

Comparative Analysis of Psychotherapy Integrative Theories

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In memory of my father

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Abstract

Psychotherapy represents a diverse and controversial field. It is characterised by an excessive proliferation of various psychotherapeutic approaches accompanied by the sectarian attitudes of a majority of psychotherapists. In response to these, the psychotherapy integration movement was established. Within this movement three ways of psychotherapy integration have emerged, namely, theoretical integration, common factors approach and technical eclecticism. Methodological issues of theoretical integration are the focus of interest in this thesis. The current methodological recommendations in this area seem to be very limited. A specific method of assimilative integration has been proposed and the necessity of the existence of metatheoretical congruence between theories to be integrated has been emphasised. Both of these recommendations are in need of further elaboration and extension. In order to clarify some of these methodological issues, the current "state of the art" of theoretical integration is explored by comparatively analysing existing integrative theories. In this way, their similarities and differences are revealed with the unveiling of some aspects of the integrative assimilation that was used in their creation. On the basis of these findings some guidelines for future theoretical integration are proposed that might prompt further theoretical and empirical research in this area.

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Introduction

Psychotherapy is a special enterprise. It was born more than a hundred years ago, in the second half of the 19th century as an officially accepted medical method of mind-healing (Cushman, 1992). Until then, people who suffered from mental illnesses were either confined to the mental asylums where they were constrained and tortured, or, if they were wealthy, they could count on the procedures of medical nerve specialists that included "rest in bed, isolation, feeding-up, massage, and electricity in a strictly regulated manner" (Kessler, 1992; p.7). Hence medicine treated "maladies of mind" (Kessler, 1992) exclusively by physical and pharmacological methods. It took Freud to come to the scene with his theory of unconscious conflicts resulting from repressed sexual impulses, for psychotherapy as a "talking cure" (Wachtel, 1997) to become recognised (Cushman, 1992). From that time on, psychotherapy has grown rapidly to become a very diverse and controversial field (Arkowitz, 1992; Cushman, 1992).

In my opinion, controversies of psychotherapy stem from the dialectical tension between theory and practice. These two enterprises are tightly interwoven within the field of psychotherapy. However, theory seems to be somewhat "slow" to catch up with diverse demands of practical work. The only means that "theory" has used so far to address various problems encountered in practice, has been increased pluralism. It has been frequently stated that there are currently around

400 different psychotherapies (Arkowitz, 1992). Such bewildering diversification has also resulted from rivalry among psychotherapy orientations (Goldfried & Norcross, 1995). This has been a prevailing theory development approach dating back to Freud and it certainly contributed to increased chasms between particular orientations. Indeed, it obscured a constructive communication among therapists by creating various systems of knowledge that used idiosyncratic languages.

However, demands of practice and findings from empirical research started replacing this attitude of "battling siblings" (Goldfried & Norcross, 1995) with an atmosphere of reciprocal understanding and curiosity about what other approaches can offer in terms of assessment and treatment. This change resulted in the establishment of a psychotherapy integration movement at the beginning of 1980s. Psychotherapy integration has been aimed at decreasing theoretical pluralism with a parallel increase in treatment effectiveness. This movement recruited some of the most prominent therapists from various approaches under its wing. They have attacked problems of psychotherapy integration from several angles. This has resulted in the creation of three generally accepted ways of psychotherapy integration: theoretical integration, the common factors approach and technical eclecticism (Stricker & Gold, 1996).

It is theoretical integration, the most sophisticated and the most ambitious mode of psychotherapy integration, that this thesis is about to explore. Theoretical integration is defined as a mean of creating novel psychotherapy systems from the selected aspects of various psychotherapy approaches. It is believed that this will result in more sound theoretical models that will also prove to be more practically effective. So far, some integrative models have been created in this manner though a clear methodology of theoretical integration has not yet been established. There have been some isolated attempts (e.g., Neimeyer, 1993; Safran & Messer, 1997) to provide guidelines for theoretical integration, but they have been presented in a typical top-down manner, without paying much attention to what is the current "state of the art" in this field.

It is my opinion that this way of imposing integrative rules can be significantly enriched by exploring currently existing integrative attempts. If we are to provide a good "modus operandi" for theoretical integration, we need to learn from integrative models that claim to be developed by this method of psychotherapy integration. It is believed that this bottom-up manner of investigation will produce some guidelines that will be more practical and easier to employ. In order to produce this outcome, some selected integrative theories will be subjected to comparative analysis, which is aimed at elucidating their commonalities and differences. On the basis of these findings, some guidelines for future theoretical integration will be proposed.

The thesis is divided into eight chapters. The first three chapters provide necessary background information and lay the ground for the following four chapters. These chapters present the selected theories within a form that makes their comparative analysis possible. The final chapter includes the results of the comparative analysis. Guidelines for future theoretical integration are then presented.

Chapter one will explore psychotherapy integration in general. Furthermore, it will present the historical background and the current status of three approaches to psychotherapy integration with a particular emphasis on theoretical integration.

Chapter two will provide the rationale for the comparative analysis of the selected integrative theories, relying on two postmodernist critiques of psychotherapy integration. Moreover, it will argue the necessity that this comparative analysis is done in the form of the Comprehensive Comparative Framework (CF) proposed by Ford & Urban (1998).

Chapter three will present CF thoroughly, emphasising the content of its main elements: guiding assumptions, conceptual, propositional and procedural models.

Chapters four, five, six and seven will include presentations of four selected theories in the form of CF with their guiding assumptions, conceptual, propositional and procedural models uncovered.

These chapters will lead to the final Chapter in which the results of the comparative analysis in the form of revealed similarities and differences of the selected integrative theories will be presented. On the basis of these, the current "state of the art" in the field of theoretical integration will be elucidated and some guidelines for further theoretical integration will be proposed.

Chapter 1.

PSYCHOTHERAPY INTEGRATION

1.1. Introduction

The openness of psychotherapists to learn from the natural and social sciences and philosophy, theology, the arts and literature, has been prominent throughout the entire history of psychotherapy (Stricker & Gold, 1996). However, on the other hand, very rarely, psychotherapists of different orientations would have listened to each other in an accepting manner, finding conceptualisations from the rival theories plausible (Arkowitz, 1992; Goldfried & Newman, 1992; 1995; Stricker & Gold, 1996). It was as Larson (1980) described a "dogma eat dogma" environment where "theory preciousness" (Miller, 1992) of their own approach was the only common standpoint of the majority of psychotherapists. However, as Stricker & Gold (1996) pointed out, "this isolationism has been contradicted by a small, but growing, group of scholars and clinicians who have been able to cross sectarian lines" (p.47).

At first, these attempts were isolated, but over the years they become more frequent, capturing the interests of many health professionals (Goldfried & Norcross, 1996). In this way, at the beginning of the 1980s, psychotherapy integration had become a movement raised from, as Norcross & Newman (1992)

have found, several interacting and mutually reinforcing factors. The first is the development of some 400 different psychotherapies (Arkowitz, 1992; Karasu, 1986; Gold, 1996; Norcross & Goldfried, 1992). This proliferation, accompanied by already existing isolationism, caused fragmentation of knowledge and confusion. At the same time, psychotherapists had become increasingly aware that no approach could match the needs of all clients. Furthermore, the involvement of the U.S. federal government and insurance companies in psychotherapeutic services created an atmosphere of growing pressure for pragmatism, accountability and consensus. This fostered the attitude of having different therapies "hang together" rather than "hang separately" (Mahoney, 1984). Related to these pressures had been the rising interests in short-term, problem-focused psychotherapies. This caused therapists of rival orientations to start sharing a more common focus and to use any appropriate work regardless of its origins. Moreover, the increasing opportunities for therapists to observe and experiment with various psychotherapeutic approaches have become prominent with the establishment of specialised clinics for the treatment of the specific disorders. In addition to this a number of specific treatment manuals have been produced, making available clearly described therapy procedures. As Norcross & Newman (1992) pointed out, "in behavioural terms, these developments may have induced an informal version of 'theoretical exposure': previously feared and unknown therapies were approached gradually, anxiety dissipated, and the previously feared therapies were integrated into the clinical repertoire" (p.9).

A further factor in the promotion of psychotherapy integration has been a phenomenon called a "dodo bird verdict". As a result of considerable psychotherapy outcome research, the typical conclusion has been that there are few significant differences in outcome among different psychotherapies and hence, no one psychotherapy approach has been shown to be therapeutically superior. Luborsky, Singer, and Luborsky (1975) were first to use a phrase from the dodo bird in Alice in Wonderland that "everybody has won and all must have prizes" in order to describe this phenomenon. Although, this finding has been

frequently criticised in the literature because of the unspecificity of outcome measurement and the poor integrity of treatments (e.g., Barlow, 1994; Beutler, 1991; Fisher, 1995; Kazdin & Bass, 1989), it has elicited a growing awareness and appreciation of the common factors that exist in all forms of therapy (Goldfried & Norcross, 1995). All of these factors laid the ground for a final and critical impetus to psychotherapy integration, which was the formation of the interdisciplinary Society for the Exploration of Psychotherapy Integration (SEPI), in 1983 (Goldfried & Newman, 1992). SEPI has a function of providing a context for professionals coming from different approaches to share their ideas about psychotherapy integration. This professional network holds yearly conferences and publishes quarterly a "Journal of Psychotherapy Integration".

Although the psychotherapy integration movement has existed for nearly twenty years, the question "what is psychotherapy integration?" still waits to be answered. As Arkowitz (1992) emphasised, it is far easier to say what psychotherapy integration is *not*. It is certainly not devotion to one particular psychotherapy approach, but an attempt "to look beyond the confines of single-school approaches in order to see what can be learned from other perspectives" (Arkowitz, 1992; p. 262). Moreover, it is characterised by an openness to various ways of integrating diverse theories and techniques. Therefore, "psychotherapy integration" serves as an umbrella term under which various routes to integration take place. Although this movement started as an attempt to overcome an extensive proliferation of therapies, pluralistic tendencies have been inevitably encountered. However, these tendencies are not undesirable because an environment of "informed pluralism" (Norcross & Newman, 1992) is necessary to prevent premature unification; "we are in no position to judge, once and for all, which single theory, single technique, or single unification is best" (p.5).

In attempts to integrate the many theories and techniques, various strategies are employed. However, there are three generally accepted ways of psychotherapy integration, namely, technical eclecticism, the common factors approach and

theoretical integration (Arkowitz, 1992; Stricker & Gold, 1996). All three approaches are characterised by pursuing the goal of increasing therapeutic effectiveness and applicability by looking beyond the limits of single-school approaches. Yet, they differ significantly in their proposed means of meeting this goal.

Hence, **technical eclecticism** strives to find out the best therapeutic techniques on the basis of therapeutic outcome, whereas the **common factors approach** involves the search for curative elements that are common to various therapies. **Theoretical integration** is the most sophisticated and the most ambitious mode of psychotherapy integration. It is aimed at integrating different modes of psychotherapy into new models of psychotherapy, which will be more effective and better conceptualised than the original ones. In the following sections each of these approaches will be described and their historical development will be presented. The section on theoretical integration will be most extensive given that it is the main focus of this thesis.

1.2. Technical eclecticism

Eclecticism is a strategy of choosing whatever seems best from a variety of options. Eclectically oriented psychotherapists select from among different psychotherapy techniques on the basis of what they think will be most appropriate for the particular client or problem (Arkowitz, 1992). Therefore, regardless of theoretical differences between psychotherapy approaches, various techniques can be applied to the same person. For this reason, technical eclecticism can be regarded as the least theoretical of the three approaches of psychotherapy integration (Norcross & Newman, 1992). However, as will be seen from the following sections and from the claims of its main proponents (e.g. Lazarus, Beutler & Norcross, 1992) it should not be considered as either atheoretical or antitheoretical.

