on a daily basis and as they experience the proposed recommended changes to the field.

Conducting a qualitative study with a formal anonymous relationship between the participants and the researcher is also recommended. I do not believe this current study is compromised by the prior knowledge of myself and the participants. However, there was inevitably some impact, therefore, an anonymous study will help serve as a sound comparison for future research and will add to the growing body of knowledge aimed at understanding how integrative psychotherapists describe their practices of integration.

A study about techniques used in naturalistic settings is another area that may prove of value. This study explored what integrative psychotherapists said they did, rather than observe what they were actually doing. Objective, observational measures to study theories-in-use could include videotaping or audiotaping of therapy sessions (Cook et al., 2010) with a review of the actual session. The review could ascertain what the therapist remembered of the encounter and how their reflections on the session matched before and after they reviewed the work. In addition, the researcher could review the tapes as a spectator and observer.

Further research to evaluate if there are any potentially universal findings from the study may be useful; for example, a larger sample might be employed, or by replication studies. Equally, a follow-on quantitative study to broaden the methodology and explore whether themes that evolved in this research study are applicable to a larger population might prove interesting and useful. In addition, the opportunity to conduct the study in other countries may provide substantial information on whether any of the findings on psychotherapists in an Irish setting, are consistent with the insights and perceptions of therapists in an international context.

Finally, with regard to the findings of the study on the clinicians' attitudes to research, a further study to explore more deeply the underlying and existing assumptions and presumptions of systematic investigations might prove enlightening. Gathering data on perceptions of research amongst a larger cohort of therapists might assist in the development of a plan to support the strategic positioning of practitioners as researchers as well as consumers of the research evidence.

## **7.5 Implications for training, practice and development of the field**

Since integration/eclecticism as an approach to psychotherapy has a far reach internationally, for example, it is the modal orientation of therapists in the US and a predominance of UK practitioners endorse methods outside of their own orientation, it is difficult to isolate the issues relating to integrative psychotherapy from the wider field. Psychotherapy is effective and has been proven to produce successful results in helping individuals cope with psychological distress and the inevitable trials and tribulations of living (Grace, 2013). As mentioned previously, recent evidence from the US shows there is a downward movement in the use of psychotherapy both comparatively and relatively. Some of the reasons cited include the fact that the field has not been sufficiently defined, that clinicians are generally not engaged in the research process, and that the field has not embraced the large body of evidence

supporting psychotherapy practice as efficacious (Gaudio & Miller, 2013). The majority of participants in this study confirmed that they rely on their own intuition and personal experience ahead of research, although they are prepared to seek guidance and advice when confronted with a difficult or puzzling case. It seems that evidence-based practice or practice-based evidence is not a way of being, but rather more a way of seeking solutions when confronted with challenging case issues. Instead of applying a research focus, participants generally rely on their own previous experience first, and then consult with supervisors, peers or the literature.

The complexity and intricacy of the issues raised throughout this research have supported the suggestion for a review of the education and CPD of integrative psychotherapists. The findings, although gathered from a small homogenous sample in an Irish context, have generated a number of implications for training, practice and the development of the field and have possible applicability in a wider context and to a broader audience.

#### **7.4.1 Overarching framework**

One implication that emerged relates to the fragmentary, idiosyncratic and potentially isolating nature of the practice of integrative psychotherapy, which is possibly also applicable to the field in general. Therapists combined and tailored whatever techniques, interventions and approaches they thought would best help their client at the time and in the circumstances. All said they attempted to collaborate with the client and to understand the client's perspectives, needs and wants, and placed these at the centre of the therapeutic process. However, interventions chosen to address client needs were based on therapist expertise. Participants engaged in a cycle of praxis and used their tacit knowledge of what worked previously to inform their current practice. The descriptions did not reflect much of the research literature on integrative psychotherapy practice.

There was an openness to using a diversity of models and interventions by the participants in this study; this is further driven by the requirement for knowledge of

more than one core theory during integrative training, as stipulated by the professional accrediting bodies in Ireland and the UK, both in psychotherapy and counselling psychology training. How programmes deliver the main model and additional approaches is not specified. It is vital for effective therapy that the clinician has a logical and sound structure for understanding what they are doing and what they are trying to achieve (McLeod, 2013). It seems timely to encourage a debate amongst the academic and professional bodies, as well as individual therapists and supervisors, to review the research literature and to have an open dialogue about a set of design criteria for training that will best meet current and future requirements in the field. I have contributed to this process through my professional products as outlined in Chapter Eight. There is a need for a more cohesive and overarching framework to help manage the ever-increasing variety of theories, therapies and techniques which practitioners are struggling to make sense of and to incorporate into their practices. This is also intended to help address the lack of clarity and agreed definition within the field which is quoted as one of the possible reasons for the decrease in the use of psychotherapy in the United States, and a shift that could spread internationally in time.

I have thought about, discussed, collaborated and researched as to what such a framework might look like. This led to my interest in the pluralistic model as advocated by Cooper and McLeod (2011a). I engaged in dialogue and training with Professor McLeod and discovered that a pluralistic perspective is congruent with the integrative, multicultural and inclusive ethos and philosophy of my own college, IICP, and we now view it as a mechanism to advance the quality of the education and training provided. Pluralism aims to create a discourse between different modalities; hence, it sets the scene for a strengthening and unifying of the training offered within our college, and potentially within the profession in Ireland and further afield. A pluralistic pedagogy and framework for psychotherapy training and practice recognizes that psychological distress may have multiple causes and that it is improbable that one specific therapeutic approach will be effective in all

circumstances. At its core, therefore, is a philosophical and ethical commitment to valuing multiple perspectives.

Professor McLeod's input and this research study have strongly influenced and informed the writing up of the Master's in Counselling and Psychotherapy degree programme, referred to as a professional product to this project in Chapter Eight. A pluralistic perspective is interwoven throughout the programme. It is intended that collaboration with the client will include an open dialogue to help address the tendency for the development of an improvised eclectic approach to integrative practice. It also aims to address the present custom of the therapist guessing as to which interventions might be most useful, with their own previous experience serving as a reference point, rather than clear and direct communication with the client. Ward and colleagues (2011) consider that a pluralist stance encourages trainees to appreciate many different ways of working with clients and helps them tailor their interventions and techniques to meet those needs in a collaborative fashion. This is specifically achieved through a module in the final year which requires trainees to reflect on and demonstrate how they have made sense of the models and how they will practice.

Even therapists trained in an existing integrative perspective, especially if it is a structured integration, can hold a monist view and believe that their model is the best with others seen as ineffective. Equally, therapists trained in a single-school approach can hold a pluralistic perspective. This is regardless of whether the college uses a teaching structure of two models or more for comparison, or whether it adopts an approach of teaching one strong theoretical model to contain a variety of therapies, methods, and interventions. Encouraging a pluralistic perspective could potentially help dissipate the ongoing debates as to which method of teaching is most appropriate for trainees and which method of therapy is most suitable for clients.

Pluralistically oriented therapy assumes that the client is an active co-participant in the therapy with some ideas of their own about what will work. While practitioners

in this study wanted to place the client at the centre of the therapy, they stopped short of giving them full voice and involving them in a collaborative dialogue of what might be helpful to them in the process. The structure for a pluralistic model is built around the client. Cooper and McLeod declare that “the focal point for therapy should be, ultimately, what the client wants from it” (2011a: 10).

