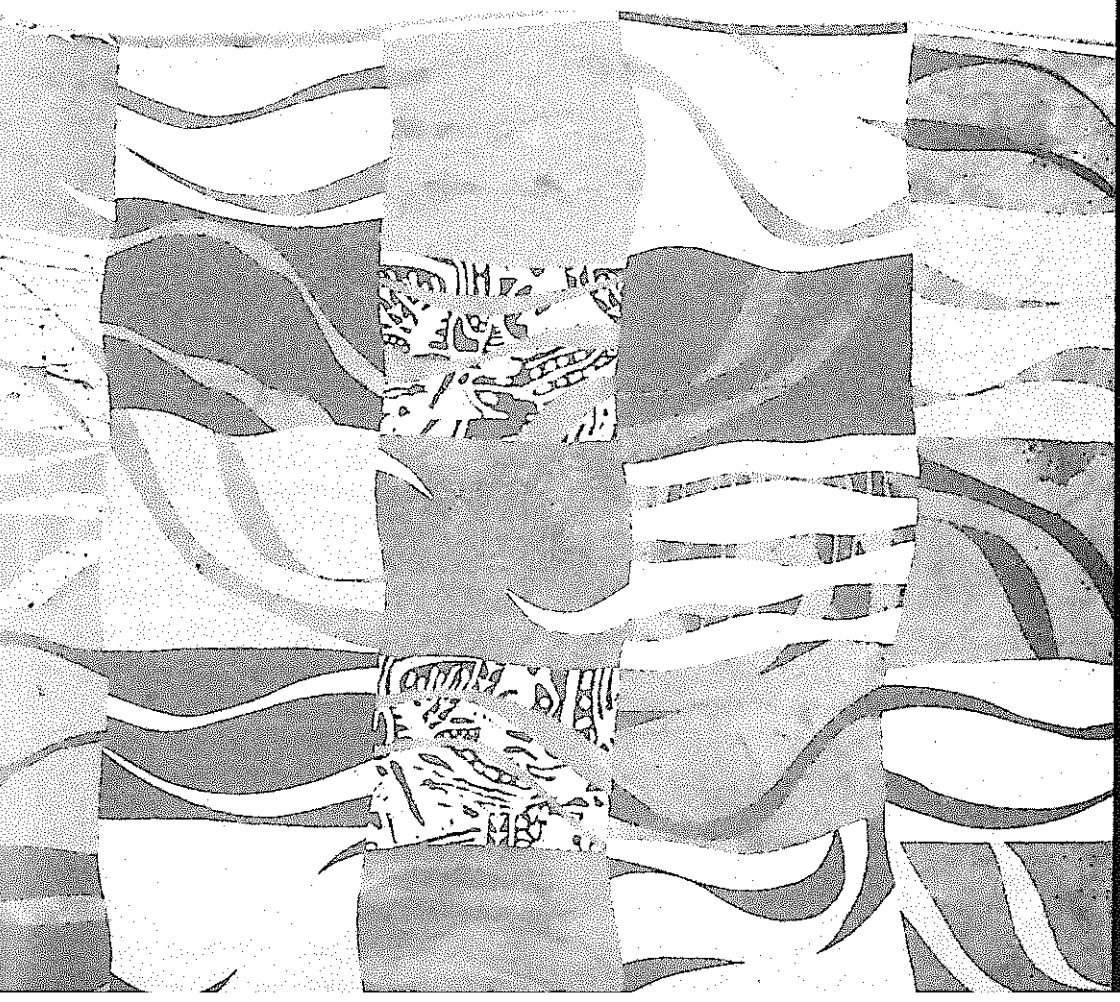
INTEGRATIVE MULTITHEORETICAL PSYCHOTHERAPY

Jeff E. Brooks-Harris
University of Hawaii at Manoa

Lahaska Press
Houghton Mifflin Company
Boston • New York

Part **One**

A New Approach to Psychotherapy Integration



Chapter 1

Introduction to Psychotherapy and Integration

CHAPTER OVERVIEW

This book describes a new approach to psychotherapy integration called Multitheoretical Psychotherapy (MTP). MTP is a pluralistic and pragmatic approach to psychotherapy, drawing upon diverse theoretical perspectives and identifying practical strategies from each. In order to understand MTP in context, it will be helpful to explore the theoretical movements that serve as primary sources, as well as earlier approaches to integration that have influenced the development of this approach. Therefore, this chapter will provide a brief history of psychotherapy and an introduction to psychotherapy integration. In the first half of this chapter, psychotherapy will be defined, and its history will be outlined using ten theoretical movements, organized into three phases of history. In their original forms, early theories of psychotherapy were perceived as incompatible or contradictory, and the contrasting assumptions of these approaches created an early barrier to integration. Over time, theories evolved to become less contradictory, which created greater opportunities for synthesis. During the second half of the twentieth century, several new approaches to psychotherapy emerged that resulted in theoretical complexity. This complexity created a new challenge for integration because it is difficult to understand and combine so many complex ideas. A multitheoretical framework will be proposed that provides a heuristic compromise between complexity and simplicity.

The second half of this chapter will review the psychotherapy integration movement by identifying eight routes to integration that can be used to classify dozens of models of integration. Many of the models described demonstrate one of the five principles of integrative psychotherapy that will be described in Chapter Two. Therefore, the literature review in this chapter serves as a preview for subsequent chapters. As a second-generation approach to integration, MTP represents an attempt to take the best features

of earlier approaches and to synthesize them in a practical and user-friendly format. By learning about different routes to integration, readers will be more prepared to understand the unique emphases of MTP that will be explored throughout the rest of this book.

WHAT IS PSYCHOTHERAPY?

Most definitions of psychotherapy describe the relationship between a person seeking assistance, guidance, or treatment, referred to as a client or patient (the former term will be used in this book), and a trained professional referred to as a psychotherapist, counselor, or therapist (these terms will be used interchangeably throughout the text). Although psychotherapy can be provided for couples, families, or groups, the focus of this book is individual psychotherapy. Here are two definitions of individual psychotherapy that are consistent with MTP:

- "Psychotherapy is the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purposes of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable." (Norcross, 1990, p. 218)
- "Psychotherapy is a formal process of interaction between two parties . . . for the purpose of amelioration of distress in one of the two parties relative to any or all of the following areas of disability or malfunctioning: cognitive functions (disorders of thinking), affective functions (suffering or emotional discomforts), or behavioral functions (inadequacy of behavior), with the therapist having some theory of personality's origins, development, maintenance and change along with some method of treatment logically related to the theory and professional and legal approval to act as a therapist." (Corsini, 2000, p. 1)

Both of these definitions recognize the common tripartite relationship between thoughts, actions, and feelings that will be described in this book as concurrent dimensions of human functioning. Both definitions also describe the application of psychological theory or principles. However, these definitions do not clarify which theories and principles should be used to guide psychotherapy. Furthermore, neither of the definitions describes what a therapist actually does to change the ways clients think, act, or feel. On these points, there is considerably less agreement within the field of psychotherapy. Although common factors can be identified, there are also many differences that have fueled heated debates for many decades. This chapter will

briefly describe some of the contrasting emphases of different forms of psychotherapy and then look at some of the attempts to combine the best elements of different approaches.

Who provides psychotherapy? Corsini's (2000) definition of psychotherapy (quoted earlier) described a psychotherapist as someone who uses a theory to apply methods of treatment and has professional and legal approval to act accordingly. In the United States, most people who practice psychotherapy hold a master's or doctorate degree. However, psychotherapy is not an established academic field, and professionals who practice psychotherapy hold degrees from diverse academic programs including psychology, counseling, social work, marriage and family therapy, psychiatry, and nursing. This book has been written for graduate students and professionals from diverse academic disciplines. The terms "psychotherapist," "counselor," and "therapist" will be used interchangeably throughout the text.

A BRIEF HISTORY OF PSYCHOTHERAPY

The history of psychotherapy will be reviewed here in order to provide some historical context for the way theories are integrated within a multitheoretical framework throughout this text. In many ways, the history of psychotherapy has been a struggle between contrasting theories and competing ideologies emerging at different times over the last century. In this chapter, psychotherapy will be organized into ten theoretical movements that arose during three phases of history: (A) Contrast, (B) Evolution, and (C) Complexity. During the first phase, three contrasting theories emerged in psychology and psychotherapy: (1) Psychoanalysis, (2) Behaviorism, and (3) Humanism (see Figure 1.1). During the second phase of psychotherapy's history, these original three theories evolved into less extreme forms: (4) Psychoanalysis and other psychodynamic theories evolved into Interpersonal Psychotherapy; (5) Behaviorism led to Cognitive Psychotherapy; and (6) Humanism evolved into Experiential Psychotherapy (see Figure 1.2). During the third phase of history, several new psychotherapy theories emerged to make the theoretical landscape more complex: (7) Systemic, (8) Multicultural-Feminist, (9) Biopsychosocial, and (10) Constructivist psychotherapies (see Figure 1.3). These theoretical movements will be reviewed here in roughly chronological order. Any account of history represents an oversimplification of reality and should be understood within the context of the author's goals. The way that psychotherapy's history is described in this chapter is designed to serve as an introduction to MTP and will share many of the same biases as the rest of the text. For more detailed histories of many of these psychotherapy movements, the reader may want to refer to Bruce Bongar and Larry Beutler's *Comprehensive Textbook of Psychotherapy: Theory and Practice* (1995). This edited

text provides historical perspectives on psychodynamic, behavioral, existential, cognitive-behavioral, and family therapies.

Phase One: Three Contrasting Theories

During the first half of the twentieth century, three contrasting theories shaped the foundation of psychotherapy: (1) Psychoanalysis, (2) Behaviorism, and (3) Humanism. The three theories described divergent pictures of human nature and, therefore, suggested different ways to help people change. Compared to humanism, psychoanalysis and behaviorism both viewed human actions as largely determined rather than based on free will. In contrast, humanism embraced the concept of free will and emphasized human choice as guiding action. Although psychoanalysis and behaviorism agreed that actions were determined, they did not agree on the source of determination. Psychoanalysis described internal drives and unconscious processes that controlled human actions, whereas behaviorism emphasized the power of environmental reinforcement and punishment to determine behavior. The contrasting nature of these three theories is depicted in Figure 1.1. Each of these three early theoretical movements will be described next.

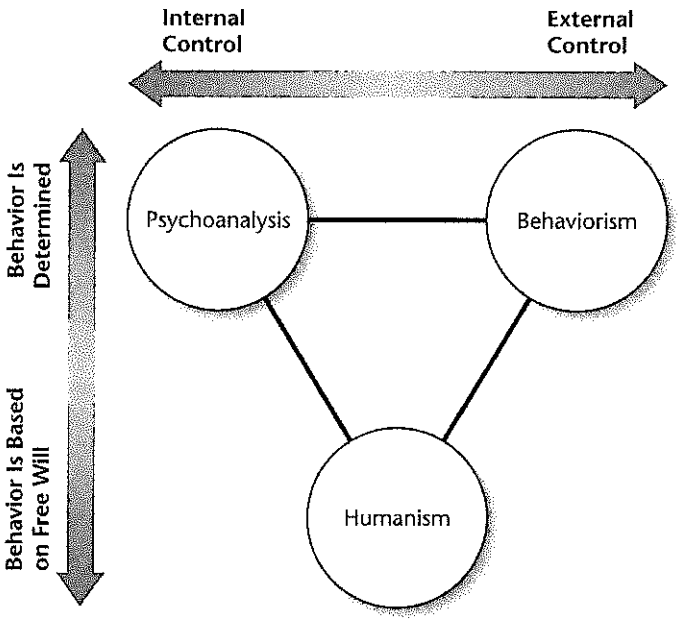


FIGURE 1.1 Phase one of the history of psychotherapy involved competition between three contrasting theories.
Figure conceived by Charles A. Waehler. Used with permission.