In contrast to theoretical integration and the common factors approach, an eclectic approach was not really achievable until the 1970s. This is because psychotherapy at these times was dominated by psychoanalytic and client-centred approaches in which techniques were not clearly described (Arkowitz, 1992). These two approaches were applied singly to any person and any problem, leaving no space for a potential eclectic mix of different techniques. However, in the 1960s and 1970s behaviour therapy made its greatest impact on psychotherapy. This therapy is characterised by many clearly described techniques and strategies with an emphasis on choosing the best techniques for the particular problems. For this reason Arkowitz (1992) considered it as a form of "limited eclecticism" which stimulated interest in further eclectic amalgamation of techniques coming from a wide range of psychotherapy approaches.

Furthermore, the increased awareness of some psychotherapists that the approaches in which they had been originally trained, have limited efficiency, led them to include in their treatment packages techniques from other approaches (Arkowitz, 1992). Eclecticism became their orientation of choice; this was shown in the surveys of the psychotherapists' theoretical orientations of that time (e.g. Garfield & Kurtz, 1976; Kelly, 1961; Norcross & Prochaska, 1983 in Arkowitz, 1992). However, this initial eclecticism was idiosyncratic because there was no information about how therapists practised and on which criteria they based their selection. The entire process was guided by the personal preferences and professional skills of therapists. For this reason, Eysenck (1970 in Arkowitz, 1992), a keen criticiser of eclecticism, described it as a chaotic and unreliable approach, lacking an underlying rationale and empirical support.

However, since 1980, as Arkowitz (1992) pointed out, a number of books and articles have appeared striving to develop more systematically oriented eclecticism. This coincided with the more prolific psychotherapy outcome research especially in the field of behaviour therapy. The question asked by Paul

(1969 in Arkowitz, 1992) became relevant to psychotherapy research in general: "What treatment, by whom, is most effective for this individual with that specific problem, under which set of circumstances, and how does it come about?" (p.44). This directed the attention of psychotherapists to the possibility of finding the appropriate match between techniques and clients' problems in addition to highlighting some other variables that may affect psychotherapy outcome. Inevitably, this question became the foundation of later eclectic approaches among which the most prominent are the technical eclecticism of Arnold Lazarus (1997) and the systematic eclectic psychotherapy of Larry Beutler (1992).

The concept of technical eclecticism was first introduced by Lazarus in 1967 (Arkowitz, 1992). He argued that therapists are free to use different techniques, irrespective of which approach they come from, if there is empirical support for their effectiveness. His insistence on empirical data had the purpose of overcoming eclecticism based on "personal preferences, inadequate training and idiosyncratic familiarity" (Lazarus & Messer, 1991; p.147). The eclectic approach that he proposes is called multimodal therapy. It is based on "the assumption that most psychological problems are multifaceted, multidetermined, and multilayered " (Lazarus, 2000; p.93). In order to grasp such complexity therapists need to perform a thorough assessment of seven parameters or "modalities": behaviour, affect, sensation, imagery, cognition, interpersonal relationships, and biological processes (Lazarus, 1997; 2000). The convenient acronym "BASIC I.D." is made of first letters of these parameters with "D" including all medical and biological factors (Lazarus, 1997; 2000). Using this assessment method therapists are less likely to leave some important areas unattended. Furthermore, on the basis of the assessment findings the multimodal therapist creates a modality profile for each client that outlines the excesses and deficits in each modality of BASIC I.D. In terms of treatment strategies it is mostly behavioural and cognitive strategies that are used in multimodal therapy (Arkowitz, 1992). In my opinion, this results from the extensive empirical investigation these therapies were submitted to, which is in line with Lazarus'

emphasis on using data-proved rather than theory-based therapeutic techniques. However, despite this de-emphasis on theory, Lazarus still acknowledges that therapists cannot be entirely atheoretical and that his approach rests on social learning theory with some influences from general systems theory and communications theory (Lazarus & Messer, 1991).

Although multimodal therapy has been very influential in the field of technical eclecticism, it has some limitations. These include its very restricted empirical research and almost unchanged conceptualisation since 1976 (Beutler, Consoli, & Williams, 1995). Given the extensive scientific development in the areas of personality, cognition and emotion it is hard to believe that the BASIC I.D. can encompass all complexities of human existence as Lazarus (1989) claims. Furthermore, environmental variables such as social, cultural, and political events are not presented in this eclectic model. Finally, as Beutler et al (1995) claim "multimodal therapy does not provide explicit guidelines for determining the treatments of choice and does not generate specific client markers for different treatments" (p.275).

It is these particular lacks of multimodal therapy that systematic eclectic psychotherapy strives to overcome. Systematic eclectic psychotherapy (s.e.p.) is a psychosocial approach that emphasises the significance of the matching of technique to person and problem (Beutler et al., 1995). This matching rests on specific research-based guidelines that determine which procedures should be used for a particular client and which should be left out because they cannot meet the client's needs. In order to create such a "goodness of fit" between clients and techniques, Beutler et al. (1995) systemise the variables they regard important for matching. These variables include a broad array of client variables, treatment variables and client-treatment interaction variables in addition to therapist and client characteristics (Arkowitz, 1992). Apart from this eclectic tendency, s.e.p. is also oriented toward bringing together techniques and strategies from various schools of psychotherapy.

The main advantage of this approach compared with multimodal therapy is that it is based on extensive empirical research (Arkowitz, 1992). This sheds new light on some variables that have been completely omitted in the previous studies on psychotherapy outcome. For instance, it was empirically shown that some client characteristics such as "problem complexity, motivational distress/problem severity, resistance potential and coping style" (Beutler et al. 1995; p.278) have a great impact on psychotherapy outcome. Moreover, when these variables are taken into consideration prior to the implementation of psychotherapy techniques, it is more likely that matching between client and technique will occur. In conclusion, s.e.p. is more research based than multimodal therapy.

1.3. Common factors approach

This approach represents the search for the common curative aspects that different psychotherapy schools may share. Therefore, the emphasis is on finding similarities across different psychotherapies (Arkowitz, 1992; Hubble, Duncan & Miller, 1999). The major belief of the proponents of this approach is that psychotherapy diversity is merely a superficial feature. Hence, all psychotherapies are based on some common, fundamental similarities, the discovery of which may lead to better theories of change and more efficient therapeutic strategies (Garfield, 1992). Consequently, the focus of psychotherapists was moved from the theoretical stances of individual models of psychotherapy toward searching for a *metaview* of therapy (Garfield, 1992). As Hubble et al. (1999) pointed out "efforts were made to identify *pantheoretical elements* that made the various treatments effective" (p. 6).

The search for common factors is based on findings from some extensive studies of psychotherapy outcome, which showed that there is no absolute winner among psychotherapies and that the most prominent therapies are equally effective (Arkowitz, 1992; Garfield, 1992; Hubble et al, 1999). This Dodo-bird phenomenon led to the extensive investigation of factors that may strongly relate

to the positive outcome of therapy. However, the search for these factors started very early in the history of psychotherapy. In 1936, Rosenzweig published an article in which he argued that elements that all therapies have in common count more than their particular theoretical conceptualisations. He highlighted the significance of the therapist's ability to instigate hope in clients. Furthermore, he emphasised the therapist's ability to educate the client in how to extend his/her world and self-views. Consequently, Rosenzweig can be regarded as the first therapist who saw the therapeutic relationship as important for positive therapeutic outcome, the notion that has been recognised for long time and further investigated in the current literature under the name "therapeutic alliance" (e.g. Safran & Muran, 1998; 2000).

One of the most prominent authors in this area is Jerome Frank, whose first book *Persuasion and Healing*, published in 1961, laid the foundations for the common factors approach (Arkowitz, 1992). In this book Frank identified some processes that he regarded essential for positive change in clients. They included "arousing hope, causing emotional arousal, encouraging changed activity outside of the session, and encouraging new ways of understanding oneself and one's problems through interpretations and corrective emotional experience" (Arkowitz, 1992; p. 277). In a further two editions of this book (1973; Frank & Frank, 1991) these elements were further explored, resulting in the identification of four features characteristic of all efficient therapies. They are a) warm and safe therapeutic relationship that provides b) a healing setting, together with c) existence of a rational scheme that offers the client a reasonable explanation of his/her problems in addition to d) procedures that involve both clients and therapists working together in order to rescue the clients' mental health (Frank & Frank, 1991). As can be seen, one of the central themes of Frank's work is a strong emphasis on the positive commonalities of the therapeutic relationship. As Lambert (1992) proposed, these relationship factors account for 30% of the successful therapeutic variance. This supports all previous statements about the significance of the therapeutic relationship.

Yet, Lambert (1992) emphasised other common factors. He highlighted the significance of client/extratherapeutic factors that account for 40% of outcome variance. This claim turned the focus of psychotherapy investigation from therapist's and technique variables toward the client's strengths and environmental variables (e.g. social support, accidental events) (Hubble et al., 1999). This resulted in research the findings of which were recently compiled in "*How clients make therapy work*" (Bohart & Tallman, 1999).

Interestingly, Lambert (1992) significantly undermined the influence of model/technique factors. According to his findings, which were not based on strict statistical analysis but nevertheless had an extensive research base, these factors accounted only for 15% of improvement in therapy. Furthermore, he grouped placebo, hope and expectancy in separate groups of factors though they can be broadly regarded as client's factors. They account for the same amount (15%) of variance as model/techniques factors. As can be seen, among "the big four" (Hubble et al., 1999) relationship and client/extratherapeutic factors are the most significant, whilst theoretical and practical propositions play a far less noteworthy role in creating positive change in clients. Certainly, these assigned percentages still need to be empirically confirmed. However, the proposed four factors are undeniably the most important features in producing positive therapeutic outcome.

Apart from the extensive investigation of these common factors, research in this area of psychotherapy integration led to the establishment of the *transtheoretical model* by Prochaska, DiClemente & Norcross (1992). This model is striving to explain "common paths to change" (Prochaska, 1999; p.227). It includes three different strategies: "(1) identification of *levels of change*; (2) specification of *stages of change*, and (3) selection and use of *processes of change*" (Ford & Urban, 1998; p. 486). Levels of change represent symptoms that need to be identified in order to employ efficient treatment strategies. They can be placed in five groups that include for example maladaptive cognitions, family conflicts or

intrapersonal conflicts. However, the identification of the client's problems is not sufficient for successful treatment choice. Therapists need to consider in which stage of change a client is, as change is "a process that unfolds over time" (Prochaska, 1999; p. 228). The authors proposed six change stages: precontemplation, contemplation, preparation, action, maintenance, and termination (Prochaska et al., 1992; Prochaska, 1999). They claimed that depending on in which change stage a client is, different change processes, that actually refer to intervention strategies, can be employed. For example, if the client is in the contemplation stage (thinking about making change but not taking any actions) then strategies such as consciousness raising or environmental reevaluation, that increase his/her motivation to become active in the process of change, are efficient in moving a client to the action stage. Empirical evaluation of this model is extensive and ongoing especially in addressing mental health problems such as alcohol and other addictions, smoking, and obesity (Prochaska, 1999). The results have been very promising especially in terms of the model's broad applicability. Prochaska (1999) emphasises this quality of his transtheoretical model by claiming that it "provides innovative programs that can reach more people, retain more people, and affect a much greater percentage of troubled populations" (p.252).

1.4. Theoretical integration

Theoretical integration involves "the synthesis of novel models of personality functioning, psychopathology, and psychological change out of the concepts and propositions of two or more traditional systems" (Stricker & Gold, 1996, p.50). Apart from aiming at providing a synthesis of diverse models of psychopathology and psychotherapy, Dobson (1988 in Ford & Urban, 1998) proposes an additional goal of theoretical integration in this area. He claims that theorists who are developing integrative theories need to provide overarching models which will account for "all biological, psychological, behavioural, social,

and environmental aspects of human living, development and change" (Ford & Urban, 1998; p.499). This is certainly a very ambitious task and it can be questioned whether such overinclusive models can be developed at this stage of our psychological knowledge. Nevertheless, it still counts as a main goal of theoretical integration.

