Introduction: Importance of an Integrative Approach to Child Therapy

Section 1

History of Psychotherapy Integration and Related Research

1

Chapter

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Introduction

Psychotherapy has been a formal discipline in Western cultures for more than 100 years, with roots stretching back to the beginning of human civilization (Ellenberger, 1970; Frank & Frank, 1993). Since the early models of Freud, Adler, and Jung, the field has expanded to more than 400 models (Norcross & Newman, 1992), with models ascending and descending in usage and importance, and with some disappearing altogether while others have continued in forms that would be both familiar and unfamiliar to the model founder(s). This proliferation of models has often confounded practitioners, researchers, and recipients of psychotherapy with the variety of assumptions, terminologies, and applications. In *The Structure of Scientific Revolutions*, Kuhn (1973), building on concepts developed by Polanyi (1964a/1946, 1964b) and others, outlined how scientific inquiry evolves in a kind of ebb-and-flow pattern in a professional scientific community. Kuhn's model can be applied to the history of psychotherapy integration to better understand the issues that have repeatedly arisen through years of dialogue, to better inform current efforts in psychotherapy integration during the first part of the 21st century.

Kuhn (1973) suggested that professional scientific communities are based on accumulated facts and assumptions about the field of inquiry, and over time they create an explanatory model, or *paradigm*, founded on this set of *received beliefs*. For psychotherapy, this model has typically included philosophical assumptions about methods of knowing (epistemology), the psychological components of human nature (philosophy of the mind), identifying the dynamic processes that move humans toward and away from mental health (etiology of health and unhealth), and identifying and encouraging professional practice methods of enhancing mental health (applied ethics). Through reflection and research, new data and experiences (*anomalies*) challenge the older model in a kind of ebb-and-flow pattern, with periods characterized by

creative discovery and advancing those claims as well as conserving existing traditions by defending those claims, punctuated by periods of quiescence.

Applied and theoretical responses to these differences have spawned many years of efforts to resolve the debate, through both research and rhetoric, to either prove a current method right or create a new blend of theory and practice to create a newer right way. Kuhn (1973) has emphasized that in this process, "The problems of paradigm articulation are simultaneously theoretical and experimental" (p. 33). Psychotherapists and psychotherapy researchers have used several major ways to develop these newer right ways: some have opted for an approach built more on challenging the differences and maintaining an existing paradigm, whereas others have opted for an approach built more on identifying and advancing the similarities, which has been the typical approach of psychotherapy integration.

Stricker and Gold (2008) point out that *psychotherapy integration* in some form is a part of every clinical and research process, as part of the learning process of psychotherapists working from a particular model and considering new ideas or techniques for possible incorporation into their existing model. Prochaska and Norcross (2010) describe the motivation of psychotherapy integration to be that of "a spirit of open inquiry and a zest for transtheoretical dialogue" (p. 455). The term *integrative psychotherapy* is more often reserved to refer "to a new and particular form of psychotherapy with a set of theories and clinical practices that synthesizes concepts and methods from two or more schools of psychotherapy" (Stricker & Gold, 2008, p. 390). Since the mid-1970s, integrative psychotherapy has grown into an important branch in the study of psychotherapy, with multiple articles and textbooks written on the topic, as well as a professional society. More recently, integrative psychotherapy has been applied to special populations, including multicultural psychotherapy (Fischer, Jome, & Atkinson, 1998a, 1998b), couples, family, and relational therapy (Feldman & Pinsof, 1982; Pinsof, 1983, 1994, 1995; Sparks & Duncan, 2009), and psychotherapy with children (Gold, 1992; Kelley, Bickman, & Norwood, 2009). A review of the history of psychotherapy integration identifies the issues of epistemology, philosophy of the mind, etiology of health, and professional applied ethics to inform the efforts of psychotherapy integration within the field of play therapy.