Introducing the art and science of a pluralistic integrative practice to students as they begin their clinical training studies could also include the use of poetry, art, bibliotherapy and a variety of other means of expression to enrich the experience of psychotherapeutic practice for both client and therapist. It may also go some way to help create a professional integrative identity to facilitate practitioners in defining and aligning themselves with a more cohesive and less fragmented grouping.

#### **7.4.2 Developing the practitioner–researcher**

A second implication of the findings, perhaps relevant to the field in general, is the potential negative effect on the profession of the trepidation many participants in this study felt towards the notion of research. To assist therapists in embracing a practitioner–researcher approach to their work, and to help place the client at the heart of therapy in an active way, training curricula could introduce therapists to the idea of conversational tools such as inviting their clients to complete brief process and outcome scales on a regular basis. This type of feedback is viewed as the hallmark of highly effective therapists (Duncan et al., 2010). Equally it may be beneficial for colleges of education to provide formal training in a variety of research methods to facilitate trainees with opportunities for engaging in research studies, both as researcher and participant, and these would need to be appropriate to the level of the trainee’s developmental stage and understanding. While the *BACP 2012 Criteria for Courses Accreditation* now requires a research input, the IACP’s 2013 criteria are less stringent. In addition, some therapies lend themselves to being researched quite easily and others are more difficult to measure. The more challenging therapies could be researched on a case by case basis, and the evidence

built upon by individual therapists researching their own practices in a systematic and valid way, and disseminating the information for others to do the same. This might also assist in making the research literature more relevant and interesting to practitioners.

A review of the literature supports the opinion that colleges and the profession need to champion a practitioner-researcher, evidence-based practice and practice-based evidence approach to the education and training of current and future therapists. The lack of engagement with research by practitioners and the indifference of many in the field to the growing body of evidence demonstrating psychotherapy's effectiveness, are offered as two potential explanations for the decrease in use of psychotherapy in the US. Practitioner-researchers are necessary if psychotherapy is to continue to be embedded as part of an inter-disciplinary approach to competently address the problems of psychological distress and offer a best practice service to clients.

#### **7.4.3 Length of Training for Professionally Validated Study**

A third implication of the findings relates to the length of study required by IACP accredited educational programmes for professional training of therapists, which currently stands at two years. The practice of integrative psychotherapy is a complex and intricate process requiring long hours of study, application and personal and professional development. Therefore, the current two-year period of study seems inadequate for students to develop the necessary key insights and understandings to construct a framework for practice. Being open to learning and using different approaches to issues presented by clients is important in the training of students, and is viewed as facilitating a more creative approach to client work. However, this takes time, supervised practice and is a process achieved over several years. Many integrative training colleges in Ireland, including IICP, have adopted what is in effect a four-year minimum framework for study because of these complexities and this seems to have become the norm. Embedding this into the IACP accreditation criteria

will also align the professional accreditation standards with the proposed academic QQI standards.

### **7.5 Relevance of the study**

This project adds to the literature and understanding of the local practice of integrative psychotherapists in an Irish context, since there is little research on the lived experience of this group at the ground level, either observational or by self-report; nationally or internationally. Searches of the literature support the case that this study is one of the first of its kind to have been conducted with experienced clinicians using IPA.

While these findings are apt for the delivery of integrative psychotherapy training programmes and the CPD of therapists, they also have value for the statutory and professional bodies responsible for accreditation and registration of practitioners in Ireland. In addition, they may have relevance in a UK context for both psychotherapists and for the training of counselling psychologists. I have outlined and highlighted some key results together with their implications. Because of the popularity of integrative/eclectic approaches globally, there is a part/whole relationship, therefore, these implications may also be pertinent to the wider field of psychotherapy.

The researcher-practitioner gap and the perceived lack of awareness or understanding of the usefulness and importance of research, was an interesting finding. As a member of the research panel in IACP, and through my own college, I intend to pursue further study in this area as I believe there is rich potential for discovery.

### **7.6 Summary**

The fractured, individual, and potentially isolating nature of the practice of integrative psychotherapy has implications for the profession. There is a necessity to encourage discussion regarding the applicability and usefulness of an overarching,

coordinating, pluralistic framework for the teaching and practice of integrative psychotherapy which may also address the criticism of the lack of definition of the field, which is cited as one of the reasons for the decline in use of psychotherapy in general in the US. Equally, the indifference towards research by many practising clinicians and the lack of any welcome for the large body of evidence supporting psychotherapy as effective are cited as further potential explanations for this tendency. Championing therapists to become active consumers of the research literature as well as researcher–practitioners is viewed as a significant move towards best practice and in meeting these potential challenges to the profession.

This chapter has discussed the strengths and limitations to the study together with the implications and recommendations for clinical practice, training, and research. It also outlined the relevance of the study in the context of the global popularity of integrative psychotherapy and the difficulties in isolating any one part of the field from the wider context. The professional products designed as a result of the research project are presented in the next chapter.

## Chapter Eight: Professional Products of the Project

This chapter discusses the dissemination of the findings of the research through the professional products that arose from the doctoral project. This involves the design and development of the M.Sc. in Counselling and Psychotherapy, which is a two-year part-time course with taught modules, a professional practice module, and a dissertation to focus on both qualitative and quantitative research within the field.

Following discussions with my Academic Advisor, Dr. Sofie Bager-Charleson, we agreed that there were some further opportunities to disseminate the findings of the study that had arisen since the Learning Agreement was presented in December 2012. Dr. Bager-Charleson suggested that these were by-products of this project and should be outlined as such. These activities include:

1. A proposed presentation in Montreal, Canada, to the annual international conference of the Society for the Exploration of Psychotherapy Integration (SEPI) on the topic “How do Integrative Psychotherapists Integrate? A Qualitative Exploration of Tales from the Trenches”.
2. A CPD Seminar on “Unlocking the Research Potential in your Therapy Practice” for delivery on the 26<sup>th</sup> March, 2014, to a cross-section of Irish psychotherapists.
3. The organization of the proposed IICP Internal Research Conference planned for 28<sup>th</sup> April, 2014, with Professor John McLeod is delineated together with my own proposed input on the day, the purpose of which is to further disseminate the findings of this research study.
4. The receipt of the IACP, Carl Berkeley Memorial Award, 22<sup>nd</sup> March, 2014.
5. A full programmatic review and updating of IICP modules began in October 2013 to include the findings of this research study. The review is expected to conclude in time for the new student intake in September, 2014. All programmes will be re-submitted to QQI for re-validation as a result.

The aim of the study was to gain an in-depth understanding of the lived experience of established clinicians in practising integrative psychotherapy and the data were investigated using an Interpretative Phenomenological Analysis (IPA).