However, the first attempts at theoretical integration were not that ambitious at all. They were intended to show that certain parallels could be drawn between psychotherapy approaches that are usually regarded as non-congruent. For instance, the very first work in this area, was an address that French delivered at the 1932 meeting of the American Psychiatric Association (Goldfried & Newman, 1992). He argued that similarities can be found between repression, that is a typical psychoanalytic phenomenon, and extinction that comes from Pavlovian conditioning theory. This proposition caused very mixed reactions ranging from the harsh dismissive opinions to the more accepting comments that emphasised the significance of convergence between approaches (Goldfried & Newman, 1992). It can be said that the early history of theoretical integration was characterised by such a way of responding. There were always these individual voices which strove to show that rapprochement was possible which led to mixed reactions from other scientists. However, this atmosphere did not proved to be fruitful for thorough and extensive investigation in this area (Arkowitz, 1992; Goldfried & Newman, 1992) and hence, psychoanalysis and behaviourism (behaviour therapy emerged later) stayed firmly on their own grounds.

Then, in 1950, one of the most influential works in this area was published. It is Dollard and Miller's classical work entitled *Personality and Psychotherapy* (Goldfried & Norcross, 1995). It was aimed at enriching psychoanalytic concepts and propositions with some concepts and propositions coming from learning theory. For instance, they emphasised the value of modelling and the use of hierarchically arranged tasks (Goldfried & Newman, 1992). Moreover, they highlighted the importance of helping clients to gain self-control and coping

skills in addition to giving between-session assignments that assured the generalisation of in-session change. As can be seen, this work was a successful pioneering attempt to enhance psychoanalysis with findings from learning theory and was very much ahead of its time, given that it took another 20 years for behaviour therapy to fully develop.

In the following years, as behaviour therapy was developing its full identity and psychoanalysis experienced diversification within the field with the development of object-relations therapy and self-psychology, there was a growing interest in reconciliation of these two approaches. One of the most influential works that come from this era is London's book *The Modes and Morals of Psychotherapy* published in 1964 (Goldfried & Norcross, 1995). Here, London, a behaviourist himself, proposed a clear demarcation line between therapies that are insight-oriented and therapies that are action-oriented, arguing that action-oriented therapies (i.e., behaviour therapy) are undeniably successful at producing positive changes in clients' behaviour but they leave out completely clients' thinking that insight therapies (e.g., psychoanalysis) are striving to explore and change. Consequently, therapies that would unite insight and action could be more efficient than these individual orientations. Some empirical research which came out in the seventies (e.g. Birk, 1970; Birk & Brinkley-Birk, 1974; Feather & Rhodes, 1972; Murray, 1976 and Silverman, 1974 in Arkowitz, 1992) confirmed this proposition by demonstrating how "insight-oriented therapies might enhance behaviour change and how behaviour change could, in turn, facilitate cognitive changes" (Arkowitz, 1992; p. 267).

The first successful attempt at integrating psychoanalysis with behaviour therapy was presented in a Wachtel's book *Psychoanalysis and Behavior therapy: Toward Integration*, published in 1977. This is regarded as a seminal work, that still inspires researchers in this area, especially now that some new chapters have been added further clarifying the nature of this integrative model (Wachtel, 1997). Wachtel's work is not only important in terms of representing a first

successful effort at theoretical integration, but also in terms of tackling the procedural issues of this type of integration. For instance, he proposed that integrationists need to be fully aware of differences between psychoanalysis and behaviour therapy (Wachtel, 1997). Furthermore, they need to distinguish which elements of these two approaches can be incorporated, avoiding the elements that are incommensurable. For this reason, he integrated the elements of interpersonal psychoanalytic approaches and behavioural approaches, claiming that integration will fail in the case of the orthodox Freudian psychoanalysis and operant behaviour therapy because of their basic incompatibilities.

In order to extensively explore these proposed issues Arkowitz & Messer (1984 in Arkowitz, 1992) published a book *Psychoanalytic Therapy and Behavior Therapy: Is Integration Possible?* in which they gave opportunity to experts belonging to different schools of psychotherapy to discuss the entitled question. Opinions varied significantly, ranging from harsh critiques of the entire proposal for psychotherapy integration to accepting views in which the authors tried to provide some guidelines that would improve future integration (Arkowitz, 1992). The most interesting propositions came from Schacht (1984 in Arkowitz, 1992) who argued that the major source of conflict in this area is that "different writers have often referred to theoretical integration at different levels and units of analysis" (Arkowitz, 1992; p. 270). Therefore, under the umbrella of theoretical integration, many models were built which were not based on integration of theories but on integration of either techniques, metatheoretical assumptions or methods of evaluation. For this reason, Schacht (1984 in Arkowitz, 1992) proposed five different models of integration. The first model is basic given that it involves just a simple translation of concepts. A complementary model is more complex. It is based on the assumption that different psychotherapy techniques can be used with the same client in order to address his/her various problems. A synergistic model adds a new quality to the previous one by claiming that when two therapies are applied to the same problem they should produce outcomes superior to either therapy alone. In an emergent model different techniques are

amalgamated in order to produce a novel synthesis. The most ambitious model is theoretical integration in which theories and metatheories of different approaches are integrated in a new theory of human behaviour. In addition to Schacht's propositions, Wachtel (1984 in Arkowitz, 1992) argued that theoretical integration was not supposed to be based on the similarities of melding theories but on their different strengths and contributions. Hence, integrationists should create such a theoretical framework which will allow the incorporation of all of these differences whilst staying coherent and plausible. These assumptions still represent the broadly accepted guidelines in this area.

During the 1980s, theoretical integration gained more credibility given that apart from psychoanalytic-behaviour integration, new issues emerged (Arkowitz, 1992). For instance, the first critiques of theoretical integration, aimed at finding a unified theory, appeared (Arkowitz, 1992; Goldfried & Norcross, 1995). Furthermore, interests in theoretical integration started to extend to the other approaches, such as for example family and humanistic therapies (Arkowitz, 1992). In the 1990s this was further improved by the development of integrative theories that, as well as psychotherapy theories, also incorporated psychological theories and models (Goldfried & Norcross, 1995). Currently there are nine prominent integrative psychotherapies, which are regarded as developed through theoretical integration (Gold, 1995). Their brief description will be provided in the following sections.

1.4.1. Cyclical psychodynamics (CP)

This is the first developed theoretical integration, which includes concepts and methods of interpersonal psychoanalysis, family systems theory, social learning theory and behaviour therapy. It is a brainchild of Paul Wachtel who was originally trained in psychoanalysis. However, dissatisfied with its limitations, he reached for behaviour and system therapies, especially their therapeutic techniques in order to enrich psychoanalysis. Hence, Wachtel (1997) proposes that unconscious motives, fantasies and conflicts still represent major factors in

creating psychopathology. However, the relationship between these factors and psychopathology is not of a simple linear nature. This is because these unconscious factors are not regarded as independent but dependent variables affected by a person's ongoing social interactions. Therefore, rather than being independent components of the person's inner world they are shaped and remodelled by the environment. Moreover, Wachtel advocates a developmentally oriented understanding of the client. Indeed, a person is continuously caught up in the same dysfunctional behavioural pattern where past internal conflicts and interpersonal binds are being recreated. In order to break this vicious circle any methods, especially system and behaviour techniques, might be employed.

1.4.2. Cognitive-analytic theory (CAT)

This therapy represents theoretical integration of psychoanalytic object-relations theory and concepts and clinical methods derived from cognitive therapy. The major proposition of CAT is that conscious and unconscious functionings are interactive (Ryle, 1993). Hence, conscious functions such as planning, decision making and interpersonal judgement which result in behaviour patterns are structured and determined by unconscious representations of the self in relationship to the other internalised persons. When the person acquires the dysfunctional object and self-related unconscious patterns, these in turn result in dysfunctional thoughts, behaviour and relatedness. Moreover, the person is unable to change her/his cognition and behaviour, which then in turn strengthens problematic unconscious patterns. Therefore, CAT emphasises the circular nature of pathological processes. Therapy is aimed at producing changes in cognition and behaviour (as any traditional cognitive-behaviour therapy) and at stimulating new learning in order to change unconscious object-relational structures.

1.4.3. Behavioural psychotherapy

This integrative model is aimed at integrating concepts derived from behaviour and psychoanalytic therapies (Fensterheim, 1993). The psychological totality of

the client is divided into three levels, where Level 1 is behaviourally defined, Level 3 is psychodynamically defined and Level 2 represents the level of obstacles and is conceptualised from both positions. Though this model acknowledges a psychodynamic level, the client's difficulties and assessment are mostly formulated at Level 1 only. This is because behavioural psychotherapy is guided by the law of parsimony, which proposes that if there are two hypotheses competing to explain one phenomenon the simpler should be preferred. Since behavioural formulations and interventions are simpler and easier, the behavioural level is employed for both assessment and therapy. Only in the case when the client is not able to benefit from work at this level, dynamic factors such as defences have been explored and related to the dysfunctional behaviour.

1.4.4. System-process cognitive therapy

This ambitious model represents an integration of Bowlby's attachment theory with concepts derived from cognitive and developmental psychology (Guidano, 1987). Therefore, people are continually engaged in organisation and revision of their experience into coherently organised *self-constructs*. The self-construct is a dynamic structure that integrates the totality of people's development and functioning. It begins with self-recognition in infancy and early childhood and continuously evolves along the life-span. It yields self-identity, which maintains internal personal coherence in terms of sustaining stable self-perceptions and self-evaluations despite the changes in the environment. The development of self-construct is primarily determined by the nature of relationships with significant others as has been illustrated by Bowlby's attachment theory. If there are early disturbances in attachment experience the self-construct might become distorted and inflexible which will prevent the person from assimilating experiences effectively leading to dysfunctional cognition and behaviour. Therapy is aimed at modification of the client's overt ideas and behaviour and changes in deep tacit structures relevant to the clients' sense of self, significant others and the world.

1.4.5. The active self model

This theory is organised around a novel theory of personality which says that the major concern for any person is to make every effort to regulate and to retain a particular self-image (Andrews, 1993). This self-image is mostly dictated by early experiences. If these early encounters are of such a nature that contributes to the development of self-image that is exaggerated or deviant then psychological disturbance might occur. Hence, the person who suffers in this way actively structures his/her cognition, motivational and emotional life and social interactions in ways that are meant to confirm and maintain a pathological self-image. The assessment is oriented toward determining the ways in which the client engages in these negative self-confirmations. Therapeutic work is aimed at meeting two goals. The first goal is to increase the client's awareness of dysfunctional self-confirmatory acts whereas the second is to help the client to engage in novel ways of experiencing and relating to others which then in turn might lead to creating a more flexible self-image. Any therapy, which might assist in meeting these goals, can be used.

1.4.6. Process-experiential psychotherapy

This model is aimed at integrating concepts from cognitive and Gestalt therapy with emphasis on a therapeutic alliance from client-centered therapy (Greenberg, Rice, & Elliot, 1993). The major concern of therapeutic work is to overcome and resolve experiential blockages, which might occur on conscious and unconscious levels. They represent the expressions of cognitive and emotional disturbances that have been accumulated through interpersonal events. Therefore, it is not just dysfunctional cognitions but also distortions and inhibitions in emotional life that contributes to the development of psychopathology. Therapeutic work is based on establishing an accepting and empathic therapy relationship, which helps in motivating the client to engage in gestalt exercises and methods of cognitive restructuring. These techniques are aimed at creating increased awareness of experiential blockages. Consequently, the client is then involved in experimental

therapeutic situations in which he/she can abandon dysfunctional and acquire productive psychological skills.

1.4.7. Interpersonal-cognitive-experiential psychotherapy

This therapy represents an amalgam of cognitive, interpersonal and experiential therapies (Reeve, Inck, & Safran, 1993). It is primarily concerned with the client's ongoing relationships, which naturally reflect the client's interpersonal schemas. These schemas are defined as a "generalized representation of self-other relations" (Reeve, Inck, & Safran, 1993, p. 114). It reflects the individual's unique view of reality and her/his place and role within that reality. The maladaptive interpersonal schemas are manifested clinically by repetitive patterns of dysfunctional interpersonal behaviour, emotional disturbances and dysfunctional, negative cognitions. In order to overcome these problems various cognitive and experiential techniques have been used. They are aimed at increasing the client's awareness about their involvement in the maladaptive interpersonal cycles.