Psychoanalysis and Psychodynamic Psychotherapy

Psychoanalysis and psychodynamic psychotherapy represent the first theoretical movement to influence the history of psychotherapy. The ideas of Sigmund Freud and his followers dominated the first half of the twentieth century. Freud's theory of psychoanalysis is a method that focuses on making the unconscious conscious and emphasizes ideas of the unconscious, repression, transference, and resistance (Karon & Widener, 1995). Freud believed that when an idea or instinct is repressed it becomes part of the unconscious (Freud, 1915). He described transference as the way people repeat "unwanted situations and painful emotions . . . and revive them with the greatest ingenuity" (Freud, 1920, p. 230). Freud saw resistance as the way individuals in psychoanalysis might defend against change by repressing certain thoughts or feelings (Freud, 1915/1986). Many of Freud's followers developed psychodynamic theories of their own with emphases different from traditional psychoanalysis. For example, Alfred Adler put more emphasis on the social context of behavior, interpersonal interactions, holistic functioning, the cognitive organization of life, and striving for mastery (Adler, 1926; Mosak, 2000). Carl Jung organized his psychological system around the idea of the psyche that combined spirit, soul, and idea. His view of the unconscious included a personal layer and a transpersonal, archetypal layer (Jung, 1957; Douglas, 2000).

Behaviorism and Behavioral Psychotherapy

The first serious challenge to psychoanalysis came from behaviorism. Therefore, behaviorism represents the second theoretical movement in psychotherapy's history. Initially, researchers like Pavlov, Watson, and Skinner criticized psychoanalytic assumptions and methods as unscientific. As a physiologist, Ivan Pavlov (1957) was critical of psychology because "the psychologist, who only recently departed from the philosopher, has not yet fully renounced his inclination for the philosophical method of deduction, for pure logical activity which does not verify every step of thought by agreement with reality" (p. 410). John Watson (1925) defined behaviorism based on its emphasis on observable actions when he stated that "all schools of psychology except that of behaviorism claim that *'consciousness' is the subject matter of psychology.* Behaviorism, on the contrary, holds that the subject matter of human psychology is the *behavior or activities of the human being*" (p. 3). B. F. Skinner (1938) criticized the psychoanalytic emphasis on inner agents like ego, superego, and id and stressed the need for a "directly descriptive science of behavior" rather than resorting to "ancient concepts" or using language "infused with metaphor and implication" (p. 5).

The scientific rigor of behaviorism and the overt emphasis on observable actions eventually led to the development of psychotherapy techniques based on classical and operant conditioning. Joseph Wolpe (1958) described

Behavior Therapy techniques based on the behavioral principle of reciprocal inhibition that stood in stark contrast to psychoanalytic treatments. In the treatment of anxiety, clients were taught to respond with behaviors like relaxation or assertiveness that are antagonistic to anxiety so that the association between the anxiety-evoking stimuli and the anxiety response would be weakened. Wolpe (1958) pointed out that many of Freud's descriptions of hysterical patients represented "an account of the formation by learning of stimulus-response connections" rather than Freud's conclusion that "symptoms were due to the imprisonment of emotionally disturbed memories" (p. 86). The manner in which behavior therapists vigorously rejected psychoanalysis and defined their own approach in stark contrast would be repeated again and again throughout the twentieth century as new psychotherapies emerged.

Humanism and Humanistic Psychotherapy

After the rise of psychoanalysis and behaviorism, the third force in psychology and psychotherapy came in the form of humanistic and existential approaches. Humanism criticized psychoanalysis for its dark and pessimistic view of human nature and criticized behaviorism for its mechanistic description of human nature. In 1942, Carl Rogers contrasted traditional psychoanalysis with a new emerging psychotherapy based on a fundamentally different viewpoint. Instead of relying on intellectual interpretation based on the assumption that the counselor knows best, Rogers described a newer approach with a different goal. First, the aim was to "assist the individual to grow" relying heavily "on the individual drive toward growth, health, and adjustment" (Rogers, 1942, p. 28–29). Second, "this newer therapy places greater stress upon the emotional elements, the feeling aspects of the situation, than upon the intellectual aspects" (p. 29). Third, "this newer therapy places greater stress upon the immediate situation than upon the individual's past" (p. 29). Fourth, Rogers's "approach lays stress upon the therapeutic relationship itself as a growth experience" (p. 30). Almost a decade later, Rogers (1951) named his approach *Client-Centered Therapy* and based it on the hypothesis that "the individual has a sufficient capacity to deal constructively with all those aspects of his life which can potentially come into conscious awareness" (p. 24).

Similar calls for change came from other humanists and existentialists like Perls, May, and Maslow. Fritz Perls (1947) criticized psychoanalysis for treating psychological phenomenon as if they existed in isolation and suggested the need for a more holistic, organismic view of human functioning. In contrast to psychoanalysis, Perls's *Gestalt Therapy* emphasized "concentrating on the structure of the actual situation; preserving the integrity of the actuality by finding the intrinsic relation of socio-cultural, animal, and physical factors; experimenting; [and] promoting the creative power of the patient to reintegrate the dissociated parts" (Perls, Hefferline & Goodman, 1951, p. 236). Rollo May

(1961) emphasized the existential imperative of using psychotherapy to create an authentic encounter with an existing person and focused on the "reality of the immediate experience in the present moment" (p. 15). Abraham Maslow (1968) made the case for organizing humanistic psychology around the human tendency toward growth and self-actualization: "a pressure toward unity of personality, toward spontaneous expressiveness, toward full individuality and identity, toward seeing truth rather than being blind, toward being creative, [and] toward being good" (p. 155). All of these humanistic and existential approaches shared a common value on the direct phenomenological experience of the client and the need for an authentic therapeutic relationship.

Contrasting Theories as a Challenge for Integration

Because of the contrasting views of human nature and contradictory assumptions about behavior, many psychotherapists concluded that psychoanalysis, behaviorism, and humanism were theoretically incompatible. As late as 1992, Arnold Lazarus was warning psychotherapists that "one cannot be too cautious about the dangers of combining elements from two or more theories. Close scrutiny will show that many theoretical positions that appear to be interchangeable are actually irreconcilable, intrinsically incompatible, if not antithetical" (p. 233). Although Lazarus was an early advocate for combining techniques from different sources, he believed the underlying theories could not be reconciled. The conclusion that psychotherapy theories are incompatible led to bitter debates about which view of human nature was accurate and which form of psychotherapy was most effective. For several decades, students of psychotherapy were encouraged to compare theories and choose a single theoretical orientation rather than integrate ideas from different approaches. A partial resolution to the problem of incompatible theoretical assumptions appeared in the way that psychodynamic, behavioral, and humanistic theories evolved over time to become less contradictory. This movement toward compatibility will be described as the second phase of psychotherapy's history.

Phase Two: Evolution Away from Extremes

During the second half of the twentieth century, the three dominant theories all evolved into forms that were less contradictory and more complementary. This process of evolution accounts for the next three theoretical movements described in this chapter: (4) Psychodynamic psychotherapy evolved into interpersonal psychotherapy; (5) Behavioral psychotherapy led to cognitive psychotherapy; and (6) Humanistic psychotherapy evolved into experiential psychotherapy. All three of these theoretical movements represented evolution away from extremes. Interpersonal and cognitive psychotherapy described human actions in a less deterministic manner than their theoretical

predecessors. Cognitive psychotherapists recognized the influence of internal thought processes more than behaviorism's rigid emphasis on the external environment. Interpersonal psychotherapists recognized the importance of ongoing human interactions more than psychoanalysis' strict focus on internal drives and unconscious motivations. Experiential psychotherapy came to focus on human emotions and phenomenology apart from its earlier relationship with humanism as a philosophical movement. This evolution occurred, in part, because the three original theories influenced one another and psychotherapy theories developed in ways that took other ideas into account. As a result, interpersonal, cognitive, and experiential psychotherapies were less contradictory than the theories from which they evolved. This evolution away from extremes is visually depicted in Figure 1.2. Each of these three evolutionary movements will be described next. As a result of this theoretical evolution, many psychotherapists began using an eclectic mix of ideas and strategies from more than one theory.

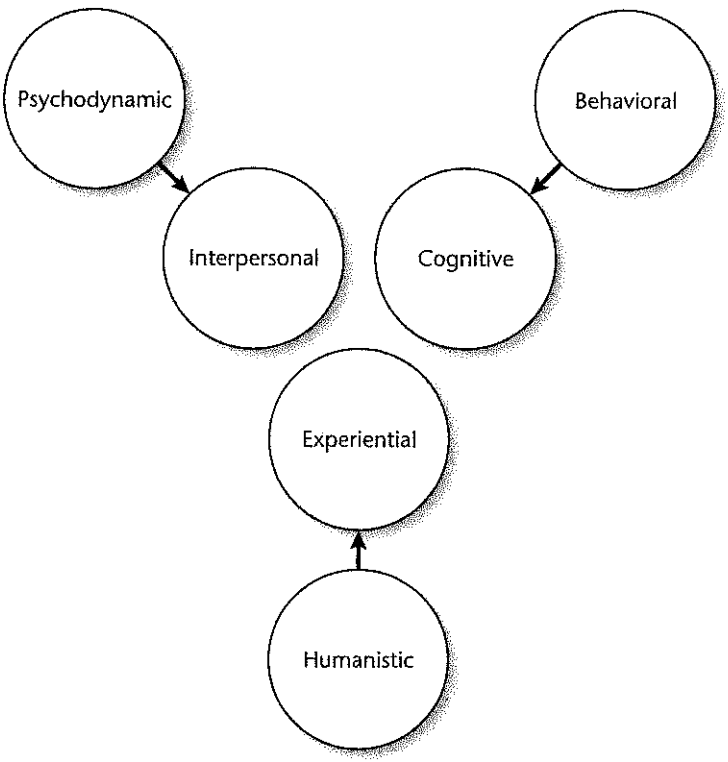


FIGURE 1.2 Phase two of the history of psychotherapy included evolution away from extremes.
Figure conceived by Charles A. Waehler. Used with permission.