### **8.1 M.Sc. in Counselling and Psychotherapy**

Since the validation of the professional diploma in 2005, IICP has had a major restructuring process as the academic accreditation procedures for QQI (formerly HETAC) were substantially different to the professional requirements. This involved aligning our programme to the National Framework of Qualifications (NFQ) which is based on the Bologna Process and the European Credit Transfer System (ECTS). The system facilitates the development, recognition and award of qualifications based on agreed standards of knowledge, skills and competence. The change process meant that additional data, information, knowledge and learning outcomes were necessary for all our programmes. The Bologna Process requires separate modules with separate assessments for each module; this requirement entails the finding of creative ways to hold an integrative perspective. The accreditation for prior learning and experience is a major strength of this model and with transferability it provides a strong impetus and encouragement for the pursuit of lifelong learning. I have been a beneficiary of this process myself with Metanoia. However, the modularization which underpins this ethos and practice has some disadvantages for the design and assessment of integrated programmes. However, with the exception of this incongruity, I find there is a degree of liberty and creativity when designing the content of modules. The M.Sc. modules were drafted with the assistance of specialists in the field and in consultation with each lecturer identified to teach the module. The dissertation and research modules were drafted with the assistance, collaboration and advice of Professor John McLeod.

My experience of writing up and implementing the certificate, diploma and undergraduate degree programmes has informed the development of the master's programme with the added focus of developing a practitioner-researcher component

for student learning, a 'both/and' pluralistic perspective and providing a knowledge base of the philosophical underpinnings of the various approaches to psychotherapy. The development of the Master's in Counselling and Psychotherapy programme was originally mooted in 2010 through dialogue with the External Examiner, the Programme Board and the Academic Committee. The statutory registration of the profession and the potential requirement of a master's degree were driving forces for the move to develop a programme at this level of capability. A second and equally important motivating factor came from the clinical department of the academic centre in IICP, and the need for us to produce evidence-based practice and practice-based evidence research for our funders. In addition to our own centre which offers approximately 400 counselling sessions per week with a total of 1,575 new clients in 2013, we also help to staff more than fifty other agencies throughout Ireland. As with our own organisations, there is a drive by those agencies to produce practice-based research evidence for funders and, therefore, our therapists must have an understanding of, and be capable of, conducting high quality research, as well as producing reports and publishing in peer reviewed journals.

The development of a master's programme was initiated in 2012 through dialogue with the Programme and Academic Boards in IICP, the professional body IACP, Academic and Professional Consultants, the Academic Accrediting Body QQI, and the External Examiner.

IICP has had numerous enquiries from our own alumni, and students of other colleges as well as those practising in the field for many years for the provision of a flexible and high quality programme of psychotherapy education at master's level. I wished to facilitate that target market group and also to provide a rich, unique and high quality learning experience for all. My personal agenda to provide for research activity to further the development and raise the profile of research itself as a useful activity was also shared within the organization. Equally the goal of helping to create a mechanism for the pursuit of a research agenda within the field of psychotherapy was a motivating factor, as was the opportunity to provide a means to

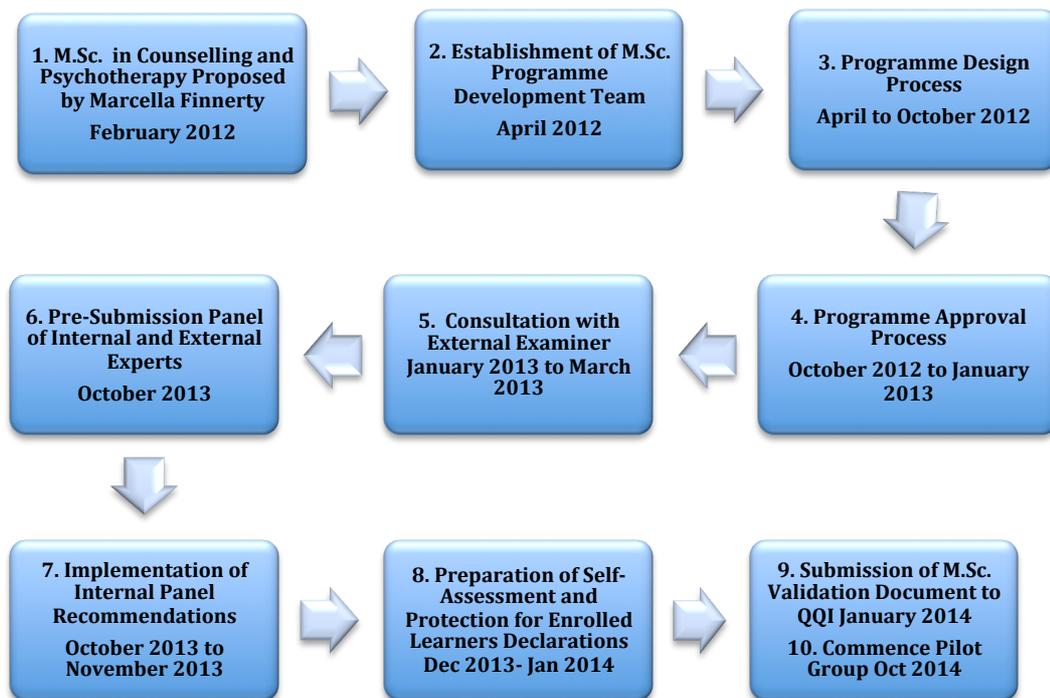
gather and collate the rich and detailed knowledge and history collected every day as therapists go about their practices.

I was asked to lead the team to compile a formal proposal for such a programme for presentation to an internal panel of academic and professional members in the field who were experienced in the academic requirements for QQI and also the professional requirements for IACP. The validation of a master's degree by QQI is a rigorous and arduous process and there was a cycle of presentation when the feedback received resulted in the proposal being amended to include further recommendations and clarifications. The proposal (c.72,000 word document) was presented to the internal panel on October 15<sup>th</sup>, 2013. The report of the internal panel was received on November 7<sup>th</sup>, 2013 and confirmed the programme was of a sufficiently high standard and should be submitted for formal approval to QQI with certain recommendations. It was decided by the various IICP Boards that the recommendations of the panel should be implemented in full. A final review and consultation with all parties was undertaken between October 2013 and January 2014 including Professor John McLeod, the Programme and Academic Boards of IICP, the lecturers identified to teach on the programme and the IICP Research Panel. This resulted in final approval being granted to submit the 72,000 word proposal document, the 2,200 word self-assessment document and the report of the internal panel (a 2,600 word document). Since there were many stakeholders involved this exercise called for flexibility and a little diplomacy on my part as the philosophical agendas were not always aligned with each other, nor with the financial planning, all of which needed to be agreed upon before I could proceed with the final submission to QQI. This exercise called upon my collaborative and diplomatic skills as well as needing pliability and pragmatism as the multiple stakeholders had many agendas, oftentimes conflicting, especially with regard to financial resourcing and planning for the programme.

While solely responsible for the oversight and coordination of the proposal, design and delivery of the M.Sc., it was an activity of partnership within the college, the

wider academic field and the profession. This was by necessity and also by choice, and would not have been possible without my consulting with academics, colleagues and practitioners. Without doubt it would not have been possible without the active collaboration, assistance, feedback and support of Professor John McLeod.

The flow chart hereunder outlines the stages in the process of bringing the master's degree programme from concept through to planning, design, consultation and preparation for final validation. It also includes a synopsis of the proposal for the validation document which has been submitted for approval to QQI. The master's programme is a two-year part time course with taught modules, a professional practice module and a dissertation to focus on both qualitative and quantitative research within the field.