1.4.8. Self-management therapy

This is the most ambitious attempt at theory integration. It claims that biological, psychodynamic, humanistic, cognitive, behavioural and developmental approaches are just microtheories that partially explain human functioning and psychopathology (Kanfer, & Schefft, 1988). Therefore, there is a need for metatheory that can link and integrate all of them. Kanfer & Schefft (1988) propose the system model of human functioning which emphasises the interaction of various environmental, psychological and biological variables that results in a particular state or behaviour at a given time. However, the person is not just a passive recipient of different influences but a dynamic system with feedback and feedforward processes. Hence, when behaviour disorder occurs it is a result of dysfunctional self-regulatory processes. Therapeutic work represents a mixture of cognitive and behavioural techniques with emphasis on creating

therapeutic alliance. Moreover this approach claims to be open to any other technique or strategy regardless of its origin.

1.4.9. Constructivist approaches

This still developing approach assembles components that have evolved from different theoretic antecedents such as behaviour, cognitive and personal construct theories. However, the major factors that link them are their epistemological and metaphysical assumptions, called constructivism (Neimeyer & Mahoney, 1995; Ford & Urban, 1998). According to this philosophy people function as self-organising and self-constructing systems. This major proposition is applicable to the subcomponents of the person such as for instance the human knowing system. This system, which includes cognitive, emotional and motoric aspects, is able to construct and then protect its own psychological organisation. Besides having a self-maintenance function, the system can generate processes that are able to assimilate new information and therefore help the system to cope with disturbances arising from exchanges with environment. The major function of a human knowing system is to construct meanings that can guide the person's action because people are intentional, goal-directed and purposive beings. Moreover, humans are dynamic systems and therefore change processes are emphasised. Therefore, disorder and disequilibrium are inevitable components of progressive development. But when people become stuck in the same useless process of creating constructs that are no longer viable than regressive development might occur, which can result in psychological disturbances. As can be seen the underlying philosophy and conceptualisation of human functioning are well defined in constructivist psychotherapy. However, when it comes to the point of describing exact interventions, authors become very obscure and unwilling to reveal them. The only clear proposition is the emphasis on the power and importance of the therapeutic relationship.

As can be seen from this general presentation of different integrative psychotherapy theories, theoretical integration is a very lively and diverse

enterprise. According to Arkowitz (1992) these theories should be regarded as "evolving frameworks" for integration that stay open to changes that involve the incorporation of the novel elements. However, though theoretical diversity and conceptual richness characterise these approaches, the main issue has not been addressed yet. As was emphasised previously theoretical integration is aimed at producing novel integrative models of psychotherapy that are *more effective* than individual models. Yet, apart from a few attempts of some authors (e.g. Greenberg & Watson, 1998; Paivio & Bahr, 1998; Paivio & Greenberg, 1995), psychotherapy outcome research in this area still stays very undeveloped. Therefore, as Arkowitz (1992) pointed out "we do not know if their promise of greater effectiveness is real" (p.274). This lack of well-controlled outcome studies, certainly decreases the scientific and practical credibility of integrative therapies and should be considered as the area in urgent need of research. Nevertheless, in my opinion, while we wait for the critical mass of empirical evaluations to be accomplished, we can do more theoretical investigation in terms of comparatively analysing existing theories. The rationale for such an analysis will be provided in the following chapter.

Chapter 2.

RATIONALE

Psychotherapy integration was initiated by the growing dissatisfaction among psychotherapists with staying exclusively in a single-school camp. In addition, the proliferation of different psychotherapy approaches with an accumulation of knowledge that was not systemically organised, proved to be a very important factor in the development of psychotherapy integration. Integration seemed to be a good solution for overcoming these pluralistic tendencies within psychotherapy. However, as Mahoney (1993) pointed out "integration ... involves a unification that appeals to ideas of wholeness" (p.1). Hence, the idea of unification is based on the assumption that whatever differences exist in the psychotherapy theories, it is the same underlying phenomena that theorists and researchers are exploring. Therefore, this "unificationist dream" implies that it is possible to discover a valid model of psychotherapy that unifies all fragmentary views (Neimeyer, 1993). However, a pattern of the development of psychotherapy integration has not been unificationist at all. It is characterised by diversification and tensions between the main approaches (Mahoney, 1993).

The continuing dialogue about the relative merits of technical eclecticism and theoretical integration is a good example of continuing dilemmas about what is the best path toward psychotherapy integration (Mahoney, 1993). This inevitably has led to a debate about the supremacy of technique over theory. Technical

eclectics have proposed that scientifically proven effectiveness of therapeutic techniques is the sole sufficient selection criterion for using the technique in practice. As long as the therapist is certain about the technique's effectiveness, he is free to use it and combine it with others in whatever way, in order to find the appropriate approach of meeting the clients' needs. Consequently, theory does not matter and theoretical differences cannot be an obstacle for selecting different techniques and applying them in practice (Lazarus & Messer, 1991). However, on the other hand, the proponents of theoretical integration have argued that technique selections are not independent from theoretical issues and that "goal of psychotherapy integration should be fundamentally conceptual and only secondarily procedural" (Mahoney, 1993; p.6). This debate is still lively and has been presented after the appearance of two modern handbooks of psychotherapy integration (Norcross & Goldfried, 1992; Stricker & Gold, 1993), but before the most recent publications (e.g. Carere-Comes, 1999; in press). The resolution has not been reached yet. However, my own position leans toward the theoretical integration ideas that state that techniques cannot be cleanly removed from theory and that therapists cannot be "atheoretical" throughout the entire therapeutic process but should rely in their work on selected theories. Furthermore, theoretical integration presumably involves the development of new concepts and propositions on the basis of integrating ideas from various approaches, that in turn affect therapeutic techniques and strategies. Theories developed in such a manner presumably will lead to a better understanding of clients' problems and better effectiveness. In summary, theoretical integration in my opinion is a valuable integrative approach and hence, it is the focus of inquiry in this thesis.

However, I think that the methodological issues of theoretical integration are not well explored. Theoretical integration might be a valuable approach, but there are still a number of questions that should be answered such as for example: Which concepts should be integrated? When they are "integrated" does it lead to a better theory and better practice? Should the theories that are going to be integrated be

scrutinised with respect to a previous analysis of their similarities and differences and on the basis of that should uncomplimentary theories be discarded as "non-integrative"? There are two crucial articles that, in my opinion try, to tackle these methodological issues of theoretical integration. Safran & Messer's (1997) and Neimeyer's (1993) articles, that can be roughly described as post-modern critiques of psychotherapy integration, both try to give some answers on the previously stated questions. They will be thoroughly analysed in the following sections.

Safran & Messer (1997) criticise major trends of psychotherapy integration from the postmodernist perspectives of pluralism and contextualism. Pluralism represents a post-modern notion that there is more than one correct theory by which to view any phenomena. Consequently, though theories can sit at the extreme poles and some of them may seem more plausible than others, no theory can claim an absolute superiority over others. Contextualism, on the other hand, is based on a notion that no event can be studied as an isolated element, but only within its context.

From these postmodernist world views come two major critiques of psychotherapy integration. Pluralism argues that "there is no single theoretical, epistemological, or methodological approach that is pre-eminent and no one, correct integrative system toward which the field of psychotherapy is evolving" (Safran & Messer, 1997; p.140). Contextualism, however, views psychotherapeutic concepts and interventions as deeply embedded within particular psychotherapy systems and hence, "they take on new meanings when extracted from their original context and are incorporated into an eclectic therapy" (p.140). Though the authors criticise all three major approaches to psychotherapy integration, because the specific focus of inquiry of my thesis is theoretical integration, in further sections I will concentrate only on the critique of this approach.

Safran & Messer (1997) define theoretical integration as a process of combining different psychotherapy theories in the attempt to create "a superior, overarching conceptual framework" (p.143). It is believed that this amalgamation will lead to a new theoretical system of psychotherapy, which makes the most of the strengths of each of its elements. From both pluralistic and contextualistic perspectives, this definition is problematic. Pluralism argues against a search for overarching theory by emphasising the pluralistic nature of psychotherapy that is given and should be recognised as such. Furthermore, truth can be approached only through accepting that all theories are limited and through the continual "confrontation of multiple, competing theories with data and with each other" (p.144). Contextualism, however, considers all concepts, propositions and strategies of any psychotherapeutic system to be deeply contextually embedded. Therefore, if some concepts are simply transferred into a new theoretical framework, they will inevitably lose some of their explanatory power.

In order to overcome these pluralistic and contextualistic obstacles, Safran & Messer propose *assimilative integration* to be the valid approach to theoretical integration. They define it as "the incorporation of attitudes, perspectives, or techniques from one therapy into another in a way that is cognizant of how context shapes the meaning of foreign elements" (p.145). Furthermore, this mode of integration will lead to integrative theories that are still grounded within one system of psychotherapy, but with an openness to assimilate other perspectives or practices. This will be a dynamic and ever-evolving process of bringing differences and similarities in contact with each other, which will lead to integration. As can be seen, Safran & Messer only define assimilative integration in very broad terms without giving any particulars about the process of assimilation.

A postmodernist critique of psychotherapy integration through a constructivist lens, which is presented in Neimeyer (1993), is very similar to the previous one. Neimeyer (1993) criticised "an implicit 'unificationist/realist' theory of

knowledge" (p.138) on which some integrational attempts are based. The traditional parable of a blind man and an elephant, which is frequently cited in discussions of psychotherapy integration, represents for him the best reflection of the unificationist dream that some proponents of psychotherapy integration share. Like the blind man describing an elephant differently depending on which parts of the animal he can touch, so can different theorists and researchers "see" and hence, explore only some facets of the underlying phenomena. This can lead to the wrong certainty that one knows the entire wholeness of phenomena. However, contrary to the blind man and single-school oriented therapists, integrationists are aware of the totality of the "elephant" and they strive to create a full representation of it. This view, that integration will finally result in achieving the metatheoretical "grail", is embedded in realist epistemology, which regards the reality as singular, stable and knowable. Reality exists to be discovered and explained through what Kelly (1955) labelled "accumulative fragmentalism", which includes the collection of neutral observations.

However, Neimeyer (1993) sees constructivism as a valid epistemology that opposes the existence of neutral observations stating that our perceptual and information-processing systems are intrinsically biased and that "any organized system of knowledge is inherently perspectival, and that any knowledge domain is open to a diversity of possible meanings and alternative interpretations" (Neimeyer, 1993; p.139). Therefore, constructivists are more in favour of differentiation than amalgamation of psychotherapy. Nevertheless, though there are inherent tensions between a constructivist view and a unificationist model of psychotherapy integration that Neimeyer is fully aware of, he still thinks that constructivism can play a contributory role in the development of psychotherapy integration especially theoretical integration.

In line with this, he proposes a model of *theoretically progressive integrationism (TPI)* as a valid approach to theoretical integration. Contrary to the technical eclecticism, which emphasises procedural exchange between psychotherapy

approaches, TPI fosters a conceptual exchange between different psychotherapy systems but with full awareness that that exchange is impossible if the system epistemologies are incompatible. Therefore, TPI proposes a very cautious selective integration on the conceptual level.

The main goal of this model is to elaborate the coherent theory which both "*explains* and *constrains* psychotherapeutic interventions" (Neimeyer, 1993, p.141). In order to achieve this goal TPI acknowledges the importance of three integrative dialectics: the first between psychotherapeutic theory and clinical practice; the second between a particular psychotherapeutic approach and a broader scientific discipline; and the third between different psychotherapies.

In the first two dialectics Neimeyer emphasises the process of "cross-fertilization" between theory and practice. This exchange simply can enrich practice either by scientifically providing the explanation of the particular therapeutic strategy used in practice or by giving more explanatory depth to the psychotherapeutic conceptualisations of the client's problems. However, though all three dialectics are regarded as equally important, Neimeyer (1993) provides the most thorough guidelines only for the third one.