The Early Roots of Integrative Psychotherapy

Medical anthropologists (Dow, 1986; Kleinman, 1980, 1988) and historians of psychotherapy (Ellenberger, 1970; Frank and Frank, 1993; Torrey, 1986), begin the history of psychotherapy with the efforts of the earliest humans to understand and heal various maladies of the human condition (Ellenberger, 1970). As Frank and Frank (1993) stated, "psychotherapeutic methods have existed since time immemorial" (p. 1). Studies of both ancient and contemporary folk medicine reveal some striking similarities in the healing traditions of psychotherapy and folk medicine. Kleinman (1988) pointed out that both traditions

include an evolving conceptual system centered on the social and experiential dimensions of sickness and healing, with emphases on the efficacy of the treatments and the meanings given to each dimension. Both traditions are what Kleinman termed Explanatory Models, which provided the etiology, onset, pathophysiology, treatment, and prognosis for classifications of conditions. Both traditions involve symbolic healing, which bridges the personal experience of the suffering person with social support and cultural meanings.

Prochaska and Norcross (2010) point out that psychotherapy integration is likely as old as the earliest dialogues in what would become philosophy and psychology, motivated by the desire to look beyond the obvious and explore the unexplained. To the ancient and contemporary folk practitioners (as well as many contemporary psychotherapists in Eastern traditions), the concept of psychotherapy integration is incorporated into the Explanatory Models of those traditions. The mental and physical are intertwined in a nonlinear system of cause and effect mediated by the social cultural context. There is no either/or, psychological/physical divide, no question of "Is it psychological or physical?" as found in many discussions of Western psychotherapy (Kleinman 1980, 1988). Most Western traditions, under the historical influence of a dualistic view of mental and physical processes, have struggled more with this tension, which has been addressed through intentional pursuits of psychotherapy integration.

It could be said that the three earliest models of Freud, Adler, and Jung were integrative in spirit. All were, to various degrees, building on, reacting to, or extending the theories and techniques from diverse resources in philosophy, psychology, and medicine, into a coherent approach that to the developers made the best explanatory sense of the causes and treatments of mental illness.

Freud built on earlier contributions such as those of Messmer, Puysèger, Charcot, and Janet, incorporating this with his own study and clinical experience in medicine and his interests in culture and evolution (Ellenberger, 1970). Through hosting regular meetings of professionals with similar interests (such as the Vienna Study Group of the early 1900s), he was not only shaped by the views of his contemporaries, such as Adler and Jung, but he also influenced the development of their theories. Along with stimulating a creative process that created an enormous shift in the study of human behavior, these differences and challenges also fueled intense debates that over time solidified psychotherapy models into warring camps of ideology and practice. Kuhn (1973) described the beginnings of scientific revolution and paradigm shift as "the tradition-shattering complements to the tradition-bound activity of normal science" (p. 6).

The emerging assumptions of Freud and his contemporaries challenged the understandings of human behavior in their day, leading to a backlash of paradigm-preserving responses from the established science. Over time, the differences even among the Vienna Group became so great that a series of rifts occurred, with Adler and then Jung parting ways with Freud, with all three advancing their models both through promoting their approaches and challenging the others (Ellenberger, 1970). This pattern of a developing science, outlined by Kuhn (1973), has repeated itself many times in the 100-plus-year history of

psychotherapy, in what Saltzman and Norcross described as *therapy wars*, where efforts are made to prove once and for all the correctness of a particular model (and the incorrectness of others).

The history of psychotherapy integration has had several shifting points so far, beginning with periods of ascendancy of a particular model and the conserving and creative responses to it. Psychoanalysis, founded from the 19th-century foundations of philosophy, science, and medicine, was challenged by Adler, Jung, and others and began a period of ascendancy that would later be challenged by behaviorism, which began to peak in the 1950s. The ascendancy of behaviorism challenged not only the epistemology, psychology of mind, and etiology of health implied in psychoanalysis but also the dominant paradigm by questioning the effectiveness in the lives of people, a significant issue of applied ethics. Efforts of psychotherapy integration, practically stated, answer the basic question of "What therapy to use, when to use it, and to whom should you use it with?" (Ivey, 1980).