**Figure 2: Flow chart of the Validation Process for the IICP Master's in Science in Counselling and Psychotherapy**

The M.Sc. and embedded postgraduate diploma have a pluralistic pedagogy and have been developed as part of IICP's strategy to expand its portfolio in the field of counselling and psychotherapy. To date, IICP has achieved validation at levels 6-8 on the National Framework of Qualifications. This programme is the next natural step in the development of the organisation. The M.Sc. in Counselling and Psychotherapy is designed to provide students with the option of furthering their educational attainment, improving their clinical practice, developing their research skills and continuing their professional development. As a profession in Ireland, Counselling and Psychotherapy is moving more and more towards evidence-based practice, as well as practice-based evidence. Moreover, this programme will ensure that graduates of IICP have the option of completing a programme that will afford them the opportunity to register with CORU, the multi-profession health regulator, as psychotherapists, when statutory registration is enacted. While not yet ratified at governmental level, it appears that a Master's Degree in Counselling and Psychotherapy will be the benchmark for registration with CORU as a psychotherapist. This M.Sc. will allow us to support our students in achieving registration and will ensure that we maintain our market competitiveness.

In advance of the Programme Proposal, I engaged in a consultation process with students, lecturers, employers and the professional bodies associated with the programme.

#### **8.1.1 Establishment of the M.Sc. Programme Development Team**

The outline proposal was approved at the February 2012 Academic Committee Meeting and in April 2012 a Programme Team including the registrar, external consultants and internal academics was established to prepare a Programme Submission Document. Following the establishment of the Programme Team, a programme design process was undertaken with the outcome being a draft Validation Document for submission to QQI.

The Programme Team developed the M.Sc. under the framework of outcome-based education, preparing Programme Learning Outcomes for the overall award of M.Sc. in Counselling and Psychotherapy. I chaired numerous meetings, as the Programme Team underwent the development process. The information about the progress of the programme was disseminated to faculty at weekly staff meetings and regular meetings of the Academic Board and the larger IICP Programme Board.

When the programme approval process was complete the document was sent to our original but no longer serving, External Examiner Ms. Anne Rowe-Monaghan, for review. A number of consultation meetings ensued leading to some suggested alterations in the programme. The Programme Board reviewed the suggested changes and agreed to ratify the document accordingly in October 2012.

#### **8.1.2 Pre-Submission Internal Review Panel**

As part of the submission process, a pre-submission panel was convened to review the Validation Document. The members included:

##### **Panel Members:**

Ms. Sinead O’Sullivan, Director of Quality Assurance and Statistical Services, National College of Ireland (Chair),

Ms. Anne Mangan, Director of Training, The Institute of Physical Therapy and Applied Health Science.

Mr. Chris Murphy, Psychotherapist, Secretary of Accreditation Committee IACP and Lecturer at IICP

The panel was sent the document two weeks in advance of the meeting. The pre-submission panel met with the Programme Board and lecturers for the M.Sc. Programme on October 15<sup>th</sup>, 2013. The task of the panel was to review the document in the manner in which QQI would approach the validation submission, giving IICP

opportunity to rectify any issues in advance of submission. The internal panel process involved the programme design team and the lecturing team.

The pre-submission panel reviewed the documentation and met with the Programme Board and Programme Lecturers. While no requirements for alteration were made, thirteen recommendations were proposed by the panel. This feedback from the internal panel was most helpful with regard to the reduction in the number of learning outcomes which were included in many of the modules and these were subsequently revised and amended to reflect the suggestions. The report of the internal panel was extremely supportive of the proposed master's programme and the Programme Board began the process of reviewing the Validation Document based on the proposed recommendations. The feedback was most helpful with regard to the reduction in the number of learning outcomes which were included in many of the modules; these were subsequently revised and amended to reflect the suggestions. Other recommendations included changing some of the module content, and outlining additional research that was undertaken with employers and other stakeholders. A full review of the alignment of learning outcomes, teaching and learning activities and the assessment strategy was undertaken.

On November 15<sup>th</sup>, 2013, I attended a consultation meeting with Quality and Qualifications Ireland (QQI) regarding the proposed changes to the education standards for counselling and psychotherapy programmes in the higher education arena. Following from this, the Programme Learning Outcomes and Module Learning Outcomes included in the Validation Document were rewritten to reflect the new draft Counselling and Psychotherapy Award Standards.

### **8.1.3 Preparation of Self-Assessment Statement and Protection for Enrolled Students Declaration.**

The master's programme will progress the already cutting edge education with which IICP is synonymous by introducing participants to the latest evidence based research on what works in therapy. In order to do so the concept of holding pluralistic or

multiple perspectives, is interwoven throughout the entire programme as the findings of my study demonstrated that integrative therapists could benefit from an overarching framework for organising the various theories and therapies taught. Pluralism as a guiding principle refers to the idea that there is no single truth, that in any significant dimension of human affairs, there are always multiple plausible ways of understanding and explaining events. Pluralism is congruent with the integrative and inclusive ethos and philosophy of IICP and is viewed as a mechanism to advance the education and training provided, while constantly improving the levels of quality of all our systems, processes and programmes.

Pluralism aims to create dialogue between different modalities; hence it sets the scene for a strengthening and unifying of the profession in Ireland. A pluralistic framework for counselling and psychotherapy recognizes that psychological distress may have multiple causes and it is improbable that one specific therapeutic approach will be effective in all circumstances. At its core, therefore, is a philosophical and ethical commitment to valuing multiple perspectives.

I intentionally wanted our programme to contain modules that are designed to create leaders in the field and scientist-practitioners. With a strong research emphasis, graduates of this programme will be equipped to engage in evidence-based practice and practice-based evidence, thus encouraging the promotion of the profession through research and journal publications.

The concept of pluralism is a theme that runs throughout the entire master's programme. In the research methods modules, students will encounter and engage with many different approaches to counselling and psychotherapy research. They will also gain an appreciation for the current literature which is encouraging of a practitioner-researcher value in an effort to promote best practice in the field and to advance the profession itself within the wider field of mental healthcare. Furthermore, the philosophical underpinnings of counselling and psychotherapy speaks to the ethos of pluralism, as students engage with reflection on a variety of

counselling and psychotherapy approaches as opposed to one 'true' model. The fact that there are inputs on sociology, neuroscience, philosophy, and counselling and psychotherapy also speaks to the overall pluralistic nature of the programme. No one approach or model is seen as having all the answers. Instead, students are encouraged to deepen and broaden their perspectives.

As part of the validation process, IICP was required to prepare a separate Self-Assessment Statement and I supervised the drafting of this document in December 2013. All necessary documentation regarding Protection for Enrolled Students, required of private providers has been attended to and a financial bond has been put in place in January 2014. The completed materials, to include the 72,000 word validation document, the 2,600 word self-assessment report of the internal panel and the 2,200 word self-assessment report were submitted to QQI for formal and final validation on January 31<sup>st</sup>, 2014. The completion of the final stage of the validation process will take approximately three months. IICP intends to roll-out its first pilot of the Master's in Counselling and Psychotherapy programme, beginning in October 2014. Appendix 3:1 contains a flow chart of the M.Sc. and appendix 3:2 relates to an extract from the first 38 pages of the validation document.