He starts with acknowledging a specific concentric organisation of all psychotherapies claiming that they are all organised around their hard metatheoretical core, which then implies formal theory. This proposition about the existence of the core metatheory comes from the Neimeyer's (1993) comparison of psychotherapies with "what the philosopher of science Imre Lakatos (1974, p.132) has termed 'research programs', i.e., series of scientific theories that display a certain conceptual continuity across time" (p.142). This conceptual continuity originates from the firm metaphysical commitments of the scientists working within particular research programs. They demonstrate an unquestioned acceptance of some abstract assumptions that are then used to create testable theories. These theories are regarded as refutable, but not so the metatheoretical assumptions on which they are based.

Neimeyer (1993) argues that psychotherapy theories can be understood in similar terms. They are also built upon mostly implicit metatheoretical assumptions that are not "directly open to empirical refutation: rather they are treated 'as if' they were valid in order to generate a *formal theory* that is more testable but which is nonetheless coherent with them" (Neimeyer, 1993; p.143). However, Neimeyer is not specific about what these metatheoretical assumptions are. He cites the work of two authors Westerman (1986) and Messer (1986) who proposed that metatheoretical assumptions that characterise all different psychotherapeutic approaches describe three complex phenomena: the nature of human existence, plasticity and the locus of change. It is not clear from Neimeyer's presentation what these phenomena are and how different psychotherapies explain them.

Furthermore, Neimeyer (1993) proposes that such a structural organisation of theories in terms of formal theory that is empirically testable derived from an implicit metatheoretical core that is irrefutable, applies not only to psychotherapy theories but also to the psychological theories in general. However, in the case of the former it is necessary to distinguish two more levels that are called *clinical theory* and *psychotherapeutic strategies and procedures*. Clinical theory provides the information about the genesis of psychological distress and hence, the organisational framework for the most concrete level of psychotherapy strategies and procedures employed in order to decrease psychological suffering and increase functioning. Neimeyer (1993) represents this organisational structure in a form of concentric circles with metatheory being central and then formal theory, clinical theory and psychotherapy strategies and techniques spreading out from this central circle.

In Neimeyer's view such an organisation of psychotherapies imposes structural constraints on psychotherapy integration. He claims that "within a TPI framework, *high-level synthesis of any two theories of psychotherapy is only feasible to the extent that they share theoretical and metatheoretical assumptions*" (pp.144-145). By describing three examples of personal construct

therapy having different levels of overlapping with modern object relations therapy, traditional cognitive approaches and family therapies, Neimeyer tries to support this main notion of TPI.

In the first example of personal construct therapy and modern object relations therapy, an overlap occurs at the most superficial technical level. These therapies employ a similar therapeutic technique of leaving a client to freely elaborate on the views and motivations of others without therapeutic disputation. However, the theoretical justifications for using this strategy in personal construct and object relations therapy are completely different. For Neimeyer, Freudian instinct theory and a constructivist view that clients are regarded as early scientists or narrators that provide theoretical justification for using this strategy, are totally conflicting. Though these theories created similar therapeutic strategies, an attempt at further integration will fail because of their conceptual and metatheoretical incomplementarity.

Furthermore, the example of personal construct therapy and traditional approaches to cognitive therapy, demonstrates that even an overlap existing at the technical and clinical level is not sufficient to produce progressive theoretical integration. In this case both therapies use similar assessment techniques to assess clients' belief systems. Moreover, at the clinical level they both emphasise the significance of schemas or constructs which guide the perceptions and the organisation of the new information. However, by employing different epistemologies (constructivism and realism) reflected in the different approaches toward clients, these two therapies cannot be successfully integrated. The cognitive approach, based on the objectivist epistemology that clients should be taught to correct their distorted thinking, fundamentally clashes with the constructivist view of clients being major agents of change. Consequently, integration of these theories is not theoretically fruitful.

Finally, Neimeyer (1993) sees the extensive metatheoretical overlap between personal construct theory and some approaches of family therapy that have been

based on constructivist epistemology, as a source of a possible fruitful synthesis. For Neimeyer, their conceptual and technical diversity combined with their metatheoretical compatibility represents a very promising foundation of the progressive theoretical integration. Furthermore, merging of behaviour and cognitive therapy into cognitive-behaviour therapy, represents one more example of this fruitful synthesis that has already occurred. Though characterised by diverse techniques and different conceptualisations, both therapies have showed a strong commitment to the particular metatheoretical assumptions of philosophical realism and logical positivism. According to Neimeyer (1993) their synthesis proved to be valuable, representing an innovative move in their paradigms without losing their conceptual fertility.

In summary, the TPI model argues that "to be *theoretically progressive* (in the sense of elaborating a coherent conceptual framework), candidate theories for integration must display broad compatibility (but not necessarily isomorphism) at theoretical and especially metatheoretical levels" (p. 151). Therefore, in order to achieve progressive theoretical integration it is essential to assess "the goodness of fit" of any two theories that are to be integrated, at core theoretical and metatheoretical levels. Though Neimeyer (1993) is aware that this specific evaluation is a difficult process, he still does not provide any directions about how this theoretical appraisal should be done. He is just simply convinced that such an evaluation is an essential prerequisite for progressive theoretical integration.

As can be seen the TPI model is created in a typical top-down manner in terms of imposing general integrative rules on potentially integrative psychotherapies. There are both positive and negative sides to it. In positive terms, it advocates the theoretical integration that will lead to the development of coherent psychotherapy systems that are grounded in a broader theory of human personality. Moreover, it attempts to provide some basic rules for such an integration by claiming that only metatheoretical and theoretical compatibility

can lead to a viable integration. However, as could be seen TPI fails to provide the method for this compatibility assessment.

In conclusion, both articles (Neimeyer, 1993 and Safran & Messer, 1997) have in some way a prescriptive nature. They intend to provide some guidelines and directions for psychotherapy integration whilst staying committed to a postmodernist world view. Indeed, assimilative integration has shown some practical utility in being endorsed by some leading proponents of theoretical integration (e.g., Greenberg, Rice & Elliot, 1993; Safran, 1990a; Wachtel, 1997). The TPI model however, has not been widely recognised, though in my opinion still can be regarded useful in a sense of articulating more clearly what might be the constraints of theoretical integration. However, what both of these propositions lack is the feedback information about what is really currently happening in the field of theoretical integration. One can be prescriptive to a certain amount without paying much attention to what is happening in the real world, but when "prescriptions" are implemented whether partially, totally or with a certain degree of change, one needs to consider their viability and potential for an improvement within a real context. It is at what this thesis is aimed. I believe that by analysing currently existing theories that claim to be developed by theoretical integration, I will be able to shed more light on the process of integration itself. This will lead to the establishment of some new "prescriptions" that will not be exclusively based on the metatheoretical preferences of their inventors, but also on the findings from theoretical investigation. In my opinion, guidelines developed in such a manner might prove to be more realistic and hence, more practically achievable.

My analysis will be based partially on some propositions suggested in Neimeyer (1993) and Safran & Messer (1997). First, I accept that all psychotherapy theories have some kind of the underlying organisational structure. Yet, the structure that Neimeyer (1993) proposes is poorly defined and elaborated, and hence, in my analysis I need to use another model. Second, it seems inevitable

that some amount of congruence should exist between "deeper" levels of the organisational structures of theories to be progressively integrated. However, this notion demands a further clarification because we do not know what type and amount of congruence is really integratively fertile. Third, assimilative integration seems to be a realistic approach to theoretical integration. However, we know nothing about the real nature of this specific assimilation and how its employment affects theory development.

My analysis should shed more light on these issues. However, this notion inevitably leads to the question: What type of analysis should be used for this purpose? In my opinion it is a *comparative analysis* based on the Ford & Urban (1998) Comprehensive Comparative Framework (CF). This framework provides both a method of comparative analysis and the model of the organisational structure of psychotherapy theories. CF is originally created for the purpose of comparatively analysing the families of psychotherapy, whereas I am going to use it to compare different psychotherapy theories that belong to the one psychotherapy family called integrative psychotherapies. Though CF will be extensively presented in the following chapter, I am going to provide here its basic description.

The major function to be served by CF is to "provide a context within which the meanings of the *concepts* and *propositions* used in various models of psychotherapy can be identified and compared in terms of the generic kinds and organization of phenomena they represent" (Ford & Urban, 1998; p.38). Concepts specify particular attributes of biological, psychological, behavioural and social phenomena, whereas propositions specify the relationships, interactions and influences, which characterise the organisation of these phenomena.

Consequently, though Ford and Urban acknowledge obvious differences among psychotherapies they propose that all psychotherapies can be eligible for comparative analysis guided by CF, because they all have the same structural

organisation whether or not this is made manifest. Hence, they all start with guiding assumptions which are representations of particular underlying metaphysics and epistemology. Moreover, their concepts and propositions are organised within specific conceptual and propositional models. The conceptual model specifies levels and units of analysis and provides a content of key concepts. The propositional model specifies the dynamics of the stability-maintaining and change processes. It also provides assumptions about normal and abnormal development. Finally, the procedural model consists of assessment procedures and intervention strategies and methods.

As can be seen this organisational structure of psychotherapies (guiding assumptions, conceptual model, propositional model and procedural model) is somewhat reminiscent of the Neimeyer's structural model in which all psychotherapy theories consist of metatheory, formal theory, clinical theory and strategies and procedures. However, as will be seen in the following chapter, CF is far more extensive in the description of what components guiding assumptions, conceptual, propositional and procedural models are made and how they are organised. Hence, in my opinion when the selected integrative theories are subjected to such an extensive organisational presentation it is possible to reveal their differences and similarities more easily. Therefore, the present aim is to use CF to find out what kind of guiding assumptions are characteristic of particular integrative theories. Moreover, by specifying their conceptual, propositional and procedural models I am expecting to find out what major commonalities and differences characterise these theories and at which level these differences or commonalities are greater. Apart from comparing these theories with one another, I am going to compare them with their original theories whose amalgamation created them. Hence, by determining how particular metatheoretical, conceptual, propositional and procedural models of integrative theories are related to the same components of the original theories we can see at which level the assimilation process took place and which concepts and propositions were assimilated and/or accommodated. Furthermore, by comparing

the guiding assumptions of the original theories we can be more explicit about their compatibility and whether this congruence was critical for their integration.

For this purpose given the limited scope of this thesis, only four integrative theories will be subjected to CF. They are taken from the list of theoretically integrated systems of psychotherapy proposed by Gold (1996). In my opinion they represent the most prominent examples of theoretical integration. Apart from this very subjective selection criterion, theories were selected on the basis of their complexity; they represent amalgamation of at least **three** different theories. The theories are: *cyclical psychodynamics* (Wachtel, 1997), *system-process cognitive therapy* (Guidano, 1991), *process-experiential psychotherapy* (Greenberg, Rice & Elliot, 1993) and *interpersonal-cognitive-experiential psychotherapy* (Safran, 1990a; 1990b). From their brief descriptions provided in the previous chapter, it can be seen that the selection of the original theories they are based on, includes the most prominent current psychotherapy approaches (psychodynamic, behavioural, cognitive, experiential and family). Furthermore, all of them include some psychological theories as well. This inclusion, in my opinion, stems from the recognition of the significance of what Neimeyer (1993) calls a necessary "cross-fertilization" between psychotherapy and psychology. All these characteristics of the selected theories make their comparative analysis more plausible for the purpose of clarification of the process of theoretical integration. However, before I proceed with this analysis, it is necessary to provide an extensive description of CF. This will be done in the next chapter.

Chapter 3.

COMPARATIVE FRAMEWORK

3.1. Introduction

The entire idea that comparative analysis of different psychotherapy theories is a possible and useful enterprise comes from a Ford & Urban's (1963; 1998) belief that the therapies "must share some similarities because they all deal with the same basic phenomena - the nature of humans' being and becoming in natural, designed, social, and cultural contexts" (Ford & Urban, 1998; p.ix). Consequently, though psychotherapies differ in their way of conceptualising and explaining these two phenomena they still serve the same purpose and as such need to have the same underlying structure.