From Psychodynamic to Interpersonal Psychotherapy

During the middle of the twentieth century, a group of psychodynamic theorists began to develop an interpersonal theory that diverged from psychoanalysis in important ways. Interpersonal psychotherapy is described here as the fourth movement in the history of psychotherapy. Harry Stack Sullivan (1953, 1964) moved away from Freud's emphasis on biological drives and began to emphasize cultural and relational dynamics (Karon & Widener, 1995). Sullivan focused on attempts to manage anxiety in relationships and described interpersonal strategies to minimize anxiety, to avoid disapproval, and to maintain self-esteem (Teyber, 2000). Karen Horney (1966, 1970) also developed an interpersonal approach that described interpersonal coping styles that individuals develop in childhood when their developmental needs are blocked.

The evolution from psychoanalysis to an interpersonal approach can be seen as a reaction to both behaviorism and humanism. Behaviorists criticized psychoanalysis' reliance on unconscious drives and unobservable internal events. Humanists criticized psychoanalysis' dark and pessimistic view of human nature. In response, interpersonal psychotherapy put more emphasis on observable human relationships and presented a more optimistic view of human nature. These emphases can continue to be seen in the work of contemporary interpersonal psychotherapists like Donald Kiesler (Anchin & Kiesler, 1982; Kiesler, 1996); Gerald Klerman and Myrna Weissman (Klerman, Weissman, Rounsaville & Chevron, 1984; Weissman, Markowitz & Klerman, 2000); and Edward Teyber (2000). The influence of interpersonal psychotherapy is also evident in contemporary descriptions of relational psychodynamic psychotherapy by writers like Hans Strupp and Jeffrey Binder (1984), Lester Luborsky (1984), and Howard Book (1998). As suggested by Figure 1.2, a focus on interpersonal patterns is more compatible with the cognitive emphasis on conscious thoughts and the experiential emphasis on human emotions. Some integrationists, like Paul Wachtel (Wachtel & McKinney, 1992), have concluded that it is easier to integrate ideas and strategies from relational psychodynamic approaches with other psychotherapy theories, compared to traditional drive/structural models. As part of a multitheoretical framework, psychodynamic-interpersonal psychotherapy urges therapists to appreciate the complexity of the human psyche and the power of intimate relationships.

From Behavioral to Cognitive Psychotherapy

The fifth theoretical movement described here represented a shift away from describing human behavior in strictly environmental terms toward recognizing the role of cognition as a mediating variable between environment and behavior. Cognitive approaches embraced conscious thought processes as a useful focus for psychotherapy. Albert Ellis (1962) proposed his model of

Rational-Emotive Behavior Therapy based on his criticism of both psychoanalysis and behaviorism. Although Ellis was originally trained as an analyst, he became dissatisfied with the psychoanalytic emphasis on insight: "I began to see that insight alone was not likely to lead an individual to overcome his deep seated fears and hostilities; he *also* needed a large degree of fear- and hostility-combating *action*" (Ellis, 1962, p. 10). Ellis rejected behavioral theories based on animal models because of his fundamental observation that animals fear real danger whereas people are often afraid of things they imagine to be dangerous or are socially defined as undesirable. Ellis (1962) concluded that most emotional disturbances are based on irrational ideas like "it is a dire necessity for an adult human being to be loved or approved by virtually every significant other person in his community" (p. 61) and "one should be thoroughly competent, adequate, and achieving in all possible respects if one is to consider oneself worthwhile" (p. 63). Ellis's approach to psychotherapy emphasized the need to directly dispute these irrational beliefs.

A few years later, Aaron T. Beck (1967) reviewed the literature on depression and criticized psychoanalytic theories that emphasized the role of repressed hostility or oral fixation in depression. Beck concluded that depression was more often related to cognitive patterns in which an individual views the world, oneself, and the future negatively. When viewing the world, a depressed "patient consistently interprets his interactions with his environment as representing defeat, deprivation, or disagreement" (A. T. Beck, 1967, p. 255). Beck believed that depressed affect was a consequence of the way a person views oneself or the environment. Therefore, Beck's model of *Cognitive Therapy* stressed the importance of identifying negative perceptions, testing them empirically, and revising them based on evidence. Cognitive models were later integrated with behavioral methods (Meichenbaum, 1977, 1995) and by the beginning of the twenty-first century, cognitive-behavioral therapy had become the most widely practiced combination of theories in the United States (Norcross, Karpiak & Lister, 2004). One factor that led to the success of *Cognitive Therapy* was that it was the first psychotherapy theory to be published in the form of a treatment manual for a specific disorder that could be used in research to demonstrate its efficacy in randomized clinical trials (A. T. Beck, Rush, Shaw & Emery, 1979).

Although *Cognitive Therapy* was originally proposed as an alternative to both psychoanalysis and behavior therapy (A. T. Beck, 1976), many observers recognized the close link between cognitive and behavioral theories because of their shared emphasis on direct attempts to change the way clients function. Hayes (2004) described cognitive and cognitive-behavioral approaches as part of the second generation of behavior therapy. Mahoney (1995) pointed out that these developments were part of a broader cognitive revolution that was occurring in psychology and other sciences. The evolution of

cognitive psychotherapy can be seen as a move away from a strict behavioral focus on the environment, placing greater emphasis on internal events that were more compatible with other theories. The cognitive goal of identifying automatic thoughts can be seen as a revision of the psychoanalytic goal of making the unconscious conscious. Because cognitive psychotherapy recognized the impact of thoughts on feelings and the role of relationships in shaping beliefs, this can be seen as movement toward experiential and interpersonal domains as depicted in Figure 1.2. Within an integrative approach, behavioral and cognitive psychotherapy encourage counselors to stay grounded in what can be observed but to remember that actions are shaped by thoughts that cannot be seen.

From Humanism to Experiential Psychotherapy

The evolution of experiential psychotherapy, independent from humanistic and existential philosophy, is described in this chapter as the sixth theoretical movement in the history of psychotherapy. Humanistic psychotherapy became an important part of the human potential movement that was popular in the late 1960s and 1970s but faded during the 1980s. In order for the ideas of *Client-Centered Therapy* and *Gestalt Therapy* to continue to have an influence, they would have to be defined in a different manner. Within this context, experiential psychotherapy can be seen as an evolution from earlier forms of humanistic and existential psychotherapy. Contemporary models of experiential psychotherapy retain humanism and existentialism's phenomenological focus on direct human experience as well as an overt focus on human emotions. Many psychotherapists now use "experiential psychotherapy" as an umbrella term that encompasses the earlier humanistic and existential approaches, including *Client-Centered Therapy* and *Gestalt Therapy*. Gendlin (1973) provided an early description: "Experiential psychotherapy works with immediate concreteness. One's sense of immediate experiencing is not emotion, words, muscle movements, but a direct feel of the complexity of situations and difficulties" (p. 317). One of the most influential contemporary experiential psychotherapists is Leslie Greenberg (2002) who has described *Emotion-Focused Therapy* as a way to help clients work through difficult feelings, discover adaptive emotions, and develop emotional intelligence.

Like the development of interpersonal and cognitive psychotherapies, the evolution from humanistic to experiential psychotherapy can be seen as a reaction to other theories. Humanism was criticized for being naively optimistic about human nature and dismissive of both internal and external constraints. In response, experiential psychotherapy emphasized free will less than humanism and focused more on human phenomenology and emotions rather than abstract ideals of growth or actualization. As a result, experiential

psychotherapy can be seen as more compatible with other theories, as depicted in Figure 1.2. The experiential focus on feelings can be described as interacting closely with conscious thoughts that occur within the context of interpersonal relationships. As part of a multitheoretical framework, experiential-humanistic psychotherapy reminds therapists that feelings are an essential part of human experience and that phenomenological exploration is an important goal of the therapeutic relationship.

Phase Three: Complexity Arising from Diverse Theories

During the second half of the twentieth century, four new theoretical movements arose that added complexity to the theoretical landscape: (7) Family Therapy and Systemic Psychotherapy; (8) Multicultural Counseling and Feminist Therapy; (9) Biopsychosocial Psychotherapy and Health Psychology; and (10) Constructivist Psychotherapy. It is important to note that some of these theoretical movements were developing at the same time that the first three theories were evolving. Therefore, the distinction made here between phase two (evolution) and phase three (complexity) is conceptual rather than chronological. The addition of these four movements to the theoretical landscape of psychotherapy is depicted in Figure 1.3.

Family Therapy and Systemic Psychotherapy

The seventh movement identified in MTP's account of history recognized that an individual's behavior cannot be understood outside its social context. Family therapists like Virginia Satir (1964) pointed out that when one family member is in pain, the entire family is affected. Family therapy was based on the observation that "the family behaves as if it were a unit" (Satir, 1964, p. 1) and the conclusion that "family therapy must be oriented to the family as a whole" (p. 2). Jay Haley (1971) highlighted the growing recognition that family therapy represented a fundamental shift from the traditional focus on the individual: "The focus of family treatment was no longer on changing individual's perception, his affect, or his behavior, but on changing the structure of a family and the sequences of behavior among a group of intimates" (p. 4). Salvador Minuchin (1974) suggested that the traditional focus on individual therapy is like "using a magnifying glass" and focusing only on details, whereas a family therapist "can be compared to a technician with a zoom lens. He can zoom in for a close-up whenever he wishes to study the intrapsychic field, but he can also observe with a broader focus" (p. 3). Over time, psychotherapists working with individuals also have recognized the importance of attending to the family context and the way a client's construction of meaning is shaped by social systems. As a result, systemic psychotherapy can be seen as an important way of understanding how individuals have been shaped by their experiences in families and can be applied

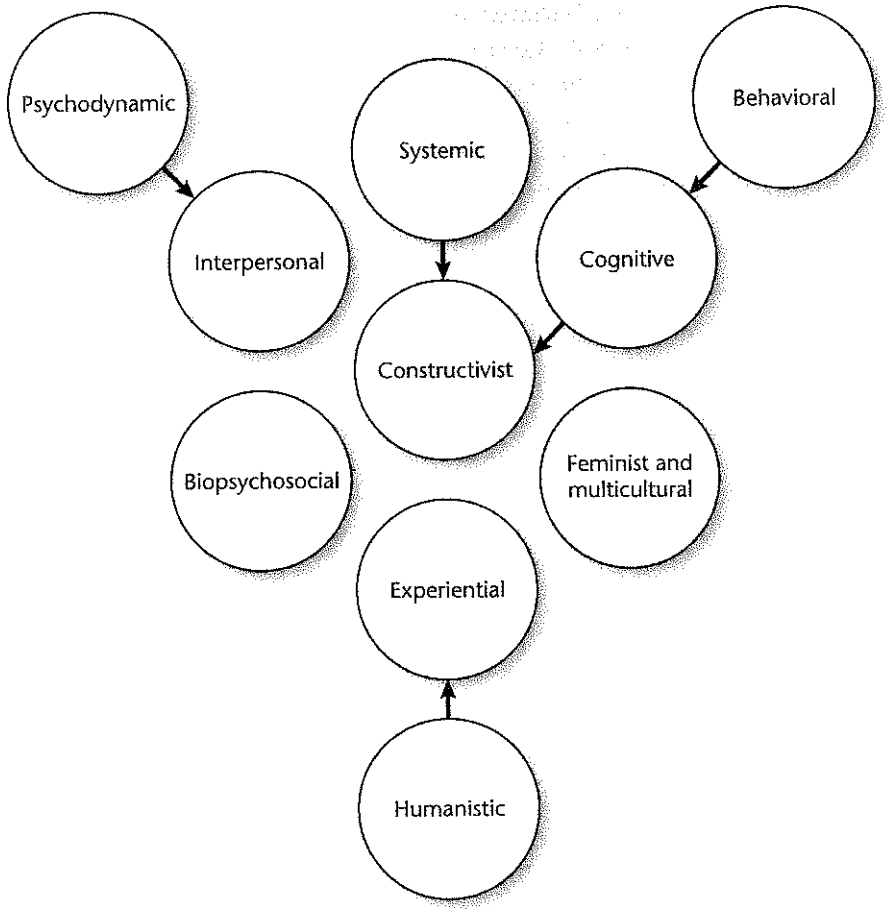


FIGURE 1.3 Phase three of the history of psychotherapy resulted in increasing theoretical complexity.
Figure conceived by Charles A. Waehler and Jeff E. Brooks-Harris. Used with permission.

to individual psychotherapy (e.g., Allen, 1993). Systemic psychotherapy can be seen as related to theoretical approaches already described. Family systems and other social groups shape dyadic relationships that represent the focus of psychodynamic and interpersonal theories. Social systems have a direct impact on thoughts, actions, and feelings that represent the emphases of cognitive, behavioral, and experiential approaches. As part of an integrative approach, systemic psychotherapy emphasizes the way individual experience is shaped by families and other social groups.