Professor McLeod is scheduled to lead an induction seminar with the M.Sc. faculty after our Internal Research Panel Conference being held in IICP on Monday April 28<sup>th</sup>, 2014 as noted in section 8.2.5 below.

Having written up and submitted the master's programme I turned my thoughts to other ways in which the rich data I had gathered could be further disseminated.

## **8.2 Conference Presentations**

### **8.2.1 International Conference Presentation**

As part of the doctoral endeavour I have challenged myself to step outside my comfort zone. I was encouraged by my mentor to present a paper on my research

findings at the 30<sup>th</sup> Annual Conference of the Society for the Exploration of Psychotherapy Integration (SEPI) which is being held in Montreal, Canada, from April 10<sup>th</sup>-13<sup>th</sup>, 2014. When submitting my Learning Agreement in November 2012, I titled my proposal: “How do Integrative Psychotherapists Integrate? A qualitative exploration of tales from the trenches” and, by coincidence, the title of the 2014 SEPI Conference is somewhat similar. It is titled: “Psychotherapy Integration in the Trenches: How Psychotherapy Integration is Put into Practice.” I attach in Appendix 3:6, the proposed slides for this presentation. The impact of this presentation will, due to the timing, need to be assessed at a later date.

A presentation already delivered is that on the research potential contained in each therapist’s practice and is outlined in the next section.

### **8.2.2 Continuing Professional Development Seminar.**

I was invited to co-facilitate a Continuing Professional Development Seminar on March 26<sup>th</sup> 2014 in collaboration with Dr Maria Quinlan (Appendix 3:4 and 3:5). The title of the workshop is: *Unlocking Your Research Potential*. My study found that research is an area which many counsellors and psychotherapists shy away from, but is vital in helping us to develop and reflect on our practice and deepen our understanding of client issues. The seminar was designed to assist therapists who are interested in developing the skills and awareness to help them to creatively unlock the data that they gather in their clinical work. It was also intended to demystify the research process and provide practical examples and tools that can be used by practitioners working in private practice or in organizational settings to unlock and use their data to assist them and their clients in their practice. I am a member of the Research Panel of the IACP, and Dr Quinlan is Chairperson. While the focus of the session was mostly on qualitative methodologies, there was an interest from some of the participants in a quantitative approach and this led to a lively debate on a mixed methods and pluralistic approach. One of the participants is presently undertaking a research project into how trainee therapists describe their experiences of their first

therapeutic encounter and I will share my own methodology and research literature with him. The findings regarding the trepidation that therapists feel about research was borne out when I asked the group what they wanted from the session. Many expressed the opinion that they were ‘scared’ of the term research and thought it data driven rather than person-focussed and against their person-centred philosophy. We teased this out which led into a discussion on the use of qualitative and phenomenological methodologies which could be used for systematic investigation in psychotherapy and appropriate to personal value systems. The concept of a pluralistic perspective as a container for the multiplicity of approaches with which the therapists grappled was accepted as something that they were already doing. However, the idea of an open dialogue with the client as to the interventions that might be helpful to them or to check what worked before in therapy seemed more novel and there was less enthusiasm for how those strategies might work. Many therapists were already using outcome rating scales such as CORE within their practices as these were required by their organizations. The information on the “super-shrink” findings by Duncan and colleagues (2010) encouraged many participants to consider using session rating scales as a foundation for dialogue and ongoing feedback with clients to further expand their use of a pluralistic perspective to their practice. The next by-product was a very pleasant and unexpected surprise.

### **8.2.3 Carl Berkeley Memorial Award.**

This is an annual award made by the Irish Association for Counselling and Psychotherapy in memory of one of its founding members, Carl Berkeley. The awardee selected is considered to have made an outstanding contribution to the development of Counselling and Psychotherapy in Ireland. This is the seventh time the Award has been presented since its inception in 2004 and I attach herewith my acceptance speech within which I included some of the findings of my research study (Appendix 3:3). The presentation was made at the IACP, AGM, on March 22<sup>nd</sup>, 2014 and there were over 200 delegates at the meeting which was being addressed by Professor Mick Cooper later in the afternoon.

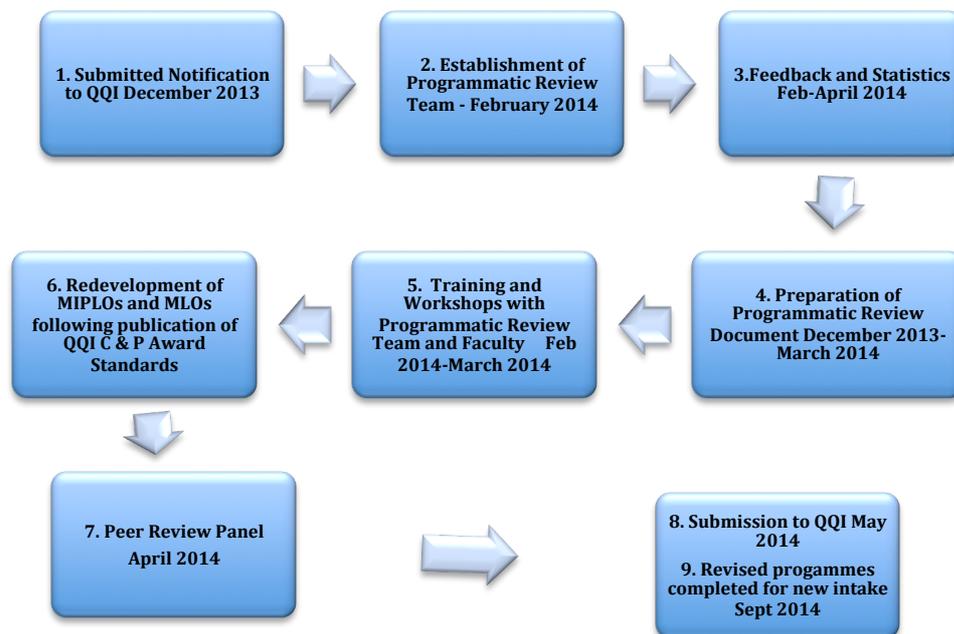
#### **8.2.4 Internal Research Conference at IICP**

IICP college is hosting its first internal research conference on April 28<sup>th</sup>, 2014. Professor John McLeod is the keynote speaker and I will present the findings of my research to the delegates. Professor McLeod will also facilitate an induction of faculty for the new M.Sc. in Counselling and Psychotherapy programme. Again, the impact of this event by necessity will need to be assessed after the end of April, 2014 (Appendix 3:7).