This notion is also characteristic of some other attempts at comparative analysis of psychotherapies. For instance, Prochaska & Norcross (1994) propose that all psychotherapy systems should include theory of personality "as it leads to its theory of psychopathology and culminates in its theory of therapeutic processes, therapeutic content and therapeutic relationship" (p.2). Furthermore, Orlinsky & Howard (1995) conceptualise "the generic model of psychotherapy" that is aimed at revealing the common underlying structure of the therapeutic process. This model distinguishes six aspects of the therapeutic process that are characteristic

of any approach of psychotherapy regardless of its theoretical basis. These facets are: the therapeutic contract, the therapeutic operations, the therapeutic bond, patient and therapist's self-relatedness, in-session impacts and post-session impacts. Though describing thoroughly these two comparative attempts is beyond the scope of this thesis, it can be easily seen that both of them support the existence of some kind of common underlying structure characteristic for all psychotherapeutic approaches.

From the statement that the diversity of psychotherapy approaches is only a surface characteristic whilst the same organisation and purpose characterise different psychotherapy systems, stems a belief in the possibility of developing integrative global theories of normal and dysfunctional human development, of which Ford & Urban (1998) are very much in favour. This notion of creating some "grand" overarching theories has been rejected by many current theorists (Mahoney, 1993; Neimeyer, 1993; Safran & Messer, 1997) ranging from the statement that this is a premature task to the statement that this is completely impossible. However, Ford & Urban (1998) believe that the task is difficult but not impossible. Although they made this explicit only at the very end of their recent book, in my opinion their entire work might be seen as an attempt at providing a springboard for future work in this area.

Ford & Urban's endeavour started with a book *Systems of psychotherapy: A comparative Study* published in 1963. This book was aimed at providing "a comparative study of several major systems of individual verbal psychotherapy by analysing each one in relation to a common set of issues, in order to reveal major areas of agreement and disagreement about these issues" (Ford & Urban, 1963; p. 3). These common issues are also presented in the current comparative framework model (Ford & Urban, 1998) in terms of emphasising concepts, propositions and procedures as being at the core of any psychotherapy.

However, a comparative analysis was not based on such an extensive comparative model as presented in Ford & Urban (1998). Moreover, the selected

therapies were not analysed in terms of their guiding assumptions (metaphysics and epistemology) and hence, not grouped in families of psychotherapies. That was done in the contemporary book. For example, instead of analysing a family of humanistic approaches Ford & Urban (1963) opted for single theories such as Rogerian client-centred therapy. Moreover, selected theories were chosen on the basis of their current popularity, rather than scientific credibility. These characteristics resulted from the "state of the art" in the field of psychotherapy at that time. However, this statement does not undermine at all the significance of this pioneering comparative attempt.

Ford & Urban's (1998) current title represents an extensive and improved work that echoes an extraordinary development of psychotherapy during the last 35 years. The authors emphasised the changes that occurred within this time framework. First, an extensive diversity of psychotherapy characterises this era. It is usually cited in the literature that there are over 400 different psychotherapeutic approaches with many of them representing variants of the major approaches (Karasu, 1986). Furthermore, psychotherapy became a recognised and legitimate treatment that has been widely practised by many mental health professionals and used by large numbers of clients. Consequently, this has put much pressure on the health system because people have demanded equal access to services, which then in turn have produced problems with funding.

Therefore, on the one hand diversification within the field of psychotherapy and on the other hand a growing demand for psychotherapy treatment with consequent funding problems have emphasised even more the need for validation of current approaches. According to Ford & Urban (1998) this can be done only through a clear and precise specification of "*what* needs to be changed, *how* it needs to be changed, *which* procedures can systematically effect those changes, and *how* one can determine whether the desired outcomes have been attained" (p.xiv). In my opinion this is an exact description of what they are uncovering in

their book by submitting different families of psychotherapies to comparative analysis based on their comparative framework (CF).

The book is divided into three sections including Section I that describes a comparative framework (CF), Section II that identifies and analyses families of psychotherapies, and Section III that offers an extensive presentation of differences and similarities among the families with their implications. The present chapter will be entirely based on Section I because it explains the model of comparative analysis that I am going to use.

In the following sections, a concise presentation of CF will be offered in a way that follows the outline presented in Ford & Urban (1998). In the first part I will provide some background information about the development of CF. The second part will comprise thorough descriptions of the content of the guiding assumptions that include ontology, cosmology, and epistemology in addition to a content description of the conceptual, propositional and procedural models. In the last part, a comparative analysis will be described with particular emphasis on the questions used in identifying the guiding assumptions, conceptual, propositional and procedural models of the integrative theories in this thesis.

3.2. Organisation of Comparative Framework (CF)

3.2.1. The background

The major problem of any comparative analysis of different psychotherapies is the difficulty of comparing systems of ideas that are presented using various conceptual and propositional languages. Though we can say that the common purpose of these different systems is the investigation of how humans develop, change and function, they use different terminology for that purpose. Hence, this makes it difficult to determine whether they are talking about different phenomena or are just using different terms for the same phenomena. Furthermore, the psychotherapeutic context itself is rich with variability. Indeed,

a psychotherapist is striving to understand the person who is intrinsically changing all the time as a result of the interplay of the environmental and internal variables. Therefore, the psychotherapist is trying to investigate and understand the constantly changing person within a constantly changing context. Ford and Urban (1998) claim that in order to overcome theoretical diversity and practical variability "some standard way is needed to represent the *meanings* underlying each theorist's terminology so that ideas can be compared" (p.1). This means that one needs some kind of a model that will lead this investigation and produce understanding.

The rationale for the development of such a model, Ford and Urban (1998) find in the existence of our own evolutionary-developed and representation-based information processing system. What we usually do is ignore the complexity and wholeness of our internal and external worlds and develop *models* that are representations of some of their consistent patterns. In this way we create depictions of our multifaceted realities that guide our further thoughts and actions. It is necessary then for these models not to be rigid but modifiable by further experience. Indeed, our representations are flexible and dynamic models utilised in various situations.

There are four major types of models that are used constantly in everyday life for personal, social and professional purposes. These include iconic models, analogue models, symbolic models and mixed models. Each of these has its own characteristics in terms of the way of presenting reality. For example, iconic models are most specific and concrete because they look like the objects they represent but they are often larger or smaller than the real objects. Analogue models are more complex because they use one set of properties to represent properties of the actual object by using specific transformation rules, as it is in maps and graphs for example. In contrast to iconic models they can be used to represent dynamic processes but in order to understand the meaning of analogue models one needs to know transformation rules.

Symbolic models differ from the two previously mentioned in terms of using intrinsically meaningless symbols to represent objects, ideas or events. Consequently there is no similarity between the representations and what they represent as in the case of verbal description or mathematical formulae, for example. As in analogue models, transformation rules are necessary and interpreters need to be familiar with them. Symbolic models are widely used by scientists and professionals. However, as is well known neither type of models is sufficient to represent large and complex amounts of information. Therefore, models are mostly combined and they become mixed models. This facilitates communication and explanatory power.

Models can range from micromodels of specific phenomena up to the most inclusive models called metamodels. As Ford & Urban (1998) point out "The greater the number, variety and organisational complexity of the phenomena or ideas a model encompasses, the more inclusive and removed it becomes from actual experience" (p.8). Models are linked to each other in hierarchical patterns with micro-models being at the bottom and mid-range models preceding macro-models. On the top of this hierarchy there is a metamodel that is overarching. Consequently micromodels represent the basic components of more inclusive models.

Each level of models requires analytic units appropriate to that level. For example, biologists study cells whereas sociologists investigate social institutions and these are the respective units of their analysis. Basically, each discipline has its own units of analysis and can be situated on a different level of model representation. Within psychotherapy for example, psychotherapists are mostly interested in the mid-range models, i.e. particular persons and this represents their unit of analysis. By being trained in a particular approach they might be biased to emphasise specific aspects of persons (e.g. thoughts, behaviour, interpersonal relations) but because practice demands them to be synthesisers, they cannot neglect other levels. For example, depressive symptomatology can

be caused by disturbances at different levels; the procedural model used to successfully treat the symptoms will vary depending whether depression is a result of a brain tumour (the biological organ level) or social rejection (the social level). However, in most cases these levels interact with each other and provide more complex explanation.

As can be seen, models are essential for understanding phenomena. Therefore, understanding human nature, that is the major objective of psychotherapy, requires the development of models. Ford and Urban propose that all psychotherapeutic approaches include some (at least implicit) metatheoretical, conceptual, propositional and procedural models that guide clinicians' work. However, in order to comparatively analyse psychotherapy models, one needs to create a comparative frame that will be capable of comparing the underlying meanings of their specific terminologies.

In order to construct this comparative model Ford & Urban reached for the specific type of analysis called requirement analysis that originates from design and engineering fields. They regarded it useful for setting up the criteria that the comparative framework should meet.

In requirement analysis, criteria for the product are identified by determining in advance 1) what are the functions that the product should serve, 2) what are the particular characteristics that the product needs to have in order to serve this particular purpose and finally 3) what are the constraints it should meet. For example, a designer working in the truck industry should know in advance what purpose the truck has to serve (e.g. transport of furniture) and according to that he will determine what attributes it should have (e.g. the dimensions and the outlook of the transport space) and what constraints it should meet (e.g. transcontinental trips).

A similar requirement analysis is used in the process of creation of CF. First, Ford and Urban define two major purposes that CF should serve and then they

move onto describing particular characteristics that it needs to have in order to serve these purposes.

CF needs to serve two purposes: 1) comparing theories of psychotherapy and 2) linking psychotherapy theory and human science theory.

In terms of comparing different psychotherapies CF needs to provide "context within which the meanings of the concept and propositions used in various models of psychotherapy can be identified and compared in terms of the generic kinds and organisation of phenomena they represent" (p.38). In the following section the definitions of the terms *concepts* and *propositions* will be highlighted because they are seen as key components of all psychotherapies.

Concepts represent the "what" of a model, i.e. what particular entities of human complexity are specifically emphasised in the particular model. Given that all psychotherapies deal with humans, these concepts represent particular phenomena that are broadly labelled as biological, psychological, behavioural and social. Psychotherapies highlight different aspects of these phenomena and name them differently but nevertheless it is these core and mutual phenomena that all psychotherapy approaches strive to explain by proposing their specific concepts.

Propositions specify "the how or dynamics of a model" by defining the kinds of relationships and interactions that are important for the organisation of phenomena specified by the theory's concepts. The most important propositions are about how humans change and especially the circumstances when they do not change. Indeed, the explanations of the stability of their dysfunctional patterns provide the rationale for the design and use of psychotherapy methods. Therefore, concepts and propositions should be organised in such a way as to provide a solid basis for creating a procedural model of the particular psychotherapy. By having a procedural model defined, a therapist should be able

to understand each client's current states. Moreover, he/she will be equipped with strategies and methods that would allow desirable changes to be made.

The second purpose of CF is linking psychotherapy theory and human science theory. It is very important that psychotherapy concepts, propositions and data relate with those relevant in human sciences and vice versa. Psychotherapy cannot be seen as an independent enterprise but rather it needs to encompass the findings from various human sciences that investigate the phenomena that psychotherapies try to change. Indeed, as will be seen in further sections, CF is structured by using many propositions that come from other human sciences such as psychology, sociology etc.

The previous sections presented the purposes of CF. The next step to be taken is the identification of the characteristics of psychotherapies that need to be encompassed by CF. Ford and Urban (1998) propose five issues:

1. Psychotherapies may differ in their guiding metaphysical and epistemological assumptions.
2. They may differ in using different level of analysis.
3. They may use diverse units of analysis.
4. Their conceptual models may differ in terms of emphasising different aspect of humans.
5. Their propositional models may include both stability-maintaining and change-inducing dynamics.