First Efforts at Psychotherapy Integration

As a documented professional effort, psychotherapy integration began in 1930, with the publishing of a paper by Ischolonsky of Germany that drew parallels between Pavlovian conditioning and psychoanalysis (Arkowitz, 1984). French (1933) extended those parallels with his own comparison, which was presented at a meeting of the American Psychiatric Association and then published with mixed reviews from all sides (Arkowitz, 1984). Three years later, Rosenzweig (1936) published a paper, "Some Implicit Common Factors in Diverse Methods of Psychotherapy," and in 1940 presented the paper at a professional conference hosted by the American Orthopsychiatric Association on commonalities of different psychotherapies. His initial description of common factors was predictive of what would later be identified in common factors research many years later (Duncan, 2009). Rosenzweig (1936) also suggested that "the yet undefined effect of the personality of the good therapist" (p. 425) was also a key factor in successful psychotherapy. His contributions were significant in the development of the field, but they were not well documented until more recently (Duncan, 2009). It should be noted that one of the other presenters was Rogers, who two years later referenced the conference and Rosenzweig in his first book, *Counseling and Psychotherapy* (Rogers, 1942), and later collaborated with Rosenzweig in other endeavors. Most of these early efforts at integration aimed at synthesizing ideas from psychoanalysis, and over time these efforts converged into what would become trends toward eclectic and integrated models.

Since the 1930s, efforts have been made to identify similarities among the two psychotherapy models of the time, behaviorism/learning theory and psychoanalysis, such as Sears' (1944) examination of the role of reinforcement of the therapeutic relationship. Better known today is Dollard and Miller's (1950) *Personality and Psychotherapy*, a synthesis of psychoanalytic concepts with laboratory-based learning theories of Hull, Tolman, and others. Alexander

and French (1946) reevaluated psychoanalytic theory to accommodate the use of more behavior-based active interventions by the therapist, giving a more directive role to the therapist and a more prescriptive function in guiding the therapy process. Although the purpose of these interventions was to increase insight in the psychoanalytic sense, the updated model was the first to suggest multiple interactive and therapeutic factors that were summarized in the construct "corrective emotional experience," which has found wide application in several psychotherapy approaches. Alexander continued this line of inquiry with additional study on the role of the therapist's approval and affection as reinforcers of the therapeutic relationship and better therapy outcome (Gold & Stricker, 2006; Stricker & Gold, 2008; Wampold, 2001).

Psychotherapy Integration and the Call for Accountability

With the ascendancy of behaviorism and learning theory in the late 1940s, the publishing of Eysenck's (1952) critique of the effectiveness of psychotherapy (more specifically psychoanalysis) was a crisis of accountability for psychoanalysis, which proved to be a significant catalyst to research and rhetoric on all sides of the issue, including those defending the still-young field of psychotherapy and those asking fundamental questions of integrity in the research and delivery of psychotherapy of all types, which continue to be raised today by psychotherapy researchers (Arkowitz, 1984; Eysenck, 1978; Glass & Kliegl, 1983; Glass & Smith, 1978; Saltzman & Norcross, 1990; Smith & Glass, 1977; Smith, Glass, & Milton, 1980; Wampold, 1997, 2001, 2009).