Feminist and Multicultural Psychotherapy

The eighth historic movement to influence psychotherapy came from feminist therapists and multicultural counselors who concluded that traditional

psychotherapy was not meeting the needs of women or minority group members. Many historians of psychotherapy trace the origin of feminist therapy to Betty Friedan's (1963) book, *The Feminine Mystique,* which described the way that women often exhibited psychological problems as a result of overlearning traditional feminine gender roles. In the book *Women and Madness,* Phyllis Chesler (1972) pointed out that traditional psychotherapy may silence women by ignoring the realities of sexual abuse, domestic violence, sexual harassment, and other forms of sexism. Feminist therapists concluded that male psychotherapists "may have an emotional investment in encouraging women to continue in traditional male-servicing roles" (Williams, 1976, p. 3). Feminists were also critical of Freud's restrictive views on women and the focus on intrapsychic conflicts that might inhibit women's motivation for societal and interpersonal change. Feminist therapy was based on, "a recognition of the harmful effects of the sexist society in which we live" (Butler, 1985, p. 33). Feminist therapists were encouraged to "explore with clients the inherent contradictions in the prescribed roles for women," "support women in an exploration of their inner resources," "develop new techniques compatible with the underlying philosophy of feminist therapy," and "work on demystifying the power relationship inherent in any therapeutic relationship" (Butler, 1985, p. 33–35).

Multicultural counselors came to the similar conclusion that "counseling has failed to serve the needs of minorities, and in some cases, proven counterproductive to their well-being" (Atkinson, Morten & Sue, 1979, p. 11). This conclusion was based on the observation that "minorities are diagnosed differently and receive 'less preferred' treatment than do majority clients" (Atkinson, Morten & Sue, 1979, p. 11). The traditional counseling role did not serve minorities because of its overreliance on an intrapsychic model, the development of approaches by and for white, middle-class individuals, as well as barriers to communication and value systems differences between counselors and clients (Atkinson, Morten & Sue, 1979). Since the 1970s, the multicultural counseling movement has continued to grow and has succeeded in helping the broader field "recognize that the theories, techniques, strategies, and interventions taught and used by counselors have been inadequate for working with [minority group members]" (Jackson, 1995). The result is a growing shift to a pluralistic perspective that encourages counselors to question the validity of traditional theories and strategies, and to be creative and flexible in developing new perspectives and interventions that may be more appropriate for clients from culturally diverse or traditionally underserved groups. Because gender roles are such a salient part of culture, many psychotherapists have come to think of feminist therapy as one part of the broader multicultural movement. As a result of the multicultural movement, psychotherapists increasingly recognize "that all people are multicultural beings, that all

interactions are cross-cultural, and that all of our life experiences are perceived and shaped from within our own cultural perspective" (American Psychological Association, 2003, p. 382). The multicultural movement reminds psychotherapists to recognize that cultural contexts have a direct and pervasive impact on all other dimensions of human life. Cultural values are primarily communicated through families and other social groups (the focus of systemic psychotherapy) and shape the way relationships are experienced (emphasized in interpersonal psychotherapy). Culture also has a direct impact on an individual's thoughts, actions, and feelings (the focus of cognitive, behavioral, and experiential theories).

Biopsychosocial Approaches and Health Psychology

The ninth theoretical movement described in this chapter recognizes the connection between mind and body and the relationship between physical and psychological health. During the twentieth century, many psychotherapists tried to ignore biology. Although there were notable exceptions (e.g., Reich, 1951; Lowen, 1975; Lazarus, 1981), most models of psychotherapy have overlooked the physical body in which the mind resides. A biopsychosocial model was first proposed by George Engel (1977) as a medical model that would "take into account the patient, the social context in which he lives, and the complementary system devised by society to deal with the disruptive effects of illness" (p. 132). The biopsychosocial model was proposed as a way to resolve the growing gap between psychiatry and other fields of medicine. Engel (1977) suggested that a biopsychosocial model would benefit all fields of medicine because, "the boundaries between health and disease, between well and sick . . . are diffused by cultural, social, and psychological considerations" (p. 132). Although Engel was encouraging medicine to attend to psychological and sociocultural variables, the model was quickly embraced by health psychologists and medical social workers as a way to urge social scientists to attend to biological phenomena. With the emergence of a biopsychosocial perspective, improvements in psychiatry, and advances in the neurosciences, psychotherapists are more aware of biological factors now than at any time in the past. The increased recognition of biology as a focal dimension in therapy has been described in this way: "The psychobiology of psychotherapy and behavior change is one expression of the present scientific revolution attempting to integrate theories of mind and brain, behavior and body" (Schwartz, 1978, p. 64). One of the most important advances in the biopsychosocial perspective is the emergence of health psychology as a distinct specialty. Health psychology represents the application of psychology to the promotion and maintenance of health and the prevention and treatment of illness (Matarazzo, 1982). Although health psychology and psychotherapy may be considered

distinct fields, there is a discernable trend toward recognizing biology as an important component in psychotherapy. As part of a multitheoretical framework, the biopsychosocial approach highlights the close, reciprocal connection between body and mind.

Constructivist Psychotherapy

Within MTP's account of history, constructivist psychotherapy represents the tenth and most recent addition to the theoretical landscape. As depicted in Figure 1.3, constructivist psychotherapy has roots in both systemic and cognitive psychotherapy. Some constructivist approaches have grown out of the family therapy tradition and focus on the social construction of meaning. Constructivist approaches that have a close connection to family therapy include both narrative therapy (White & Epston, 1990) and solution-focused therapy (de Shazer, 1985; Berg & Miller, 1992; Cade & O'Hanlon, 1993). The family therapy focus on external social systems and the constructivist focus on internal construction of social meaning can be seen as complementary halves of a systemic approach to psychotherapy. Irene Goldenberg and Herbert Goldenberg (2000) described the link between constructivist and systemic approaches in this way: "The view of reality each of us constructs is mediated through language and is socially determined through our relationships with others and with the culture's shared set of assumptions" (p. 385).

Other constructivist approaches can be seen as developments within the cognitive therapy tradition. Many cognitive constructivists, like Robert Neimeyer (1995b) and Michael Mahoney (1995), trace their origins back to George Kelly's *The Psychology of Personal Constructs*. Kelly (1977) stressed that people always play an active role in organizing what they perceive and constructing what they know. From a cognitive-constructivist perspective, psychotherapy can be seen as a form of personal science in which clients formulate and revise personal hypotheses (Neimeyer, 1995b). Constructivism reminds integrative psychotherapists of the importance of focusing on the phenomenological experience and the active search for meaning that is an essential part of psychotherapy.

Theoretical Complexity as a Challenge for Integration

By the beginning of the twenty-first century, the large number of divergent theories and the sheer complexity of ideas about how to promote psychological change has created a new challenge for integrative psychotherapists. Figure 1.3 provides a summary of the contemporary theoretical landscape. Many readers may find this figure visually overwhelming because it is difficult to think about ten theories at once. The true complexity of competing psychotherapy theories is even more intimidating than this figure suggests.

For example, Raymond Corsini (2000) compiled a list of 250 different theoretical approaches in his *Handbook of Innovative Psychotherapy*. Obviously, it is impossible to integrate this many theories in a meaningful manner. Therefore, any attempt to combine multifaceted ideas from diverse sources must balance complexity and simplicity. An overly complex description of integration may be overwhelming and difficult to implement. An overly simplistic integration will, inevitably, leave out important elements.

A MULTITHEORETICAL FRAMEWORK FOR PSYCHOTHERAPY

This book divides psychotherapy into seven major theoretical traditions, outlined in Table 1.1. Although MTP has "cut the pie into seven pieces," this division is not the only method of organizing psychotherapy. This structure is being proposed for heuristic and educational purposes. Hopefully, most readers will find that this framework provides a useful balance between complexity and simplicity. Some readers may disagree with the organizational structure. For example, some might argue that cognitive-behavioral psychotherapy should be seen as a single theory, rather than two different approaches. Others might disagree with the combination of systemic and constructivist theories, concluding that they should each be given separate attention. Some readers might point out that important theories have been left out. In presenting this framework, the author wants to acknowledge his own construction of meaning and invites readers to personally modify the framework to meet their needs as they integrate ideas and strategies in practice. MTP is designed to be an open system that can be adapted or expanded by individual psychotherapists. Practicing psychotherapists can articulate the way other theories fit into this framework, based on their own knowledge and experience. For example, psychotherapists that frequently focus on spiritual or transpersonal issues may want to add this theoretical perspective to their own multitheoretical framework. The chapters in Part Two of this book provide detailed descriptions of conceptualization models and intervention strategies drawn from these seven traditions. After the history of psychotherapy integration is reviewed, MTP will be compared to other integrative approaches.

WHAT IS PSYCHOTHERAPY INTEGRATION?