In my opinion the diversity of the procedural models of different psychotherapy approaches should be added to this list. This is a very important issue that needs to be addressed in CF.

In the following sections each of these issues will be thoroughly discussed.

3.2.2. Guiding assumptions

Psychotherapy models might be regarded as models that strive to explain the complexity of human nature, its development and the dynamics of its change. Ford and Urban propose that all these models are organised around some metatheories that provide a theoretical framework within which conceptual, propositional and procedural models are developed. These metatheories include metaphysical and epistemological assumptions. According to Ford & Urban by identifying these mostly implicit guiding assumptions it is possible to classify the entire number of current psychotherapeutic approaches into several families of psychotherapy. Before I carry on with presenting this specific classification it is necessary to provide a brief overview of different philosophical paradigms that guiding assumptions consist of.

There are two major philosophical questions. The first question "what is reality" represents the metaphysical problem that two disciplines, ontology and cosmology, are concerned with. Ontology is aimed at revealing what is reality made of, whereas cosmology is concerned with how it is organised. The second question "how do humans know reality and construct knowledge" represents the major objective of epistemology.

According to Ford and Urban the way each of these questions has been answered specifically affects and constrains particular models of every theory. For example, "key components of every theory are its concepts, which specify the phenomena it seeks to explain" (p.13) and the selection of the concepts might be affected by the ontological question "What is the substance of reality and of humans?". Therefore, if one assumes that everything is made of the same substance, the resulting concepts will be different than if one assumes that there are two kind of substances such as body and mind. In conclusion, a theory's conceptual model is affected by its ontological assumptions.

Furthermore, all theories have propositional models that determine how particular concepts are organised and function. However, the selection of propositions is guided by the cosmological question: "How is the world organised and how does it operate and change?". So, inevitably, a theory's propositional model will be shaped by underlying cosmological assumptions.

However, ontological and cosmological assumptions are tightly related to epistemological ones. When the theory is concerned with humans and their relationship with the world, ontological and cosmological assumptions are not sufficient because one needs to find how humans apprehend and understand that reality. Therefore, a theory's guiding epistemological assumptions are manifested in its procedural models.

In the following passages each of these particular philosophical problems will be explained with the presentation of various views that are striving to answer these questions in particular ways.

First, I shall consider various ontological assumptions about the nature of reality. The view that many people hold, where the world is seen as made up of two different phenomena: material (e.g. things that can be sensed) and nonmaterial (e.g. emotions, thoughts, perceptions), is called the *common-sense view*. This is the view that the psychotherapist will most frequently encounter working in everyday practice. Moreover, many philosophers hold this view to be true, though it is formally called *dualism*. The dualist approach is aimed at explaining how these two different essences, a body and a mind, that we are made of, relate to each other. There are three different forms of dualism that specifically explain the relationship between body and mind. *Psychophysical parallelism* proposes that body and mind do not relate but rather coexist in different streams with their own rules and conceptions. By contrast, *psychophysical interactionism* argues that mind and body are interrelated and they profoundly influence each other. The third view, called *epiphenomenism*, is the most radical claiming that mental phenomena do exist but they are just by-products of the body's functioning and

therefore non-influential as to how the person acts. The world is seen as governed by physical laws and immaterial phenomena do not affect it.

On the other hand, there are some scholars that claim that the world is made up of only one substance. Depending whether this substance is material or immaterial, there are two major views: *materialism* and *idealism*. The materialistic view is based on the assumptions that reality consists exclusively of matter and that all things and events can be reduced to the basic particles of physics and hence, can be explained by physical laws. Consequently, mind itself is reducible to the nervous system's particles and can be explained by biochemical and electrical neuronal process. This specific view within the materialistic framework is called *reductive materialism*. However, some scholars acknowledge the specific existence of living entities and assume that additional laws are essential for understanding living things. This view is called *biological determinism*.

Idealism, by contrast, claims that human experience is the major essence of the world. Consequently, reality does not exist in materialistic terms but only as an idea created by humans. The most recent view that is emerging among all of these extreme views is *double aspect monism* which acknowledges the existence of immaterial-material but sees them as different manifestations of one underlying phenomenon.

Ontological views are related to cosmological assumptions that include ideas about the organisation of reality in terms of its stability and change. Again, we start here with the *common-sense view* in which things are seen to happen because something was done or happened to produce the event or the change. This is, sometimes, called generative causality where the cause is anything that influences what happens or produces a result, whereas an effect is the outcome that follows the occurrence of a cause. Anything that can be explained in such "cause-effect" manner is regarded as valuable knowledge because its use might predict and control events.

Philosophers added to this simplistic approach some sophisticated ideas that, together with the notion of cause-effect, constitute *determinism*. There are two organisational properties, temporal contiguity or sequence and regularity or contingency. Temporal contiguity means a characteristic temporal patterns of events; events might happen simultaneously or they might precede or follow each other. On the other hand, regularity or contingency establishes the regular temporal pattern of these events, emphasising the recurrence of the same event pattern across different occasions. Therefore, if one event occurs first and another always follows, the first event is then regarded as the cause of another. The first event is regarded as a necessary and sufficient condition for another to occur.

Beside this simple causality, there are also multiple causality models in which it is assumed that a causal event needs to be present but the effect will not happen without other conditions being satisfied. Given this assumption, a single cause is not sufficient but it is necessary for the effect to occur. The explanation of multicausality started with Aristotle's work centuries ago. He proposed that for an efficient analysis of what causes an effect, one needs to consider multiple types of causes including the material cause, the efficient cause, the formal cause, the final cause and the incidental cause. The material cause means the substance of which thing or event is made, whereas the efficient cause represents the agents that produced any change in the thing. The formal cause is determined by the specific organisation or configuration that the thing is supposed to assume, whereas the final cause presents the purpose that will be served by the proposed change. Finally, chance might always occur and influence the effect and, therefore, there is a possibility of the presence of an incidental cause.

There are different cosmological views regarding which of these causes is emphasised. For example, *formism* assumes that the objects themselves have stable properties that determine their functioning and hence this approach emphasises the material cause. *Mechanism*, however, relates different phenomena into cause-effect relationships and therefore combines the ideas of

material and efficient causes. *Contextualism* emphasises formal cause, proposing that events and contexts occur in an integrated fashion at each point of time. *Organicism* emphasises final causality by stating that living entities are constructed in terms of progressing in the direction of increased complexity and transformation.

Furthermore, Ford and Urban (1998) cited Delprato's (1995 in Ford and Urban, 1998) summary of the evolution of ideas about causality and organisation of the world in science. The first view, called *substance theory*, assumes that events happen because of having intrinsic powers and properties. The second view, called the *mechanical view*, emphasises the substances as well, but describes their relationships in terms of attractive and repulsive forces. A current view, originating from modern physics, is called *the field theory*, where events are seen as happening as a function of the nature and the organisation of all conditions in which they are embedded. The most recent view is the *theory of self-organising systems*. This will be thoroughly explained in a later section together with other models based on previously mentioned cosmological views. Importantly, each psychotherapy model is primarily based on one of these cosmological views.

The *mechanistic model* emphasises the simple linear cause-effect relationship. This view has been dominant in science and everyday life. Complexities are seen as being organised of different simple properties that relate with each other by simple casual relationships. By revealing these simple relationships one can uncover the entire nature of the complexity. In this way it is possible to construct systems in which behaviours will be easily determined and predictable by specific input information.

On the other hand *contextual models* are closer to the reality of human affairs. These assume that the world is composed of a continuously changing combination of object arrangements and temporal events, none of which can ever occur again. Every event is a result of a unique combination of occurrences in its immediate context. When this is applied to human affairs we can make context-

free generalisations very infrequently and hence people's functioning can be explained in terms of person-in-context model.

The *organismic model* opposes the application of mechanistic models to living systems stating that living systems are developed through differentiation of the already existing whole organism. Hence, the whole is not constructed from the linear sum of the parts as mechanistic models propose. The parts are rather constructed from the whole. Moreover, the change does not occur in a simple linear fashion, but rather in discontinuous patterns that lead to the final stage of maturity.

Finally, new ideas of causality are emerging based on the advances in the natural sciences such as quantum theory, non-linear thermodynamics, chaos theory and complex dynamic systems. Here, the humans are seen as *open systems* that require constant exchange with their internal and external contexts. Moreover, in terms of change and stability, humans, as *complex dynamic systems* that continually create and recreate their organisation, are aiming at establishing equilibrium. Therefore, instead of labelling humans as passive recipients of environmental influences, interactional and transactional relationships are emphasised.

Furthermore, there is a proposition of so called *mutual causality*, which means that a change in any part of a dynamic system will be a function of the dynamic organisation of the whole system. In this view the final cause of human behaviour can be seen as the manifestation of the operation of the system dynamics. Development occurs through differentiation and elaboration of wholes, which is similar to organismic models. However, unlike these models, environmental influences are essential for change to occur. On the other hand, dynamic systems are not seen as passive recipients of environmental influences but active mediators and modellers of the change processes and their outcomes.

In the final section I shall discuss the third philosophical discipline which ideas, also, are part of the metatheoretical assumptions of psychotherapies. This is epistemology that deals with the nature of human knowledge and experience. Apart from knowledge and experience, epistemology deals also with reality which is seen as a specific quality of things and events that exist or occur within or outside of the human body, but are also independent of people's experiences and knowledge.

In general, there are three epistemologies that differ in terms of their explanation of the relationship between knowledge, experience and reality. They are called intuitionism, rationalism, and empiricism.

Intuitionism is a common-sense epistemology. Knowledge is seen as a mental construction, but the link between this and experience is not known. People differ in how much they emphasise the significance of intuition, though in everyday life the majority operate on an intuitive understanding of themselves and others.

Rationalism emphasises the power of human reasoning and limits the influence of experience on human knowledge. Consequently, only through adequate thinking based on the strictly prescribed rules of logic, can people reach valuable knowledge.

On the contrary, *empiricism* assumes that reality is completely independent of human's experience and as such can be scientifically explained by methodologies of natural sciences. There are two most prominent versions including *realism* or *presentationism* and *representationism* or *constructivism*. Realism or presentationism assumes that reality exists independently and that it can be objectively analysed because our perceptions directly and accurately correspond with reality. On the other hand, constructivism acknowledges experience as a source of knowledge, but also emphasises some shortcomings mostly based on the limitations of our sensory-perceptual system. Representationism combines realism and idealism, arguing that knowledge is constructed by mental processes

that utilise but go beyond the fruits of direct experience. These mental constructions then in turn constrain and shape future experiences.

3.2.3. Families of psychotherapies and their guiding assumptions

Ford and Urban assume that all the theories are based on some of the previously described metaphysical and epistemological assumptions. However, theories differ from each other in term of emphasising different ontological, cosmological and epistemological assumptions. Based on this proposition Ford and Urban cluster over 400 approaches in the following families of psychotherapy: behaviour therapies, cognitive therapies, cognitive-behaviour and skill-training therapies, behavioural medicine/health therapies, humanist therapies, traditional psychoanalysis, interpersonal and sociocultural therapies and, finally, eclectic and integrative therapies.

Until Ford and Urban's comparative analysis, there had been a consensus grouping of current psychotherapies that was not based on a clear rationale. However, Ford and Urban propose that their groupings are based on the similarities in psychotherapies' metatheoretical assumptions though they are aware that development of individual psychotherapy theories is not a linear process independent of its context and the influence of people that perform that type of psychotherapy. Consequently, theories of psychotherapy evolve, starting with some guiding assumptions that may be changed later on and so reinforce development of different variations of the original theory. However, in this comparative analysis Ford & Urban deal with the original framework on which the particular theory was initially based on.

BEHAVIOUR THERAPIES

In terms of ontology, behaviour therapies are based on materialism because they propose that the person, seen as action-performed in relationship to the environment, is the focus of investigation and emotions or any other so called

mentalist phenomena are seen as the result of specific physiological processes. Mental phenomena do not exist as such because they are by-products of biological processes. Causality is also seen as simple cause-effect process and hence, a mechanistic cosmological view characterises this system of psychotherapy. People's behaviour can be explained by employing empirical research based on objective observations. Therefore, in terms of epistemology this is empirical epistemology with a realist (presentationist) emphasis.