From the mid-1950s to the early 1970s, discussion of psychotherapy integration was characterized by competing forces as the ascendancy of behaviorism influenced the discussion and was influenced by those in the discussion. Eysenck (1952, 1960, 1978, 1983) contributed to the debate over an extended period, raising both the issues as well as the competitive tone of the discussions (Arkowitz, 1984; Greenberg, 1986; Greenberg & Pinsof, 1986; Wampold, 1997, 2001, 2009). Many new psychotherapy models were proposed, and existing models were revised. Consistent with Kuhn's (1973) understanding of scientific revolution, these changes were greeted both with enthusiasm of new inquiry as well as protection of existing models by adherents. Many psychotherapists, who were weary or confused by the ongoing philosophical debates, adopted more practically based, less theoretically based eclecticism and embraced a wide range of eclectic approaches. Others held firmly to earlier models, often making a rhetorical appeal to the great leader myth of the founder of the approach (Brammer & Shostrom, 1977).

Rogers (1963), in addressing the Sixth Annual Conference of the American Academy of Psychotherapists, related a recent experience of his participation in a clinical presentation of diverse psychotherapy models applied to a particular case. While expecting the diverse group to come together at some point in the experience of what was helpful psychotherapy, he was surprised by the differences reported, as examples of moments in the therapy that he would have

labeled therapeutic were considered by others to be nontherapeutic or even countertherapeutic. In commenting on this experience, he concluded that:

> *Psychotherapy at the present time is in a state of chaos. It is not however a meaningless chaos, but an ocean of confusion, teeming with life, spawning vital new ideas, approaches, procedures, and theories at an incredibly rapid rate. Hence the present is a period in which the most diverse methods are used, and which the most divergent explanations are given for a single event. This situation makes inevitable the development of a new fact-finding attitude—a more objective appraisal of different types of change in personality and behavior, and a more empirical understanding of the subtle subjective conditions which lead to these changes. (p. 15)*

Psychotherapists who were bewildered with the proliferation of models and the conflicting claims of models developed pick-and-choose methods of selecting techniques of various models, with less emphasis on the theoretical consistency of the techniques and more emphasis on clinical utility in a given clinical situation.

A national survey of psychotherapists completed in the 1970s by Larson (1980) found strong support for an informal model of practical eclecticism, with 65% of therapists indicating that they practiced from multiple models, while 62% reported the belief that using a single model was a less effective practice. While supporting the concept of eclecticism, many of these therapists strongly followed the tenets of their primary school allegiance. Larson expressed concern with a professional culture of "dogma eat dogma" (p. 19) that valued loyalty to a model (termed *schoolism* by Larson) over openness to new ones. Ivey (1980) expressed the concern that psychotherapists were being limited into a choice of either being therapeutically exclusive or practicing an undisciplined "lazy eclecticism" (p. 14). Smith (1982) described "a hodgepodge of inconsistent concepts and techniques" (p. 802) that passed as an eclectic model. Patterson (1989b) cautioned that

> *there are as many eclectic approaches as there are eclectic therapists. Each operates out of his or her unique bag of techniques, on the basis of his or her particular training, experiences, and biases, on a case-by-case basis, with no general theory or set of principles as guides. (p. 428)*

This critique of eclecticism led later to more theory-based and research-based prescriptive psychotherapy adaptations, such as Lazarus's (1971, 1976, 2006) Multimodal Therapy model and Beutler's Systematic Prescriptive Psychotherapy (Beutler, Consoli, & Lane, 2005). More in the spirit of Roger's (1963) address, both sides showed increasing interest in a more disciplined way to find more common ground, with London (1972) and Lazarus (1971, 1976, 1977) suggesting an end to ideological loyalty in behaviorism to increase focus on effective treatments, whatever the source. Behaviorists such as Birk (1970) and Brinkley-Birk (Birk & Brinkley-Birk, 1974) proposed an integrated approach

with behavioral, cognitive, and analytic contributions. Psychoanalysts such as Marmor (1971, 1976) noted that psychotherapy could be considered a learning procedure, building a connection between the two models, and suggesting operational factors that are present in all psychotherapeutic models, such as a good therapeutic relationship, the release of tension, cognitive learning, and identification with the therapist. Strupp (1979), in a review of the therapeutic relationship in psychoanalytic and behavior models, observed that they had more in common than different, suggesting that the therapeutic relationship might be a good starting point for integration.