#### **8.2.5 Programmatic Review**

While engaged in the process of drafting the master's degree, it was decided in order to create a smooth flow and alignment of all programmes in IICP, it was necessary to update the already validated programmes. Therefore, in October 2013, the IICP management team and I, through consultation with the various internal boards and external consultants, agreed that all programmes need to be reviewed to reflect the ongoing changes within the field and the ethos contained in the master's programme. In order to do this IICP has entered a process of programmatic review with QQI which aims to identify future directions within the field. The results of my study have pointed up gaps within the education of psychotherapists in Ireland and in our training programmes. These relate to the necessity for the provision of an organising framework for the practice of an integrative approach to psychotherapy, embracing an appreciation of a pluralistic perspective, together with the development of the practitioner–researcher approach to practice. The proposed amendments to IICP's previously professionally and academically validated programmes will include a greater emphasis on evidence-based practice through creating conditions for the development of a practitioner–researcher mindset, and the adoption of a pluralistic perspective from the beginning of training, from the certificate programme, through to diploma and degree levels. On December 20<sup>th</sup>, 2013, QQI contacted IICP regarding our plans to submit programmes to QQI in 2014. After consultation at senior level, IICP submitted the 2014 Validation Activity form to QQI, which included our intention

to submit the four stage BA (Hons) Degree in Counselling and Psychotherapy to QQI for revalidation. This programme was originally validated in 2010.



**Figure 3: Flow Chart of the Programmatic Review of the IICP Four Stage BA (Hons) in Counselling and Psychotherapy Programme**

### 8.2.5a The Purpose of the Programmatic Review

The programmatic review is designed to facilitate IICP in making alterations to the certificate, diploma and undergraduate degree programmes, and in so doing to reflect the findings of my study with regard to the development of a pluralistic and practitioner–researcher perspective in the training and education of our students. It is a quality review process with particular emphasis on the development, achievement and improvement of educational quality and professional standards of best practice. The focus is principally on the evaluation of quality and the flexibility of the programmes in responding to changing needs within the field and to the changing needs of stakeholders, and the process offers IICP the opportunity to complete a critical and reflective evaluation of the programmes being offered. It is a review of the continuing validity of each programme’s aims and the associated learning outcomes.

### **8.2.5b Aims of Programmatic Review Process**

The IICP's four stage Bachelor of Arts (Hons) in Counselling and Psychotherapy was first validated by HETAC (now QQI) in 2010. The programme was developed to meet the demands of students already engaged on the Diploma in Counselling and Psychotherapy course. While IICP had already received professional validation from the Irish Association for Counselling and Psychotherapy (IACP), it believed that academic validation was a vital step in the development of the institute, and in ensuring that students obtained a qualification that was recognised nationally and internationally. Extensive consultation with various stakeholders in the sector led to the development of the BA (Hons) programme, which commenced in 2010.

This is the first programmatic review of IICP's four stage BA (Hons) Degree in Counselling and Psychotherapy course. The objectives of the review are: to examine the development of the programme over the first cycle of validation; to evaluate the ongoing fitness for purpose of the content, learning outcomes, teaching and learning activities, and assessment strategies; to amend the content of the programme to reflect the findings of my study in relation to research and pluralism; and to review the overall delivery of the programme. Furthermore, I believe that the review will assist the college in the identification of changes that are necessary in order to ensure the quality of all our programmes and their delivery.

### **8.2.5c Methodology Underpinning the Programmatic Review**

In order to remain transparent and inclusive, I approached the programmatic review wishing to obtain the broadest possible range of perspectives in a spirit of partnership and consultation. The first cohort of BA (Hons) students commenced their training in 2010; therefore, students from the 2010, 2011, 2012 and 2013 (current students) were surveyed for feedback. As I considered it important to engage with all stakeholders, all faculty and students were invited to contribute their views and experiences, as were employers and agencies where students fulfil their counselling placements, and the college's External Examiner. The Registrar and Programme

Leaders carried out an audit of the programme, and identified the data that would offer the most valid information to inform the Academic Committee about the strengths and limitations of the programme in light of the college's original validation document. This, together with the findings of my research study, provided the basis for the proposed changes to the programme. The Academic Committee was then required to consider the recommended changes.

Those who were consulted about the programme were asked to critically reflect and give feedback on the content, delivery and assessment of aspects of the BA (Hons) degree. Having gathered feedback from various sources, the information was collated. This allowed IICP to ascertain if there were emergent themes and conflicting or similar limitations and strengths highlighted by various stakeholders. I considered all feedback within the context of the HETAC (now QQI) Assessment and Standards 2009 document and within the framework of outcome-based education. Recommendations for changes at modular level were reflected upon, and importantly, this consideration took place in the context of reviewing the programme as a whole, with the part-whole relationship to the fore.

#### **8.2.5d Programmatic Review Process**

In essence, the programmatic review consists of the college undertaking a self-evaluation process with inputs from staff, students, and other internal and external stakeholders. It also references the national strategy for higher education and its role in delivering the needs of society and the economy. The process will necessarily involve programme board deliberation including programme evaluation, modification and (re)-design, SWOT and data analysis, and evaluation and planning. Consultation with internal and external stakeholders, including employers, students, staff and peers is essential. At the end of the process, a self-evaluation report (SER) is published by the college, which demonstrates a critical evaluation of all aspects of each programme being reviewed: its strategy, learning outcomes, modules, assessment, resources etc., in keeping with current best practice. The programmatic

review is intended to contribute to the strategic plan and strategic management of all IICP programmes already validated.

#### **8.2.5e Establishment of the Programmatic Review Committee**

The Programme Committee appointed for the programmatic review of the four stage BA (Hons) in Counselling and Psychotherapy consists of:

Ms Marcella Finnerty, IICP Director of Training

Professor Michael O'Rourke, IICP Programme Leader Level 9

Ms Caitríona Kearns, IICP Registrar

Dr Maria Quinlan, IICP Lecturer

Dr Anne Davis, IICP Lecturer

Dr Martina Carroll, IICP Lecturer

Ms Rose Swaine, IICP Lecturer and Programme Leader Stage 1

Ms Ann Frey, IICP Lecturer and Programme Leader Stage 2

Mr Dermot O'Neill, IICP Lecturer and Programme Leader Stage 3

Mr Eamon McElwee, IICP Lecturer and Programme Leader Stage 4

The background and informal process of the programmatic review began in October 2013. A meeting was convened for February 26<sup>th</sup>, 2014 to begin the formal process of the Programmatic Review. An in-service training session conducted by an outside expert on programmatic reviews, Ms. Fiona O'Riordan, was held on March 15<sup>th</sup> to help lecturers begin the process of re-writing and updating their module learning outcomes, a further aim being to ensure that the process would be a whole college activity with all lecturers involved, up-skilled and acting in unity rather than as individual parts.

The Programme Committee will have access to the feedback that has been gathered since the most recent validation of the BA (Hons) in Counselling and Psychotherapy. This will include:

- Feedback on Individual Modules since 2010;
- Programme Monitoring Reports since 2010;
- Annual External Examiner's Reports since 2010;
- Reports from IACP (the professional body);
- Appreciative Enquiry conducted in 2010; and
- Review of Supervisors' Reports submitted since 2010.

Pending approval from QQI, changes can be implemented for the next academic year and my aim of rolling out the updated modules for our September 2014 intake is shared by the organisation and considered a realistic goal and timeframe. As I have previously stated, teamwork and cooperation are at the heart of all I do, and, while holding sole responsibility for the oversight and coordination of the programmatic review, it is a process of active partnership within the college and in concert with the wider field of academics and professionals.