The divergent theoretical traditions within psychotherapy have frequently resulted in ideological isolation or competitive conflict. Jerold Gold (1993) pointed out that "the major schools of psychotherapy were developed in

TABLE 1.1 A Multitheoretical Framework for Psychotherapy

Theoretical Tradition	
Prominent Theorists	*Conceptual Emphases*
Cognitive Psychotherapy	
Albert Ellis	Thoughts and Beliefs
Aaron T. Beck	Cognitive Perceptions
	Mental Imagery
Behavioral Psychotherapy	
Joseph Wolpe	Actions
Albert Bandura	Conditioned Responses
	Environmental Reinforcement
Experiential-Humanistic Psychotherapy	
Carl Rogers	Feelings
Fritz Perls	Human Phenomenology
Leslie Greenberg	Growth and Self-Actualization
Biopsychosocial Psychotherapy	
George Engel	Biology
J. D. Matarazzo	Mind-Body Awareness
	Health Promotion
Psychodynamic-Interpersonal Psychotherapy	
Sigmund Freud	Interpersonal Patterns
Harry Stack Sullivan	Interpersonal Perceptions
Lester Luborsky	Unconscious Processes
Systemic-Constructivist Psychotherapy	
Jay Haley	Family Systems
Milton Erickson	Social Groups
Michael White	Personal Narratives
Multicultural-Feminist Psychotherapy	
Betty Friedan	Cultural Contexts
Phyllis Chesler	Identity Development
Derald Wing Sue	Gender and Power

situations and at points in the history of mental health services which originally contributed to their isolation from each other." In spite of isolation or pressure toward competition, some psychotherapists have looked at the diverse ideas within the field of psychotherapy and seen complementary approaches and the opportunity for compatibility. The movement

that has sought to embrace ideas from more than one theoretical tradition has become known as psychotherapy integration. Here is a prominent definition:

> Psychotherapy integration is characterized by dissatisfaction with single-school approaches and a concomitant desire to look across school boundaries to see what can be learned from other ways of conducting psychotherapy. The ultimate outcome of doing so is to enhance the efficacy, efficiency, and applicability of psychotherapy. (Norcross, 2005, pp. 3–4)

The movement was originally known as eclectic psychotherapy (e.g., Norcross, 1986) but, in the 1990s, the increasingly preferred term became "psychotherapy integration" (e.g., Norcross & Goldfried, 1992; Stricker & Gold, 1993). A conceptual distinction can be made between eclecticism and integration. Eclecticism involves the technical choice between divergent ideas whereas integration seeks a theoretically based convergence that blends ideas to create something new (Norcross & Newman, 1992; Stricker, 1993). Hollanders (2000) has suggested that "*'eclecticism'* is a process of *selecting out*, with the implication of taking something apart, whereas *'integration'* is the process of *bringing together,* with the implication of making something whole and new" (p. 32). Wachtel (1991) distinguished between the two concepts by suggesting that "eclecticism in practice and integration in aspiration is an accurate description of what most of us in the integrative movement do much of the time" (p. 44). Over time, the distinction between eclecticism and integration has blurred (Hollanders, 2000), and this text will refer to the entire movement as psychotherapy integration and individual approaches that describe efforts in this direction will be described as models of integrative psychotherapy (Stricker, 1993).

A BRIEF HISTORY OF PSYCHOTHERAPY INTEGRATION

Historians of psychotherapy can identify attempts to integrate psychoanalytic ideas with behavioral research dating back to the 1930s (Arkowitz, 1984; Goldfried & Newman, 1992; Gold, 1993; Goldfried, Pachankis & Bell, 2005). Most of these early attempts were not welcomed or embraced by orthodox psychoanalysts. Psychotherapy integration as we know it now was shaped in the second half of the twentieth century. One of the first popular attempts to understand psychoanalysis using learning theory was Dollard and Miller's (1950) *Personality and Psychotherapy*. Jerome Frank's (1961) *Persuasion and Healing* was the first influential book to look at common factors that recognized the similar mechanisms of change underlying many forms of emotional and cultural healing across cultures, including

psychotherapy, religious healings, and shamanism. Arnold Lazarus coined the term "technical eclecticism" in 1967 and published *Multimodal Behavior Therapy* in 1976. Lazarus rejected the narrow emphasis of behavior therapy and proposed a more comprehensive and systematic assessment of seven modalities to guide psychotherapy. In 1977, Paul Wachtel published *Psychoanalysis and Behavior Therapy: Toward an Integration* representing "the most comprehensive and successful attempt to integrate behavioral and psychodynamic approaches" (Arkowitz, 1992, p. 267). Wachtel's (1987) model of *Cyclical Psychodynamics* was designed to foster psychodynamic insight and behavioral action. This work represented an early example of theoretical synthesis. In 1979, James Prochaska published *Systems of Psychotherapy: A Transtheoretical Analysis* that concluded by suggesting that a transtheoretical orientation could be developed encompassing the relative emphases and strengths of diverse approaches to psychotherapy. The *Transtheoretical Approach* represented the first attempt to create a broad multitheoretical framework. These pioneering efforts form the foundation for understanding different routes to integration that will be delineated later in this chapter.

The Society for the Exploration of Psychotherapy Integration was formed in 1983 and began publishing the *Journal of Psychotherapy Integration* in 1991. In the United States, four important handbooks have been published summarizing the progress of the psychotherapy integration movement (Norcross, 1986; Norcross & Goldfried, 1992, 2005; Stricker & Gold, 1993) and similar efforts were published in England (Dryden, 1992; Palmer & Woolfe, 2000). During the last two decades, dozens of books, chapters, and articles have been published describing individual approaches to integrative psychotherapy. Research has begun to measure the effects of integrative models of psychotherapy compared to models based on a single theory. All of these signs point to a growing recognition of the need for a pluralistic approach to psychotherapy and suggest that the psychotherapy integration movement is continuing to mature. A more comprehensive history of psychotherapy integration is provided in chapters written by Arkowitz (1992), Hollanders (2000), and Goldfried, Pachankis, and Bell (2005).

Throughout the integration movement, the chief argument supporting integration has been the opportunity to choose interventions from a wide array of psychotherapeutic strategies depending upon the unique needs of an individual client. In the past, barriers to integration have included investment in single theories, inadequate training in more than one system, and the concern that different theories of psychotherapy are based on contradictory assumptions (Norcross & Newman, 1992). At the end of the twentieth century, three noteworthy trends could be seen. Two of these trends are supportive of the move toward integration, and one presents a new challenge.

First, increasing numbers of practicing psychotherapists describe themselves as eclectic or integrative. Survey research has shown that an eclectic or integrative orientation is the most common theoretical orientation for psychotherapists across several fields (Norcross, Karg & Prochaska, 1997; Norcross, Strausser & Missar, 1988). Even psychotherapists who identify themselves with a single theoretical orientation often do not follow that orientation rigidly and often incorporate ideas or techniques from other approaches (Goldfried, 1980).

A second trend supporting integration is the shift in the dominant cultural philosophy from modernism to post-modernism. The modern search for definitive answers and unified theories has given way to post-modern acceptance of the social construction of reality. "The essence of post-modernism is a decline in the belief of purist approaches to understanding physical, biological and social phenomenon.... Where once there was a belief in purist solutions, now there is only doubt and a resort to a more flexible and pragmatic approach to understanding the world in which we live" (Palmer & Woolfe, 2000, p. xv). When applied to psychotherapy, post-modernism results in pluralism in which no theory is seen as preeminent. Pluralism recognizes the value of diverse theories of psychotherapy because the search for truth is seen as benefiting from competition between multiple theories and research that supports or disputes them (Safran & Messer, 1997).

The third notable trend presents a new challenge for the field of psychotherapy integration. Psychotherapy research has begun to emphasize the need for large-scale studies using randomized clinical trials and standardized treatment manuals. These research studies insist that psychotherapists adhere strictly to treatment protocols. Although this type of research allows statistical comparison of different forms of psychotherapies, it does not replicate the flexible, individualized approach that most experienced psychotherapists use in clinical practice (Yalom, 2002). There has been a move by many insurance companies to only reimburse psychotherapists who use approaches that have been empirically supported by this type of research. Because cognitive-behavioral approaches were the first to be manualized (e.g., A. T. Beck et al., 1979) and to embrace these research paradigms, they were the first to be recognized as empirically valid (e.g., Dobson, 1989). Unfortunately, some people have incorrectly concluded that a lack of empirical support for some models of psychotherapy indicates invalidity. The trend toward research based on randomized clinical trials and treatment manuals presents a new challenge for the integration movement because it is more difficult to manualize and test the efficacy of flexible, integrative forms of psychotherapy. The need to describe integrative psychotherapy in a manner that can be empirically tested and to conduct research is one of the most important challenges for the psychotherapy integration movement in the twenty-first century.

DIVERSE ROUTES TO INTEGRATION

In the early 1990s, most methods of psychotherapy integration could be categorized within one of three general routes: (1) *Common Factors,* (2) *Technical Eclecticism,* and (3) *Theoretical Integration* (Norcross & Newman, 1992; Gold, 1996). Since then, *Assimilative Integration* has been recognized as a fourth prominent route to integration (Messer, 1992, 2001; Norcross, 2005). Although the recognition of four primary routes to integration is useful as a heuristic, it does not provide a comprehensive survey of the field. In this chapter, a total of eight categories are used to describe established or emerging models. Table 1.2 provides a summary of the definitions of these

TABLE 1.2 Eight Routes to Psychotherapy Integration

Route	*Description*
Common Factors	The common factors route emphasizes the active ingredients that all forms of psychotherapy share, including the therapeutic relationship, a conceptual scheme, and active procedures.
Technical Eclecticism	Technical eclecticism uses techniques from different approaches without subscribing to underlying theories. There is an attempt to identify which interventions work best for particular clients.
Theoretical Synthesis	Theoretical synthesis combines two or more theories into a more complex treatment. Synthesis involves reconciling underlying theoretical assumptions as well as combining techniques.
Multitheoretical Framework	A multitheoretical framework describes the relationship between several theories based on their relative emphases. Frameworks help therapists understand when to utilize a particular approach.
Assimilative Integration	Assimilative integration favors a firm grounding in a single system of psychotherapy and then incorporates techniques from different theories within the preferred orientation.
Thematic Models	Thematic models integrate ideas and strategies from different psychotherapy theories organized around a common theme like development or narratives.
Helping Skills	Helping skills models use basic helping skills to identify interventions associated with different psychotherapy theories. These models focus on discrete skills used in clinical practice.
Personal Integration	Personal integration encourages individual psychotherapists to define their own belief system and clinical theory in order to develop a personalized strategy for integrative practice.

routes. Each of these general routes to integration will be briefly described and representative examples will be identified next.

Common Factors

The first route to integration is *common factors* and emphasizes the characteristics that all forms of psychotherapy share:

> The common factors approach seeks to determine the core ingredients that different therapies share in common, with the eventual goal of creating more parsimonious and efficacious treatments based on those commonalities. This search is predicated on the belief that commonalities are more important in accounting for therapy outcome than the unique factors that differentiate among them. (Norcross, 2005, p. 9)

The advantage of focusing on common factors is the emphasis on therapeutic actions that have been demonstrated to be effective. The emphasis on common factors, like reinforcement or the therapeutic relationship, provides a firm foundation that may support and complement more specific interventions. The disadvantage of the common factors approach is that it may not encourage the specificity to meet unique circumstances and to effect change on specific dimensions offered by many theoretical approaches. The common factors approach has been characterized as a "logical compromise but restricted view" (Lampropoulos, 2001, p. 7). Two common factors models will be introduced next and their relationship to MTP will be described.