Psychotherapy Integration Moves Beyond Eclecticism

In the late 1970s and through the late 1980s, psychotherapy models proliferated, with Smith (1982) identifying just over 100 in 1982. Early models were promoted with an appeal to the great leader myth to promote the uniqueness and efficacy of those models (Brammer & Shostrom, 1977). Norcross (2005) has studied typical characteristics of eclectic practitioners, with eclectics more often voicing dissatisfaction with the current fragmentation in the field. However, the lack of theoretical basis and lack of treatment decision-making protocols for most eclectic approaches have contributed to eclecticism as having an ambivalent, if not negative, meaning in current thinking. Norcross clarified, though, that eclecticism per se is not the problem, but rather an uncritical and unsystematic approach that he suggests would be more accurately described as *syncretism*.

The publication of Wachtel's (1977) *Psychoanalysis and Behavior Therapy: Toward an Integration* was a pivotal point in the development of psychotherapy integration models, and he is credited with laying the foundation for an approach to integration that unified theory with practice, in response to the concerns for careless forms of nontheoretical eclecticism (Norcross, 2005; Stricker & Gold, 1996). Wachtel proposed a comprehensive model on both the theoretical and clinical levels in a variety of topic areas. By bringing together more recent interpersonal psychoanalytic views with recent behavioral therapies having more cognitive components, a synthesis was possible (Arkowitz, 1984).

Also during the 1970s, several important psychotherapy outcome studies questioned Eysenck's (1952) challenge to the effectiveness of psychotherapy. Bergin (1971), in a review of 23 controlled studies, and Luborsky, Singer, and Luborsky (1975), in a review of 40 controlled studies, concluded that psychotherapy was effective. Smith and Glass (1977) and Smith, Glass, and Milton (1980), using meta-analysis, did an extensive review of 475 controlled studies of psychotherapy, concluding that "psychotherapy is beneficial, consistently so and in many different ways" (p. 183). They went on to state that they "did not expect that the demonstrable benefits of quite different types of psychotherapy would be so little different," calling that finding "the most startling and intriguing finding we came across" (p. 185). They also suggested that further research

should not focus as much on differences in types of therapy but on identifying underlying shared mechanisms of change. Their findings drew an immediate rhetorical response from Eysenck (1978), referring to their work as "an exercise in mega-silliness" (p. 517).

Psychotherapy Integration Evolves Distinct Approaches

The publication of a comprehensive model by Wachtel provided the impetus for the next period of challenge and growth in psychotherapy integration. Formed from a loosely organized professional network of psychotherapy integrationists, the Society for the Exploration of Psychotherapy Integration (SEPI) was begun in 1983 and held its first conference in 1985 (Wolfe, 2001). The *Journal of Psychotherapy Integration* was founded to further develop research into the creation of truly integrative models (Arkowitz, 1991). At the Family Institute of Chicago, Feldman, Pinsof, and others began to formulate an integrative model that included relational therapies (Feldman & Pinsof, 1982; Pinsof, 1983).

New efforts were made to better define the research agenda for studying psychotherapy. In *The Psychotherapeutic Process: A Research Handbook* (Greenberg & Pinsof, 1986), Greenberg (1986) challenged the timing of earlier outcome research that focused on comparing model to model, when the same research was showing that it was not the models affecting outcomes, but some underlying and yet poorly understood factors. Greenberg (1986) stated "it is not that prediction is an unimportant goal but rather that we need rigorous description and explanation to illuminate prediction—to define what it is that leads to positive outcomes in psychotherapy" (p. 711), stating further that a new process research was needed "which actively focuses on providing an understanding of some of the specific mechanisms of change in different psychotherapeutic episodes could begin to help in the search for explanations of the active ingredients in therapeutic change" (p. 713).