### **8.3 Summary**

This chapter has considered and discussed the dissemination of the findings of the research through the professional products that arose from the doctoral project. These products included a new M.Sc. in Counselling and Psychotherapy programme, and the process and tasks associated with gaining validation of that programme. In addition, other activities emerged as by-products of conducting the research to include: the proposed presentation of a paper at the international Annual Conference of SEPI in Montreal in April 2014; receipt of the Carl Berkeley Memorial Award from the IACP in March 2014; the co-facilitation of a CPD seminar on research in March 2014; and organising and presenting at an IICP internal research conference with Professor John McLeod as keynote speaker in April 2014. Finally, I have commenced the coordination of a full programmatic review of IICP programmes

currently validated by QQI, which will be conducted throughout 2014. The final chapter of this project will consist of a review of the research study and my reflections on the process and findings of the doctoral journey.

## **Chapter Nine: Final Reflections and Closing Statement**

In this final chapter I will review the study through reflecting on the process and outcome of the DPsych journey from a personal and professional perspective. I will describe key areas of growth, challenge, surprise and satisfaction, and share my insights as practitioner, educator and researcher of this inquiry. The aim of the study was to gain an in-depth understanding of how established integrative psychotherapists described their experiences of practising integration.

It was intended that this investigation would provide a unique contribution to the community of knowledge in the field of mental health in an Irish context. Previous research has focused mainly on the client's experiences of psychotherapy. In the current study I attempted to add to the body of knowledge through providing an in-depth understanding from the therapist's viewpoint. By using Interpretative Phenomenological Analysis (IPA), it was intended that a deep, rich, experiential and detailed account of 14 integrative psychotherapists could best explicate the day-to-day practices of this group. The lived experiences recounted by participants painted a portrait of a rich and transformative therapeutic relationship and a keen longing to construct a different kind of therapy for each client.

### **9.1 The research process**

Journeying through the mire that is qualitative research was a vast undertaking which, at times, became overwhelming. Learning to sit in that space of not knowing, of a complete loss of compass and solid ground, was a daunting and testing time for me. The words of Jack Mezirow (2009) who said that transformative learning in adult education is unsettling, and even threatening, resonate deeply with me. For example, I have referred in my Professional Knowledge paper to the challenges the programme presented to me in relation to my positivist perspectives, especially since I had considered myself open to and knowledgeable of other approaches, particularly those in the area of phenomenology. However, Dr. Darren Langdridge's seminar on

phenomenological inquiry drew my attention to a profound lacuna in my understanding of its core philosophical roots and an incompetence in the practice methods employed in research. That perception of being totally shaken by the precision and accuracy of this discovery and the vast abyss that was laid bare before my eyes, led me to great self-doubt and lengthy rumination. However, through reading, dialoguing with colleagues and consultants, I eventually arrived at a place of greater knowledge, and decided to test myself and learn at the deepest level by choosing a phenomenological inquiry as my methodology for the DPpsych project. The original feeling of being so utterly rattled also motivated me to seek assistance in becoming more comfortable and accepting of uncertainty. I had a sense of being lost in the tremendous amount of data and information I was engaging with, so I took some training in mindfulness meditation, which I found extremely useful. This has begun another strand to my own personal and professional development.

At other times the odyssey resulted in great joy and discovery, or the satisfaction of completing a component to the work, or getting feedback which proved perceptive and useful for me to build upon. I felt privileged when the participants shared their personal and professional experiences and reflections so openly with me. I was humbled as I became aware that they viewed psychotherapy as more than merely a job performed every day; it was also seen as an integral part of their sense of meaning in life. They believed that their work contributed to the health and wellbeing of their clients, whilst also being a significant factor in their own sense of happiness and in their personal and professional development. I found the process of conducting the interviews and analysing the data the greatest gift of all and the most enjoyable and special component of the work. I was at ease, enthralled, and felt honoured to be given access to my participants' histories as they reflected on their practices of integration. It was a rare pleasure to share a window on the world of some of my colleagues who modelled an extraordinary humility and modesty, despite their expansive knowledge and expertise.

### **9.3 Uncovering the Critical Realist in a Pluralistic Stance**

This journey had led to my developing a greater appreciation and understanding of a mixed-methods and pluralistic approach to research. Like integrative psychotherapy, to hold the tensions between the quantitative and qualitative perspectives requires a deep understanding of both dimensions. McLeod (2011) considers that qualitative research begins with language, words and meaning and can extend into the realm of numbers, while quantitative research starts with numbers and extends into the realm of stories. Mixed methods research seeks to harness both forms of knowing and views them as complementary. Had I initially hurried into the research process I would most likely have conducted a quantitative or mixed methods study, without truly understanding its qualitative component. While I had a sound grasp of quantitative methods, as previously mentioned, I discovered that I had little understanding of the philosophical underpinnings or practical implications of attempting a qualitative, phenomenological inquiry.

After this study I now have a wholly qualitative understanding to add to my repertoire. None of the methods are easy; all are engaging and the results have been enlightening. For now I see myself as that critical realist whose pluralistic values and philosophy are aligned with a mixed methods approach, believing that the use of any one method alone is a loss. It was an important lesson for me to travel the fully qualitative path, to have discovered its great richness and depth and to know that single models, whether in psychotherapy or research methodology, are but one way of viewing the work. For me, the complementarity of using more than one approach, once it is relevant to the work, is my preferred option.

### **9.4 Final reflections of the researcher**

The path to completing this DPsych has been at times an extraordinarily difficult, challenging, lonely, and exhausting experience. At many points, including during the drafting of my Learning Agreement, I felt as if I were grappling with an octopus. No sooner had I decided on a qualitative tradition, than I was faced with a myriad of

choices as to which perspective was most suitable; and having then chosen a phenomenological approach, I soon needed to decide how best to gather and analyse the data. Working out the rationale for the design of the research project and the methodological, theoretical, ethical, epistemological and philosophical foundations that have informed this study – all seemed to require wrestling with an entity that could not be managed and constantly rebelled against any form of containment.

Partnership is core to my philosophy of interacting with the world and that, along with teamwork, are the bedrock to the effectiveness and success of the innovative organisations I currently lead. I have brought that spirit of alliance, co-operation, and a belief in life-long learning to the doctoral programme, from planning, design, and managing, to delivering the research project and professional products. The study was conducted with the participants in a spirit of collegiality, and the delivery of the analysis was supported by my colleagues, consultants, IPA expert, and signatories. The project and professional products required me to act in concert with Professor John McLeod, the IICP faculty team, various professional working committees, my academic advisor, academic consultants, faculty in Trinity College, experts in the fields of integration, phenomenology, IPA, and the academic accrediting body, QQI. Access to, and collaboration with, all of these sources made the entire process of research and analysis much less formidable and tedious, and assisted me in my struggle with the recalcitrant octopus.

On reflection, one of the greatest of the many challenges I encountered in attempting to complete this doctoral opus has been my attempt to write reflexively as an academic endeavour. Having trained in psychology, which emphasises the need to research generalizable knowledge, reflexive writing was not encouraged. However, my academic advisor, Dr. Sofie Bager-Charleson, was instrumental in helping me overcome that block. She facilitated my understanding that reflexivity ultimately relates to my being transparent about where I am coming from and why. It is about auditioning alternative perspectives so that I can look critically on my assumptions,

values and ideas. It is an ongoing attempt to look at myself from the perspective of the other, and is ultimately about a demonstration of reflexive thinking.