Jerome Frank

The first widely recognized model describing common factors that underlie diverse approaches to psychotherapy was published in Jerome Frank's (1961; Frank & Frank, 1991) classic book, *Persuasion and Healing*. Frank explored cross-cultural approaches to healing including shamanism and religious conversion and emphasized the importance of four common factors: (1) "An emotionally charged, confiding relationship with a helping person;" (2) "A healing setting;" (3) "A rationale, conceptual scheme, or myth that provides a plausible explanation for the patient's symptoms;" and (4) "A ritual or procedure that requires the active participation of both patient and therapist and that is believed by both to be the means of restoring the patient's health" (Frank & Frank, 1991, p. 40–43). Frank concluded that the active ingredients in psychotherapy were not unique or new but had been used by healers around the world for many centuries. In the last decade, research has been used to demonstrate support for Frank's assertion that common factors play an essential role in psychotherapy outcome.

Sol Garfield

Sol Garfield (1995) drew upon his experience as a psychotherapist and researcher to identify 13 common therapeutic variables: (1) The therapist-client relationship; (2) Interpretation, insight, and understanding; (3) Cognitive modifications; (4) Catharsis, emotional expression, and release; (5) Reinforcement; (6) Desensitization; (7) Relaxation; (8) Information; (9) Reassurance and support; (10) Expectancies; (11) Exposure and confronting a problem; (12) Time; and (13) Placebo responses. Garfield used these therapeutic variables to demonstrate that although different approaches to psychotherapy use distinct theories and techniques, they often tap into the same, underlying therapeutic variables.

Research Supporting Common Factors

Bruce Wampold (2001) used meta-analytic research to demonstrate that psychotherapy outcome research supports a contextual model based on common factors rather than a medical model based on the specific ingredients contained in a given treatment. He demonstrated empirical support for the efficacy of the therapeutic alliance and showed how research on allegiance to a treatment approach also supported a contextual model. Similarly, Hubble, Duncan, and Miller (1999) compiled research that demonstrated support for common factors related to the client's role in extra-therapeutic change, the therapeutic relationship, and expectancies for change.

Common Factors and Multitheoretical Psychotherapy

MTP does not emphasize common factors but does describe specific ways to enact them. Frank suggested that "therapists should select for each patient the therapy that accords, or can be brought to accord, with the patient's personal characteristics and view of the problem" (Frank & Frank, 1991, p. xv). Similarly, Miller, Duncan, and Hubble (2005) concluded that the therapeutic alliance can be strengthened if a psychotherapist adopts the client's theory of change: "the client's frame of reference regarding the presenting problem, its causes, and potential remedies" (p. 87). In order to choose an approach to psychotherapy that is consistent with the client's theory of change, MTP describes a method of integrative treatment planning that encourages therapists to work collaboratively with clients to identify dimensions of functioning that appear to be related to the presenting concern (see Chapter Three). The identification of focal dimensions is used to guide multitheoretical conceptualization and the selection of intervention strategies. Integrative treatment planning results in the enactment of two common factors. First, Frank concluded that the success of psychotherapy was dependent upon the choice of a rationale or conceptual scheme that explains client symptoms (Frank & Frank, 1991). MTP describes seven different conceptualization models as well as methods for choosing those that match clients' perceptions of their own problems. Second, Frank suggested that both therapist and client should

believe that the procedures used in psychotherapy will restore the client's health (Frank & Frank, 1991). Part Two of this book describes almost 100 different interventions as well as markers that explain when a particular strategy will be most useful. Integrative treatment planning and multitheoretical conceptualization are expected to result in the selection of interventions that both client and therapist can actively embrace and that fit the client's theory of change. MTP provides a structured method of training to enact Frank's recommendation that "therapists should seek to learn as many approaches as they find congenial and convincing" (Frank & Frank, 1991, p. xv). As a result of understanding several different theories and building a broad repertoire of skills, psychotherapists are better prepared to select conceptual schemes and therapeutic procedures that match client personal theories regarding problems, causes, and remedies (Miller, Duncan and Hubble, 2005).

Technical Eclecticism

The second route to integration is *technical eclecticism,* which involves using techniques from diverse sources without addressing differences in underlying theories:

> Technical eclectics seek to improve our ability to select the best treatment for the person and the problem. This search is guided primarily by data on what has worked best for others in the past with similar problems and similar characteristics. Eclecticism focuses on predicting for whom interventions will work: the foundation is actuarial rather than theoretical. (Norcross, 2005, p. 8)

Methods of technical eclecticism suggest ways of deciding which techniques to use with particular clients based on an assessment of relevant variables. The advantage of technical eclecticism is that it encourages the use of diverse strategies without being hindered by theoretical differences. The disadvantage is that there may not be a clear conceptual framework for making decisions and seeing how different approaches fit together. When techniques are removed from their theoretical context, they may lose some of their original flavor. Technical eclecticism has been characterized as "the pragmatic and adaptive but incomplete view" (Lampropoulos, 2001, p. 7). Three examples of technical eclecticism will be introduced next and each will be compared to MTP.

Multimodal Therapy

The oldest and most well-known model of technical eclectic psychotherapy is Lazarus's *Multimodal Therapy*. Lazarus (1976) originally described his method as "Multimodal Behavior Therapy" and described it as a technically eclectic, pragmatic approach that endorses scientific empiricism and logical positivism. *Multimodal Therapy* begins with a thorough assessment of seven modalities: behavior, affect, sensation, imagery, cognition, interpersonal

relationships, and drugs/biology (BASIC I.D. is used as a mnemonic). Lazarus (2000) assumed that these seven modalities comprise human temperament and personality. Multimodal Therapy represents an ongoing attempt to adapt therapy to the individual needs of the client. "The form, style, and cadence of therapy are fitted, whenever possible, to each client's perceived requirements. The basic question is, *Who or what is best for this particular individual?*" (Lazarus, 2000, p. 342). Lazarus (2000) suggested that *Multimodal Therapy* can be adapted to the individual client by choosing techniques based on mechanisms of change corresponding to relevant modalities: (1) Psychotherapeutic mechanisms related to *behavior* include extinction, counterconditioning, reinforcement, and punishment. (2) Working with *affect* may involve abreaction as well as owning and accepting feelings. (3) *Sensations* can be responsive to tension release and sensory pleasuring. (4) Mechanisms related to *imagery* include changes in self-image and coping images. (5) *Cognitive* restructuring is the main mechanism that is applied to the cognitive modality. (6) *Interpersonal* mechanisms include modeling, dispersing unhealthy collusions, paradoxical maneuvers, and nonjudgmental acceptance. (7) Interventions related to *drugs/biology* include psychotropic medication as well as implementation of better exercise and nutrition or substance abuse cessation.

Systematic Treatment Selection

Larry Beutler's model of *Systematic Treatment Selection* (Beutler & Clarkin, 1990; Beutler & Harwood, 2000; Beutler, Consoli & Lane, 2005) helps psychotherapists make informed decisions about how to adapt the focus of treatment to fit specific client characteristics. *Systematic Treatment Selection* uses research-based conclusions to describe principles of treatment and to identify the best interventions for particular clients. Clients are assessed on variables including coping style, resistance level, and emotional arousal. Therapists choose a treatment focus and specific strategies that are consistent with these client characteristics. For example, for clients with an externalizing coping style, Beutler and Harwood (2000) recommended psychotherapy strategies that focus on symptoms or skill-building such as stress inoculation, structured problem solving, imagery techniques, identifying and correcting dysfunctional thought patterns, homework assignments, relaxation training, thought substitution, and social support. In contrast, clients with an internalizing coping style benefit most from insight and awareness using strategies like identifying interpersonal themes, role-playing, directed fantasy, and following patient affect (Beutler & Harwood, 2000).

Customizing the Therapy Relationship

John Norcross's approach to integration focuses on customizing the therapeutic relationship based on the needs of individual clients (Norcross, 1994, 2002). Unlike eclectic models that focus on psychotherapy techniques,

Norcross highlights the way therapeutic relationships can be modified. For example, a psychotherapist can be responsive to client expectations that they create a relationship that is warm or cold, passive or active, formal or informal (Lazarus, 1991). Similarly, during different stages of change, counselors might fulfill the roles of nurturing parent, Socratic teacher, experienced coach, or consultant (Prochaska & Norcross, 1999). Norcross (2003) and his colleagues reviewed the research literature to document the evidence related to the importance of therapeutic relationship factors like the alliance, empathy, and goal consensus and collaboration. They described ways that the therapeutic relationship can be customized based on client characteristics including resistance, coping style, expectations, and attachment style. One of the most important implications of Norcross's description of customizing the therapy relationship is that integrative psychotherapists should attend to the relationship stances they choose and not just to the strategies they utilize.

Technical Eclecticism and Multitheoretical Psychotherapy

MTP shares specific features with each of these models of technical eclecticism. Like Lazarus's *Multimodal Therapy,* MTP also encourages psychotherapists to attend to the interaction of several different dimensions of human functioning. In the next chapter, this emphasis will be described as the principle of *multidimensional integration*. An important difference, however, is that MTP also embraces the pluralistic principle of *multitheoretical integration,* whereas *Multimodal Therapy* does not. Other integrationists have criticized Lazarus's exclusive reliance on cognitive-behavioral theory (Gold, 1996; Prochaska & Norcross, 1999). Like these theoretical integrationists, MTP embraces pluralism and recognizes the value of diverse theories that provide complementary perspectives on human functioning. Like Beutler's *Systematic Treatment Selection,* MTP also encourages the use of strategies from different theoretical approaches based on specific client characteristics. In Chapter Two, this practice will be described as the pragmatic principle of *strategy-based integration*. Like Norcross's description of customizing the therapy relationship, MTP recognizes that the therapeutic relationship is the foundation on which psychotherapy techniques rest. MTP refers to this emphasis as the principle of *relational integration* and recognizes that different theories have identified distinct types of relationships that an integrative psychotherapist can utilize based on the needs of individual clients (see Chapter 2).

Theoretical Synthesis

The third route to integration commonly recognized in the literature is *theoretical integration*:

> In this form of synthesis, two or more therapies are integrated in the hope that the result will be better than the constituent therapies

> alone. As the name implies, there is an emphasis on integrating the underlying theories of psychotherapy ("theory smushing") along with the integration of therapy techniques from each ("technique melding"). (Norcross, 2005, p. 8)

Norcross (2005) goes on to recognize that some integrative models focus on combining a small number of theories at a deep level, whereas others meld most of the major systems of psychotherapy. MTP refers to models that attempt to combine two or three psychotherapy approaches at the theoretical level as models of *theoretical synthesis*. Models that describe a broader structure for understanding the relationship between theories are described here as *multitheoretical frameworks*. Using Norcross's (2005) colloquial language, theoretical synthesis may involve more "theory smushing," whereas multitheoretical frameworks may result in more "technique melding." The advantage of theoretical integration is that it represents a sophisticated attempt to explain how different theories fit together in complementary fashion. The disadvantage is the difficulty of reconciling the underlying assumptions within different theories. Because of this challenge, most attempts at theoretical synthesis involve combining only two or three theories. Theoretical integration has been characterized as "the ideal, optimistic, but utopian view" (Lampropoulos, 2001, p. 6). Three prominent theoretical synthesis models will be introduced and then will be described as examples of multitheoretical combinations.