Prochaska and DiClemente (1982, 1984) formulated a transtheoretical approach that attempted to describe the process and mechanisms of change shared by various models of psychotherapy, attempting to avoid the divisiveness of earlier model wars and respond to the concerns of what could be a haphazard eclecticism.

Norcross and Newman (1992) identified several reasons that psychotherapy integration has become more popular among a range of psychotherapy researchers and clinicians. With so many therapies (400-plus), it had simply become overwhelming to know which therapies to utilize. The diversity of clients and the consistently mixed results applying models to all people with all problems pointed to the limitations of models that are too narrowly defined in theory and application. Studies in therapeutic outcome had increasingly identified that the commonalities of psychotherapies have a greater effect on clinical outcome than do the unique elements of particular models. Proponents of very different models found themselves working together to address the greater role

that third-party payers and policy makers have taken in evaluating the results of psychotherapy. Clinical training and supervision guided by treatment manuals, along with learning technologies, have allowed for varied methods to reach wider audiences of trainees. In addition to these factors, Gold (1993) suggested that with some models now several generations old, there was less emphasis on the purity of model and loyalty to the founder as had been described by Brammer and Shostrom (1977). As with virtually every aspect of social science research of this time period, the cultural forces of multiculturalism, feminism, and globalism were encouraging more open dialogue about differences and reevaluation of community-held assumptions of race, gender, and class, and possible interactions in psychotherapy.

As integrative models proliferated, several patterns of integration were identified as the most common approaches to psychotherapy integration: technical eclecticism, common factors integration, assimilative integration, and theoretical integration (Gold, 1996, 2006; Gold & Stricker, 2006; Grencavage & Norcross, 1990; Norcross & Goldfried, 2005; Prochaska & Norcross, 2010; Stricker & Gold, 1993, 1996). There is overlap among these approaches, but each has a slightly different emphasis in the linkage between theory and clinical practice and between clinical practice and approaches to outcome research. Norcross (2005) sees the distinctions as "largely semantic and conceptual, not particularly functional in practice" (p. 10).

Technical Eclecticism has been described by Norcross as more "actuarial than theoretical," with the research emphasis placed on predicting for whom particular interventions work well, rather than *why* they work well. Examples of technical eclecticism have included Lazarus's (1971, 1976, 2006) Multimodal Therapy model and Beutler's Systematic Prescriptive Psychotherapy (Beutler, Consoli, & Lane, 2005). Technical eclecticism has made an important contribution to psychotherapy integration by cataloguing the many techniques, both shared and unique, used in the various approaches to psychotherapy. It has been less successful in providing the theory needed to guide research and practice in the processes of psychotherapy.

Common Factors Integration looks at the intermediate level of psychotherapy, identifying clinical strategies and change processes shared by several psychotherapy models, the mechanisms of change. Frank and Frank's (1993) *Persuasion and Healing*, first published in the 1960s, was an early effort at an historical review of these commonalities. Hubble, Duncan, and Miller's (1999) common factors approach, updated by Duncan, Miller, Wampold, and Hubble (2009), greatly extended the research in identifying clinically significant approaches individualized to the experience of each individual and defined by client-defined outcomes. This focus on defining outcome through the lens of the recipient of psychotherapy has been mentioned by both supporters and detractors.

Assimilative Integration has functionally been a very common informal approach to integration, as psychotherapists working from a specific model have selectively introduced and then incorporated elements of other models into their primary working model. Messer (1992), as well as Stricker and Gold (2002), point out that the assimilative approach is derived from both theoretical

integration and technical eclecticism. Therapists maintain a home theory and incorporate techniques from other theoretical orientations, often reinterpreting the meaning of the technique through the lens of the home theory.