Other assistance in coming to grips with this was joining a writing group, going back into personal therapy, and completing my RAL 5 submission. I received some extremely perceptive, forthright and accurate feedback from Dr. Paul Barber and Dr. David Mair. The issues identified as needing attention in the RAL 5 were very revealing, and began my understanding of how I tended to skip over meaning, to tell the story, rather than go deeper into what the story means to my research, and to me as researcher. This information proved a turning point for me and opened a door to profound knowledge. As a result, I worked extremely hard to incorporate the feedback and new learning into my Professional Knowledge Review paper. I received some positive comments from the Assessor, which was heartening for me. I hope that this project also reflects those lessons learned and demonstrates my openness to engaging in a cycle of praxis and in a spirit of collaboration.

The motivation to pursue this programme came from my desire to challenge myself, to learn and grow personally as well as academically and professionally. As I've progressed I believe that as leader of two organisations, a training institute and a therapy service, deep down my motives were influenced by an unacknowledged and unspoken belief that I needed to position myself academically at the highest level. This is not an unreasonable requirement for the head of an educational institute, but I think it was too daunting a reality for me to allow into my awareness. Whilst I put enormous pressure on myself with this underlying assumption, I also believe that I was, unconsciously, challenging myself to manage my time, to take time out, to leave others free to carry their own authority, to find their own solutions, and for me to begin the process of stepping back from holding total responsibility. IICP and VCS are now more than ten years in existence and are thriving. It seems an appropriate opportunity for me to reflect on the journey up to this point and look to "whither from here?" The history of such organisations demonstrate that they survive and flourish for the first dozen years or so, while the founder remains at the helm.

However, they will ultimately wither and die if not also tended to by a fresh, vibrant and competent team, a process which has already commenced at IICP/VCS. The following quote from T.S. Eliot (Martin, 2010) best expresses my thoughts at this juncture:

*And to make an end is to make  
a beginning  
the end is where we start from*

It has been at times a painful and painstaking journey but also a valuable, worthwhile, and thoroughly satisfying one, the lessons of which I will bring to my future pursuits, both professional and personal.

## **9.5 Closing Statement**

The study aimed to investigate the perceptions of experienced psychotherapists on their practices of integration, and to contribute a phenomenological, qualitative perspective to the body of knowledge in the field, in an Irish context. I considered IPA an appropriate approach to the analysis of the qualitative data as it offers a flexible, accessible framework with clearly outlined steps for conducting research. In addition, I found the idiographic nature of IPA congruent with the parallel idiographic nature of the psychotherapeutic process.

Many psychotherapy and counselling psychology training colleges in Ireland and the UK are required to teach at least two models of therapy for the purposes of critical analysis, all of which is adding to the custom of an integrative/eclectic approach to practice and, therefore, it is difficult to discuss the issues relating to integration without reference to the wider field, the whole and the parts are inextricably intertwined. Integration/eclecticism has been gaining in popularity in many countries worldwide and is the modal orientation of psychotherapists in the US, with a majority of therapists in the UK also endorsing approaches outside of their own orientation. Although the population sample for the data gathering was limited to those in Ireland, it is, nonetheless, a substantial, rich and detailed study. The results

have generated a number of implications for training, practice and development of the field nationally and, potentially, internationally.

The main findings suggested that integrative psychotherapy is a complex, personally constructed and relational endeavour and points to the use of a broadly pluralistic outlook to manage any practice tensions, with a common belief that no one truth exists. Integration was perceived as combining different interventions and techniques based on prior, tacit, knowledge. The practices did not reflect integration as discussed in much of the literature and there was no search for theoretical or therapeutic coherence. All participants considered listening as core to building a sound therapeutic relationship, which they believed was central to the success of therapy and the driver towards integration. There was an appreciation of multiple aspects to clients' problems and multiple ways in which these could be understood in theory, and worked on through a variety of methods. Tailoring their approaches to the needs of each client was seen as a key responsibility of the therapist.

I advocated a pluralistic perspective as a potential overarching framework to manage the myriad of models and approaches with which integrative therapists are struggling to incorporate into their practices. This stance considers that any significant question can be answered in a variety of legitimate ways. It provides a conceptual space in which all psychological theories, together with ideas and change mechanisms from other disciplines, such as sociology, anthropology and philosophy, can co-exist. The focal point and structure is a sustained engagement with the client's view of what will be useful to them. Adopting this viewpoint may also somewhat assist in addressing the lack of clarity or agreed definition within the field, which is quoted as one of the possible reasons for the current downturn in the use of psychotherapy in the US, a tendency that could be repeated internationally.

Most participants indicated that experiences in their personal lives as well as their professional lives have shaped their beliefs and approaches to integration. This indicates that the process of developing an integrative outlook is most likely acquired

as therapists build on their professional knowledge, skills and expertise, based on personal preferences and values. The Irish accrediting body, IACP, requires validated colleges to include a critical awareness of at least two therapeutic models, I suggested that the current requirement of a minimum of two years' training is neither sufficient, nor best practice, in order to facilitate the development of an integrative perspective and that the QQI requirement of a four-year period of study is more apt.

A surprising finding was that many participants shied away from the idea of research. This reluctance is a pressing issue for the profession as the lack of engagement with research is viewed as another potential reason for the decrease in the use of psychotherapy in the US. If the profession is to continue to survive and thrive, the championing of a practitioner-researcher attitude and the adoption of a widely based research agenda by the profession, to include clinicians as well as academics, requires urgent attention to ensure the delivery of the highest quality psychological care to clients.

It was interesting to note that participant identity emanated from their membership of professional organisations, their core theoretical model, or communities of faith rather than as integrative psychotherapists. Again, this may relate to the lack of clarity or agreed definition of integrative psychotherapy, and a reflection of the increasingly fragmented nature of the field.

The question for integrative psychotherapy training colleges, and the profession in general, is how best to address these ongoing and increasing tensions which are both internal and external to the field, and at the same time, embrace the many advantages and opportunities presented within the challenge. A spirit of open, collaborative inquiry and a therapeutic pluralism has been advanced as an apposite stance in greeting and proactively managing these concerns, whilst operating in a vibrant, dynamic, and ever-evolving field of endeavour.

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3:4 Presentation at professional knowledge seminar co-facilitated with Dr. Maria Quinlan: “Unlocking the Research Potential in your Therapy Practice”, March 26, 2014. Advertising.

3:5 Presentation at professional knowledge seminar co-facilitated with Dr. Maria Quinlan: “Unlocking the Research Potential in your Therapy Practice”, March 26, 2014. Feedback Sheets.

3:6 Presentation in Montreal, Canada, to the international annual conference of the Society for the Exploration of Psychotherapy Integration (SEPI) on the topic “How do Integrative Psychotherapists Integrate? A Qualitative Exploration of Tales from the Trenches”, April 10–13, 2014. PowerPoint slides.

3:7 IICP Internal Research Conference. Organisation of and presentation delivery, April 29<sup>th</sup>, 2014. Advertising.

3:8 Programmatic Review – extract from planning meeting, February 2<sup>nd</sup>, 2014.

#### **APPENDIX 4:**

##### **Definition of integration and metaphor or analogy for personal approach**