Cyclical Psychodynamics

The most prominent example of theoretical synthesis is Paul Wachtel's (1977, 1987, 1997) model of *Cyclical Psychodynamics* that integrates psychodynamic, behavioral, and family systems theories. Starting from a psychodynamic foundation, Wachtel incorporated behavioral ideas to address limitations that he saw in traditional psychoanalysis. Whereas others had seen these two theories as incompatible, Wachtel saw them as complementary because "psychodynamic theorists have given greater weight to what might be called the 'inside-out' direction of causality, and behavioral theorists to the 'outside-in.'" (Wachtel, Kruk & McKinney, 2005, p. 178). Cyclical psychodynamics depends upon psychodynamic insight and behavioral action to recognize and change vicious cycles that are often shaped by early experiences but maintained by current behavior.

Cognitive Analytic Therapy

Another prominent example of theoretical synthesis is Anthony Ryle's (1990, 2005) model of *Cognitive Analytic Therapy,* integrating ideas from psychoanalytic object-relations theory and cognitive psychotherapy. This approach is based on a written or diagrammatic reformulation that describes clients' difficulties and how patterns of thoughts and behaviors maintain current

problems. This reformulation represents a cognitive description of relational patterns and describes target problems that often include maladaptive patterns called *traps, dilemmas,* and *snags*. The reformulation is used as an ongoing reference point to help clients recognize and modify problematic patterns. In addition to the central role of the reformulation, CAT also uses cognitive-behavioral methods as well as examining the therapy relationship in order to understand the way clients enact reciprocal role patterns (Ryle, 2005).

Contact-in-Relationship

Richard Erskine and Janet Moursand (Erskine & Moursand, 1988; Erskine, Moursand & Trautman, 1999) organized their integrative approach around the theme of *Contact-in-Relationship* and synthesized ideas from client-centered therapy, gestalt therapy, self psychology, transactional analysis, and object relations. In describing the function of the therapeutic relationship, they integrate diverse concepts including empathy, contact, needs, fixed gestalt, and the role of attachment in the development of human relationships. *Contact-in-Relationship* is characterized by a combination of *inquiry* into the client's awareness, *attunement* to the client's experience, and *involvement* in the therapeutic relationship (Erskine, Moursand & Trautman, 1999). This type of therapeutic relationship is used to resolve past traumatic experiences that interfere with developing contact in current relationships.

Theoretical Synthesis and Multitheoretical Psychotherapy

MTP does not attempt to synthesize theories at this level but does describe the relative emphasis of different theoretical approaches. However, MTP recognizes that many models of theoretical synthesis enact the pluralistic principle of *multitheoretical integration* by focusing on the interaction between two or three focal dimensions (see Table 2.3). In this context, Wachtel's *Cyclical Psychodynamics* could be described as a multitheoretical combination, focusing on the interaction between interpersonal patterns, actions, and social systems. Similarly, Ryle's *Cognitive Analytic Therapy* can be seen as a multitheoretical synthesis, focusing on the way thoughts interact with interpersonal patterns. Finally, Erskine and Moursand's *Contact-in-Relationship* can be described as a multitheoretical combination focusing on the interaction between feelings and interpersonal patterns.

Multitheoretical Frameworks

A multitheoretical framework provides a road map describing the relative emphasis or efficacy of several systems of psychotherapy. There may not be an attempt to provide synthesis at a deep theoretical level, but there is an effort to "bring some order to the chaotic diversity in the field of psychotherapy" and to "preserve the valuable insights of major systems of psychotherapy"

(Prochaska & DiClemente, 2005, p. 148). Two examples of multitheoretical frameworks will be introduced and compared to MTP.

The Transtheoretical Approach

The most prominent model describing a multitheoretical framework is Prochaska and DiClemente's *Transtheoretical Approach*. This model focuses on the way people change inside or outside of psychotherapy and is organized around five stages of change, ten processes of change, and five levels of change (Prochaska & DiClemente, 1984, 2005; Prochaska & Norcross, 1999). First, it is assumed that change occurs through five basic stages: (1) Precontemplation, (2) Contemplation, (3) Preparation, (4) Action, and (5) Maintenance (these stages are described in more detail in Chapter Five as part of Strategy BHV-6). Second, the *Transtheoretical Approach* describes ten processes of change that are used across different theories of psychotherapy: (1) Consciousness Raising, (2) Dramatic Relief, (3) Environmental Reevaluation, (4) Self-Reevaluation, (5) Social Reevaluation, (6) Self-Liberation, (7) Contingency Management, (8) Counterconditioning, (9) Stimulus Control, and (10) A Helping Relationship (Prochaska & DiClemente, 1984, 2005). Third, a hierarchical organization of five levels of change is described: (1) Symptom/Situational Problems; (2) Maladaptive Cognitions; (3) Current Interpersonal Conflicts; (4) Family Systems Conflicts; and (5) Intrapersonal Conflicts (Prochaska & DiClemente, 1984, 2005).

One of the key assumptions of the *Transtheoretical Approach* is that different systems of psychotherapy are complementary and that different theories tend to target different stages and levels of change. Prochaska and DiClemente (2005) used the five stages of change and five levels of change to create a two-dimensional matrix that can be used to organize 15 leading systems of change and illustrate their relative emphases. For example, at the symptoms/situational level, motivational interviewing is located at the precontemplation stage, and behavior therapy and exposure are located at the action stage. At the level of intrapersonal conflicts, psychoanalysis is suggested for the precontemplation stage, existential therapy is appropriate during contemplation, and gestalt therapy is suggested for the preparation stage. The *Transtheoretical Approach* is best-known for its emphasis on encouraging an active and enduring process of change.

Integrative Problem-Centered Therapy

William Pinsof (1995, 2005) described a framework for integrating different psychotherapy contexts and orientations. First, three contexts for intervention are described: (1) Family/Community, (2) Couple, and (3) Individual. Pinsof (2005) also described six orientations: (1) Behavioral, (2) Biobehavioral, (3) Experiential, (4) Family of Origin, (5) Psychodynamic, and

(6) Self-Psychology. Contexts and orientations are combined to form a 3 × 6 matrix that guides *Integrative Problem-Centered Therapy*. Contexts and orientations are deployed sequentially, starting with the family/community context but proceeding to the couple and individual context if the initial focus on the family context is not effective. Similarly, intervention "moves from the Behavioral through the Biobehavioral, Experiential, Family of Origin, and Psychodynamic orientations, to the Self-psychological" (Pinsof, 2005, p. 393). If behavioral or biobehavioral interventions are not effective, the therapist can move on to use other orientations. These sequences represent movement from the interpersonal to the individual context and from the here-and-now to the historically linked orientations. Pinsof's model provides a framework for selecting among different types of interventions based on the success or failure of initial interventions. One of the key strengths of *Integrative Problem-Centered Therapy* is its systemic orientation that encourages intervening within different patient systems.

Multitheoretical Frameworks and Multitheoretical Psychotherapy

Like Prochaska and DiClemente's (1984, 2005) *Transtheoretical Approach* and Pinsof's (1995, 2005) *Integrative Problem-Centered Therapy*, MTP provides a framework describing how different psychotherapy systems fit together. All three frameworks illustrate the pluralistic principle of *multitheoretical integration* (see Chapter 2) that advocates the informed selection of different theoretical approaches and describes methods for choosing which theories to draw upon. This allows psychotherapists to customize treatment for individual clients rather than applying the same integration every time. Pinsof (2005) emphasized the sequential application of different orientations, and this type of progression is implied by Prochaska and DiClemente (2005), as clients move through different stages of change. In contrast, MTP puts greater emphasis on multitheoretical combinations that encourage counselors to use strategies from more than one theory simultaneously by focusing on the interaction between two or three focal dimensions.

Assimilative Integration

Assimilative integration encourages counselors to identify a preferred theoretical orientation but to experiment with and selectively incorporate ideas and techniques from other approaches. Stanley Messer (1992) defined assimilative integration in this way:

> This mode of integration favors a firm grounding in any one system of psychotherapy, but with a willingness to incorporate or assimilate, in a considered fashion, perspectives or practices from other schools. (p. 151)

Assimilation has been described as a way to bridge technical eclecticism and theoretical integration because it offers some of the flexibility of an eclectic approach and some of the theoretical grounding that is sought by theoretical integration (Lampropoulos, 2001).

To borrow a metaphor from attachment theory, an allegiance to one traditional theory may provide a "secure base" from which an integrative psychotherapist can explore new theoretical terrain. Assimilative integration acknowledges that most psychotherapists select a theoretical orientation that serves as their foundation but, with experience, incorporate ideas and strategies from other sources into their practice. Two formal models of assimilative integration will be introduced next. MTP will then be proposed as a way to encourage assimilation among psychotherapists who have already identified a preferred orientation.

Assimilative Psychodynamic Psychotherapy

George Stricker and Jerry Gold (2005) proposed an assimilative model based on relational psychoanalytic therapy but selectively incorporating more active interventions drawn from cognitive, behavioral, experiential, and systemic approaches. This approach is organized around a three-tiered model of psychological functioning: (1) Behavior and interpersonal relatedness; (2) Cognition, perception, and emotion; and (3) Psychodynamic conflict, self-representations, and object representation. Psychotherapists are encouraged to look for links between these tiers and to be aware that interventions aimed at one tier may impact other levels of functioning: "When employing an intervention that is meant to change thinking, emotional processing, or behavior, we do so with two purposes: to change the targeted psychological issue and at the same time to intervene in the significant psychodynamic sphere that is connected to that sphere" (Stricker & Gold, 2005, p. 223). One of the key strengths of *Assimilative Psychodynamic Psychotherapy* is the way therapists are encouraged to shift between an immediate focus on symptoms and a more extended, exploratory focus on personality.

Cognitive-Behavioral Assimilative Integration

Louis Castonguay and his colleagues (Castonguay, Newman, Borkovec, Holtforth & Maramba, 2005) have articulated an assimilative model based on *Cognitive-Behavioral Therapy* (CBT), incorporating techniques designed to facilitate interpersonal functioning and emotional deepening. *Cognitive-Behavioral Assimilative Integration* has been influenced by Jeremy Safran (1998; Safran & Segal, 1990) who expanded cognitive therapy by incorporating an interpersonal focus on the therapeutic relationship and an experiential emphasis to describe the role of emotion. Viewed from a CBT perspective, an interpersonal focus on the therapeutic relationship provides an opportunity for clients to receive feedback about their actions and to understand the

cause-and-effect links between the environment, cognitive and emotional processing, and consequences of interpersonal behavior. From a behavioral perspective, emotional deepening can be seen as an exposure method that helps clients overcome a cognitive avoidance of affect. One of the unique features of *Cognitive-Behavioral Assimilative Integration* is that the different therapies are not blended but applied sequentially. Clients receive a fifty-minute segment of CBT, followed immediately by a fifty-minute segment of interpersonal/emotional processing (Castonguay et al., 2005).