Theoretical Integration has been perhaps the most daunting approach to integration, characterized by a comprehensive approach to integrating the theories of pathology and therapy techniques into a unified system. Wachtel's (1977) integration was an important example of this approach, but it was limited in the theories integrated (psychoanalysis and behaviorism/learning theory). Prochaska and DiClemente (1982, 1984) took a more comprehensive approach, developing a theory built on everyday processes of change and problem solving and expanding it to an application to psychotherapy. Stages of change (precontemplation, contemplation, decision, action, and maintenance) with 10 potential change processes in psychotherapy (consciousness raising, self-reevaluation, social reevaluation, self-liberation, social liberation, counter-conditioning, stimulus control, contingency management, dramatic relief, and helping relationship) contributing to a hierarchy of interventions (symptom/situational, maladaptive cognitions, current interpersonal conflicts, family systems conflicts, and intrapersonal conflicts). The Transtheoretical Model of Prochaska and DiClemente has been applied to many clinical issues, and research is ongoing.

Psychotherapy Integration and Evidence-Based Practices

Ivey (1980), when asked to make 20-year predictions in psychotherapy, hoped that by 2000, "The final gasp of 'my theory is better and more perfect than your theory' will be heard" (p. 14). However, sociocultural and economic forces have impacted the movement toward psychotherapy integration and outcome research based on the underlying mechanisms shared by all psychotherapies (Henry, 1998; Mahoney, 2008). Although the emphasis on accountability of evidence-based therapy has been greatly needed, the use of medically based research approaches to outcome has diverted a great deal of attention to a new "therapy war," the battle of therapeutic outcome measurement (Norcross, 2005; Norcross, Beutler, & Levant, 2005; Orlinsky, 2006).

In the late 1990s, Norcross (1997, 2001, 2002, 2005) saw the psychotherapy integration movement as stalled, with "an abundance of awareness but a dearth of action" (Norcross, 1997, p. 86) in updating methods of research and application. He called for more consensus of understanding the concepts of psychotherapy integration, the development of more outcome research, and the updating of training programs to emphasize learning integrative methods.

Psychotherapy Integration Into the Future

Norcross (2005) identified several obstacles that in the future will continue to influence the development of psychotherapy integration models. Despite efforts at rapprochement by many psychotherapists, partisan zealotry continues to

some degree, partly maintained by the challenge that professional reputations and the resulting funding of research are rarely built on commonalities and consensus, but rather on competition. Millon and Grossman (2008) describe the current state of psychotherapy research as "stuck in a babble of conflict and confusion" (p. 362), which seems to hearken back to Rogers' (1963) "state of chaos" (p. 15) comments of a generation ago.

Although much has been done in psychotherapy training to promote theoretical orientation and basic professional skills, training approaches need to be better developed to reflect the process and mechanisms of psychotherapy, with careful attention to incorporating better measures of outcome (Andrews, Norcross, & Halgin, 1992; Norcross & Halgin, 2005; Norcross, 2005). Considering the importance of therapist factors identified in common factor research, one possible method would be to include the incorporation of self of therapist work with studies on integrative psychotherapy. Beitman and Soth (2006) have described the importance of self-observation as a core psychotherapy process, which includes an active scan of one's inner landscape, the ability for introspection, and a clear awareness of one's social and cultural environment. Training methods would need to include methods for incorporating self-observation in all of the dimensions of providing psychotherapy. Goldfried (2001), Norcross (2006), and Wolfe (2001) have all provided first-person accounts of the interrelationship of personal and professional development as clinicians and researchers in psychotherapy integration, providing a resource for how self-observation has worked in their practice.

Further development of psychotherapy integration will need to continue to address the issues of epistemology and philosophy of mind. The contradictory assumptions of human nature, personality development, and the origins of psychopathology remain a roadblock to true integration (Norcross, 2005), much as Patterson (1989a, 1989b) had pointed out more than 15 years earlier. As Orlinsky (2009) stated

> *the epistemological situation in the human sciences is simply more complex than in the physical sciences because participant-observers (and external observers, in a different way) are inherently more extensively involved in constructing the reality they observe. (p. xxiii)*

The resolution may come from a more postmodern perspective on psychotherapy research (Safran & Messer, 1997), reflecting the suggestions of Polanyi (1964a/1946, 1964b) and Kuhn (1973) that even scientists never escape our perspectives, because the acts of observation and synthesis in scientific inquiry are always bound in the perceptual lens of the researcher. In every scientific endeavor, but particularly those studying human behavior, the researcher is forever a participant-observer, and the meanings are always shared meanings. This is consistent with Kelly's (1955, 1963, 2003/1970) Personal Construct Theory, which for many years has challenged the traditional methods of scientific inquiry applied to human behavior. It seems that the field of psychotherapy has not been able to escape the bind inherent in human

investigation, that the desire to know and the incompleteness of knowledge are inescapably entwined.

Norcross (2005) has suggested that one approach to promoting psychotherapy integration would be to work toward common definitions of all of the units of study in the construct of psychotherapy. Perhaps the one consistency in psychotherapy theory and research has been the inconsistency of terminology in both developing theory and in operationalizing those theories into commonly understood units of experience that can be implemented in practice and measured by research. Messer (1987, 1992, 2001, 2008) has expressed support for the intention of the suggestion but believes that it would not be possible to completely define a common language, much less consolidate all of psychotherapy into a unified whole. He asserts that this desire to unify has much more to do with the comfort of the provider of psychotherapy in satisfying an internal desire to make sense of the work through traditional models. Unification has much less to do with the comfort of the recipients of psychotherapy, who typically are looking to make sense of their life rather than a model. Messer, along with Fishman, suggested that this is an opportunity to restore the case study to prominence in psychotherapy research and training, and he termed this a Pragmatic Case Study Method (Fishman, 2001; Fishman & Messer, 2005).

Continued psychotherapy integration researchers will need to remain active participants in the conversations on evidence-based practice (Norcross, Beutler, & Levant, 2005). Some have suggested that a needed corrective would be to consider the issues from a more nonlinear perspective than evidence-based practice, suggesting a meta-theory that is more circular, which would also include the standpoint of practice-based evidence. Theory would be not only the source of research but also a product of research, with research being a source of theory as well as a product. Anchin (2008) suggests that a biopsychosocial systems metatheory might create the bridge for unifying the various approaches. Pinsof and Lebow (2005a, 2005b) proposed a Biopsychosocial Systems Theory (BST), which is built on an interactive constructivism and focuses on the therapeutic unit of the case study in developing theory and research.

Historical debates on the value of psychotherapy included primarily the practitioners and researchers in the field. The modern debate, represented by evidence-based practice research, involves the additional stakeholders of third-party payers, health policy leaders, and consumers of psychotherapy services (Norcross, Beutler, & Levant, 2005). Future discussions of outcome will need to include the concerns of all stakeholders, and respectful conversations will have to be held in language that translates to all participants. Much of the thinking—and much of the funding—on evidence-based practice has come from the medical field, and in doing so has not asked the epistemological question of whether medical model methods of research are best suited for study in human behavior. Wampold (2001) points to more than 30 years of psychotherapy outcome research that from the medical model perspective is deemed inconclusive but likely suggests that a more accurate conclusion is that medical model research is ineffective in measuring psychotherapy outcome.

Duncan, Miller, Wampold, and Hubble (2009) outline ways that psychotherapy outcome research can be developed that better reflects the epistemological assumptions in studying human behavior as opposed to physical processes.

Current writers in psychotherapy integration suggest that psychotherapy integration is moving into a new phase of development that will focus more on unification, as a part of a larger movement aimed at the unification of the clinical sciences (Magnavita, 2008), while others caution that substantial differences exist in epistemology and philosophy of mind to slow the process considerably (Anchin, 2008; Knoblauch, 2008). Whatever the next conceptualization of integration will be, it will inevitably include application to a variety of special populations served by psychotherapy, including the psychotherapy of children.

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