Assimilative Integration and Multitheoretical Psychotherapy

Although MTP does not rest on a single theoretical foundation, the multitheoretical framework and catalog of key strategies described in this book can be used to guide assimilative integration. MTP tries to recognize the value of all theories and, rather than emphasizing one, seeks to provide a structure to help psychotherapists integrate diverse approaches in practice. Psychotherapists who have identified a preferred theoretical orientation but are pursuing an assimilative form of integration can use MTP as a guide to expand their conceptual understanding and acquire a repertoire of skills from diverse theories. For example, counselors with a foundation in cognitive and behavioral psychotherapy may wish to use the experiential and psychodynamic conceptualization models to help them consider the role of feelings or interpersonal patterns. Similarly, the same cognitive-behavioral therapists might experiment with systemic and multicultural strategies when clients' thoughts and actions are shaped by social and cultural contexts.

Thematic Models

Several models of integration are organized around central themes like development, narratives, conversations, relationships, or problems. For example, Allen Ivey's (1986, 1993; Ivey, Ivey, Meyers & Sweeney, 2004) *Developmental Counseling and Therapy* presented an integrative model organized around the theme of development. Four therapeutic styles were identified that corresponded to Piaget's stages of development: environmental structuring for the sensory-motor stage, coaching for concrete operations, consulting for formal operations, and dialectics to help clients integrate different stages of development. Based on an assessment of a client's stage of development, a counselor would choose interventions that corresponded to that stage of development. For example, if a client was at the formal operations stage, a developmental therapist would play the role of a consultant, focus on thoughts and feelings about oneself, and might use cognitive-behavioral interventions.

Jerold Gold (1996) suggested a meta-integration of psychotherapy organized around the theme of personal narratives clients use to tell the stories of their lives. Gold used narratives to integrate the roles of the therapeutic

relationship, insight, experience, and action. Within this view, the therapeutic relationship is the vehicle for talking about the narrative, insight is used to explain why things happen in the story, emotional experience provides the musical soundtrack, and active interventions are used to change existing narratives. Other integrative approaches organized around a common theme include Martin and Margison's (2000) Conversational Model, Murphy and Gilbert's (2000) Systemic Integrative Relational Model, Paul and Pelham's (2000) Relational Approach, and Palmer and Neenan's (2000) Problem-Focused Therapy. MTP does not clearly fit the definition of a thematic model. However, if a theme were to be identified, *multidimensional adaptation* might be seen as a common idea that links the diverse theoretical approaches described in this book (see Chapter 3).

Helping Skills

Some methods of basic helping skills training have evolved into integrative models for psychotherapy. For example, Jenkins (2000) described Egan's (1998) *Skilled Helper* model as "an active, collaborative and integrative approach to client problem management" because "it shares some characteristics of the cognitive-behavioral school and is firmly grounded in the core conditions of the person-centered approach" (Jenkins, 2000, p. 163). Egan (1998) described a three-stage model that involves first, exploring the client's current scenario; second, imagining the possibility of a preferred scenario; and, third, planning and implementing action strategies leading to valued outcomes. Egan's model identifies problem management and a bias toward action as key goals: "Another metagoal is to help clients become more effective 'agents' in life—doers rather than mere reactors, preventers rather than fixers, initiators rather than followers" (Egan, 1998, p. 254).

An integrative framework is even more explicit in Clara Hill's (2004) *Helping Skills* model. This model describes three stages of the helping process that are based on different theoretical foundations. The first stage of helping is exploration, based on Rogers's client-centered theory and emphasizing skills like attending, listening, and reflection of feelings. The second stage is insight, based on psychoanalytic theory and utilizing skills including challenge, interpretation, and immediacy. The third stage in the helping process is action, based on cognitive-behavioral theory and emphasizing skills like giving information and direct guidance. The evolution of helping skills training methods into integrative models represents a major step forward in the training of integrative psychotherapists. Instead of waiting until pure forms of therapy have been acquired, an integrative framework can now be introduced during the first year of graduate training. Hill's (2004) explicit link between the skills used in different stages of the helping process and major theories is exemplary in this regard.

MTP goes beyond basic helping skills to identify more advanced skills drawn from different theories. However, MTP's catalog of key strategies represents an extension of the microskills method developed by Ivey (1971; Ivey & Authier, 1978) and extended by other writers like Egan (1998) and Hill (2004). Ivey and Ivey (2003) described the microskills approach in this way: "Microskills are communication skill units of the interview that will help you interact more intentionally with a client. They will provide specific alternatives for you to use with different types of clients" (p. 15). MTP's catalog of key strategies fulfills the same purpose as Ivey's microskills at a greater level of complexity. This link between MTP and microskills training will be further elaborated in the section on *strategy-based integration* in Chapter Two and the section on key strategies training in Chapter Twelve.

Personal Integration

The idea of personal integration is based on Skovholt and Ronnestad's (1995) observation that psychotherapists tend to develop their own individualized and integrated conceptual systems and intervention styles as a natural part of professional evolution over the life span. Ian Horton (2000) defined personal integration in this way: "Four constituent elements have been identified: personal belief system, formal theory, clinical theory and therapeutic operations. . . . A personal integration may be developed in one or more of these elements or levels" (Horton, 2000, p. 317). These elements can guide psychotherapists as they examine their personal philosophy and clarify their views on human development to define a personal integration that provides a framework for intervention and facilitates the use of skills and strategies from different theories. Horton (2000) concluded his chapter with principles for developing a personal integration that encourage gradual development, thoughtful reflection, and consistency.

Gerald Corey's (2001a, 2001b) book and video on *The Art of Integrative Counseling* represented a popular example of personal integration. Rather than proposing a formal structure for integration, Corey described the way he works with clients in cognitive, emotive, and behavioral ways based on an existential philosophy and an appreciation for Gestalt therapy and psychodrama. He encouraged readers to develop their own consistent, personal integrative approach based on selecting a primary theory closest to their own basic beliefs. As psychotherapists develop professionally, they were encouraged to remain open to using techniques from many different theories. The description of personal integration as a legitimate route reminds psychotherapists that any approach that is chosen becomes personal when it is enacted in the context of a relationship with another individual. From this point of view, psychotherapy is always an expression of personal integration.

MTP proposes a formal approach to psychotherapy integration and suggests specific methods for practice. Therefore, it cannot be considered just a model of personal integration. However, MTP recognizes that integrative practice is likely to remain a personal effort based on psychotherapists' preferences and personalities. Within the context of personal integration, this book may serve as a useful road map as counselors explore new territory and experiment with new conceptual tools.

Where Does MTP Fit?

Although this chapter has described the relationship between MTP and eight different routes to integration, MTP most clearly meets the definition of a multitheoretical framework, melding most of the major systems of psychotherapy like the *Transtheoretical Approach* or *Integrative Problem-Centered Therapy*. MTP highlights the relative emphasis of different theories and describes a method for deciding how to choose and combine ideas and strategies from different approaches. MTP also shares characteristics with helping skills models, like those developed by Ivey and Ivey (2003) or Hill (2004), that promote integration by identifying key strategies drawn from different theories that can be combined in practice.

MTP also includes some elements of technical eclecticism but does not meet all of Norcross's (2005) definition (quoted earlier in this chapter). Along with methods of technical eclecticism like *Multimodal Therapy* or *Systematic Treatment Selection*, MTP is designed to help psychotherapists select the best treatment for an individual client and uses skills drawn from different theoretical approaches. However, MTP does not meet the technical standard that selection of interventions should be based on research data on what has worked for others in the past with similar problems or characteristics. At this point in its development, MTP is derived theoretically rather than empirically. MTP also differs from some models of technical eclecticism because the key strategies identified in Part Two of this book are described within the context of the original theories that led to their development.

Although Norcross (2005) drew a distinction between technical eclecticism and theoretical integration, Hollanders (2000) suggested that a middle ground exists between integration and eclecticism:

> To some degree a blurring of the boundary between eclecticism and integrationism is almost inevitable since the two concepts are bound to merge at some point. In practice, the eclectic has to find some way of *putting together* the parts that have been selected out and, similarly, the integrationist must first *select out* the elements to be blended together into a new whole. (p. 33)

MTP clearly fits in this middle ground between eclecticism and integration that includes "varying degrees of combinations of theories and techniques" (Hollanders, 2000, p. 34). In conclusion, it may be most accurate to think of MTP as an approach that integrates a multitheoretical framework, technical eclecticism, and advanced helping skills.

CHAPTER SUMMARY

This chapter began by defining psychotherapy as a method of applying theories to the treatment of problems related to people's thoughts, actions, or feelings. The history of psychotherapy was reviewed by organizing ten historic movements into three phases of history. The first phase of history resulted in the emergence of three dominant and contrasting theories. (1) Psychoanalysis described the way human behavior was controlled by unconscious drives and described psychotherapy as a way to reveal the unconscious, resulting in insight. (2) Behaviorism presented a more mechanistic view in which behavior was controlled by environmental stimuli and patterns of reinforcement. (3) Humanism described people as capable of free will and full of the potential for growth and self-actualization.

The second phase of psychotherapy's history involved evolution away from extremes and resulted in three movements that were less contradictory than their predecessors. (4) Interpersonal psychotherapy evolved from psychoanalysis but attended to relational patterns and interpersonal perceptions rather than the unconscious. (5) Cognitive psychotherapy developed out of behaviorism but focused on thoughts and cognitive processing more than simple stimulus-response patterns. (6) Experiential psychotherapy shared an emphasis on phenomenology with humanism but was less philosophical and more grounded in carefully understanding people's feelings.

The third phase of the history of psychotherapy resulted in theoretical complexity as four new movements emerged. (7) Systemic psychotherapy insisted that individuals could not be understood in isolation and attended to complex social interactions. (8) Multicultural-feminist psychotherapy challenged the biases of a predominantly white male profession and sought to improve treatment for minorities and women by focusing on cultural contexts that shape human experience. (9) Biopsychosocial psychotherapy recognized the interaction between mind and body and developed psychological interventions to improve biological health and prevent disease. (10) Constructivist psychotherapy recognized that people actively organize social reality and that these narratives can help or hinder psychological well-being. A multitheoretical framework was proposed to describe the complementary emphases of different approaches.

The second half of the chapter described the psychotherapy integration movement, highlighting eight routes to integration. (1) Common factors integration emphasizes the characteristics that all forms of psychotherapy share such as a trusting relationship, a conceptual scheme, and the application of active procedures. (2) Technical eclecticism involves using proven techniques from diverse sources without having to subscribe to the underlying theories. (3) Theoretical synthesis involves combining two or more theories and reconciling theoretical differences in order to develop a better, more comprehensive theory. (4) Multitheoretical frameworks describe the way different theories relate to one another and can be used in combination without having to reconcile underlying assumptions of the original theories. (5) Assimilative integration encourages the selection of one foundational theory but allows ideas and strategies from other theories to be incorporated into this foundation. (6) Thematic models organize different psychotherapy strategies using a central theme such as development or narratives. (7) Helping skills models encourage integration by specifying skills from different theories that can be combined in practice. (8) Personal integration recognizes that seasoned psychotherapists tend to develop their own form of integration over time, based on clinical experience. MTP was compared to each of these approaches and was described as a multitheoretical framework that also includes some elements of technical eclecticism and helping skills models.