COGNITIVE THERAPIES

Contrary to behaviour therapies, cognitive therapies consider thoughts (mental phenomena) major factors in people's actions. Because thoughts are seen as the cause, the ontology that cognitive therapies are based on is idealism. However, in terms of cosmology and epistemology, cognitive therapies do not differ from behaviour therapies. Because they strive to explain simple linear cause-effect relationships, their cosmology is mechanistic. In terms of epistemology, empirical research is emphasised but in this case an objective analysis of people's self-reports is the major way of understanding individuals. As can be seen, this is again realist (presentationist) epistemology with the addition of the representationist (constructionist) version.

COGNITIVE-BEHAVIOUR AND SKILL TRAINING THERAPIES

For this family of psychotherapies the guiding assumptions of behaviour and cognitive therapies are combined. Thoughts, actions and environment are all related and therefore this represents dualist view of psychophysical interactionism. In terms of cosmology and epistemology it is identical with cognitive therapies.

BEHAVIOURAL MEDICINE/HEALTH THERAPIES

This family has guiding assumptions almost identical to the previous ones. The only difference is that biological components are more emphasised and that

causality is not seen in terms of a simple linear relationship but rather stemming from reciprocal relationships.

HUMANIST THERAPIES

The major proposition of this family of psychotherapies is that humans are unique entities and as such they need to be understood and treated distinctly. They are different because of their capacity for self-awareness and self-knowledge and also because of their complex phenomenology and specific values and meanings. All of these attributes make them proactive, not just reactive entities. This view represents an idealistic ontology. Such a view leads then to humanistic therapies proposing organistic cosmology where development of human unique entities is through differentiation and elaboration of experience toward full personal realisation. In terms of epistemology, rationalism and intuitionism are emphasised because what really matters is the person's subjective view rather than whether it is objective or not. The person's subjectivity is the focus of this therapy.

TRADITIONAL PSYCHOANALYSIS

Traditional psychoanalysis founded by Sigmund Freud is characterised by idealist ontology. Though Freud acknowledged the significance of biological and environmental factors the major focus of intervention was seen as cognitive processes and hence it was idealist ontology. Like humanistic therapies psychoanalytic cosmology is based on an organistic model. Epistemology was empiricism with presentationist and representationist characteristics.

INTERPERSONAL AND SOCIOCULTURAL THERAPIES

Interpersonal psychotherapies originated from traditional psychoanalysis (e.g. object-relation or self-psychology). Moreover, there has been a development of feminist and subculturally oriented therapies. The major commonality among such varied approaches is an emphasis on exploration of the "person in context".

According to these therapies, persons are characterised by specific interpersonal relationships, which are embedded in specific sociocultural contexts. As can be seen this is an interactive dualist view but with an emphasis on a mental or idealist component. In terms of cosmology, humans are seen as self-organising open systems where "a person's psychological patterns are described as dynamic and subject to continual change and elaboration. One's lifelong interpersonal and psychosocial embeddedness continually produces transactions that can either help to stabilise these patterns or prompt them to change" (p.32). In terms of epistemology, the authors differ.

ECLECTIC AND INTEGRATIVE THERAPIES

In these psychotherapies, as in the previous ones, people are seen as biopsychosocial entities continually engaged in relationships with their environment. This is psychophysical interactionism or a double aspect monism. In terms of cosmology it is a self-organising open system with some mechanistic components. Epistemology is pluralistic and valuable knowledge can be obtained from any source.

In conclusion, by grouping psychotherapies in families on the basis of their mutual guiding assumptions, Ford & Urban showed that psychotherapies differ from each other in terms of accepted metaphysical and epistemological assumptions. Moreover, they emphasise a link between guiding assumptions and models of particular psychotherapy. Indeed, they state that ontology influences what concepts will be proposed in the conceptual model, cosmology affects the explanation of stability and change processes that are described in propositional model whereas epistemology directs what procedures and techniques will be used in order to accomplish a desirable change in a client. Though Ford & Urban propose a unidirectional relationship between guiding assumptions and models, it seems that the way of revealing metaphysical and epistemological assumptions goes in the opposite direction. Guiding assumptions are not explicitly stated and only through analysing conceptual, propositional and procedural models can one

assume on what metaphysics and epistemology a psychotherapy approach is based. CF needs to recognise and name all diverse guiding assumptions that psychotherapies can have built-in.

3.2.4. Levels of analysis

According to Ford and Urban the *person-in-context* needs to be the primary level of analysis or unit of reference to which therapy theories are anchored. It is inescapably a person living in a particular milieu that psychotherapists deal with in practice. This is reflected in the process of psychotherapy itself. When clients come to the therapist they usually complain about a specific problem such as being anxious or depressed or experiencing problems in their marriage. However, they also talk about the context in which these problems take place adding a new dimension to their personal experience. They also strive to explain what led them to behave in a particular way and they might fear consequences that their problems may create for significant others and themselves. As can be seen not only that person-in-context needs to be a primary level of analysis but also any effective psychotherapy requires attending to at least two other levels of analysis, namely, a) structural and functional subsystems of the person (e.g. the nervous system, cognition, emotions, actions etc.) and b) environment itself. Therefore, CF should encompass at least three levels of analysis.

The human system comprises structural and functional subsystems existing on different levels, such as the biological, psychological and behavioural. Though humans function as compact wholes (the principle of unitary functioning), they cannot be fully understood without explaining the structural and functional subsystems whose synchronous interaction and dynamics produce that unitary functioning. Therefore, CF needs to include a level of analysis one step below the person-in-context including all the parts of humans that psychotherapy theories and the human sciences emphasise.

On the other hand, human existence is inseparably linked to the environment. Continuous interactions with the environment are integral to survival. They also serve as facilitators of and constraints on human behaviour. Consequently, it is important to look at the nature of the relationship between people and environment.

There are two basic explanations of how behaviour and environment are related. The Aristotelian view proposes that behaviour results from the properties of persons only, with the environment having no effect. The Galilean explanation, however, claims that properties of the persons are not sufficient for behaviour to occur and hence, environmental influences are necessary because behaviour results from its interactions with its context. In their everyday life people use both explanations. For example, they might solely blame themselves for something bad that happened or they might search only for the "faults" in their contexts. They use different explanations for different situations and they also generalise behaviour patterns across different settings. Consequently, CF needs to encompass both of these views.

Furthermore, the nature of person-environment interactions needs to be explored. There are four types of person-environment interactions. The first is labelled *action* type. It views people as agents of actions imposed on their environment. However, the *action-reaction* view acknowledges the consequences of people's actions and provides a more elaborate version of the action view. The more sophisticated *interactional* view proposes that people interact with their context. Depending on whether behaviour is seen as controlled by the environment (mechanistic model) or controlled by people in order to achieve a particular goal, one can talk about mechanistic (robot) model or pilot model. However, neither of these views fully captures the real dynamics of the phenomena. Therefore, Ford & Urban favour the most complex view, the *transactional*. Here, people do not only interact with their context; they are also part of that context. Consequently,

both people and context are changed by influences coming from each other. This is sometimes called circular or mutual causality.

In conclusion, psychotherapies can be concentrated on different levels of analysis and consequently emphasise different aspects of these levels. Because of that, CF that claims to be a tool of comparative analysis of such diverse psychotherapies "must represent individuals as integrated units, composed of dynamic organizations of structural and functional components, and embedded in and in continual transaction with changing environments that themselves are complex, dynamic organisations of components" (p.44).

3.2.5. Units of analysis

Human functioning is seen as a flowing stream always changing, always moving. However, for the purposes of scientific exploration it needs to be divided into particular chunks that we can call *units of analysis*. It needs to be emphasised, however, that "the units chosen ... constrain what we can learn about the stream of life; different units represent different ways of viewing that stream of events" (p.52).

Units of analysis are organised patterns and depending on the level of analysis they belong to, they might be less or more well-understood. For example, the organisation of biological aspects of humans is well-understood, whereas the organisation of their psychological and behavioural aspects involving a higher level of complexity is not so fully understood. Units of analysis on these levels differ very much in the kinds, amount and organisation of behaviour encompassed in them. They can range from simple organisations to large, extensive units such as reflex, schema, or panic attack. Therefore, they can differ qualitatively and quantitatively from each other. In addition to these characteristics, units of analysis can be described in terms of their temporal and complexity characteristics. In order to grasp such a complexity of units of

analysis, CF needs to accommodate their all qualitative, quantitative, temporal and complexity differences.

3.2.6. Conceptual model

In terms of conceptual models psychotherapies can differ in which concepts they emphasise simply because of their different focuses on particular aspects of humans. Human complexity made scientists develop categorisations useful for representing the generic characteristics of humans. Ford and Urban propose that there is a broad consensus about such categories. These categories are labelled as biological, psychological-behavioural and environmental. Ford & Urban claim that CF needs to encompass all of these categories that are inseparable parts of human existence. They also propose for each of these categories some basic characteristics that will be explained in further sections.

Biology sees the human body as an embedded hierarchy of biological structures that are classified and systematised by a universally accepted taxonomy. Therefore, cells are organised into tissues and organs, which are then organised in organ systems. Consequently, humans can be viewed as organisations of organ systems. Structural changes and anomalies might change the entire person and this might have an enormous influence on psychological and behavioural functioning of the person. However, only some psychotherapy models encompass this biological subsystem level. Most of them are usually concentrated on the other two levels, the psychological-behavioural and the environmental.

There are many categories used to explain the psychological and behavioural functioning of persons. Unlike the biological level, there is no widely accepted classification system of these human characteristics. For this reason, Ford and Urban propose a model they claim to be over-inclusive and complete. Here, humans are seen as complex information-processing agents that acquire information about their intrapersonal and person-context interactions by selective

sensory-perceptual processes. Then they create representations of these many types of interaction. Moreover, persons are capable of other cognitive processes such as self-appraisal, retrospective remembering and prospective foresight. People also are guided by motivational processes while staying conscious and aware and directing their attention selectively. In this system people develop their personal beliefs, knowledge and skills by pursuing particular goals within their personal value systems. Moreover, qualitatively different states such as fatigue, pain and emotions influence the flow of their behaviour which is performed by motoric and communicative actions.

However, humans can only function in a particular milieu. Therefore, these contexts need to be also understood as dynamic systems of the elements of which they consist. There are four recognised broad categories of environment. There are natural and designed environments depending whether they are created by human hands or not. In terms of the extent and content of the person-environment relationship, environments can be labelled as interpersonal and sociocultural. Interpersonal context refers to the situations in which direct interactions among people are presented such as in case of families, friends and workmates. Sociocultural environments, however, refer to the different forms of environment that are designed to facilitate social group living. They are manifested in cultural forms such as education, religion, languages etc. They also create cultural differences among people and hence, need to be taken into consideration in psychotherapy.

In order to integrate all three major aspects of humans Ford & Urban develop a model called the Living Systems Framework (LSF). It extensively explains all biological, psychological-behavioural and environmental features of humans that Ford & Urban regard as important. Furthermore, according to this model persons represent complex living systems that are capable of performing two essential types of actions: *self-organising* and *self-constructing*. Self-organising actions involve creating and maintaining "relatively stable patterns of organization both

within themselves and between themselves and their concepts" and also restoring "these patterns when they are disrupted" (p.71). Self-constructing processes are presented in the growth and the development of humans as biological systems and in the development of humans as psychosocial and behavioural persons. It is important to emphasise that self-organising and self-constructing processes are intertwined and their interaction keeps the organism alive and well-adjusted.

The LSF is organised around three major components called *the biological person* (life maintaining processes), *the psychological person* (information/meaning-based governance and self-construction) and *the behavioural person* (person-environment transactional functions). It is proposed that all of these processes are continually and simultaneously occurring, creating the unitary coherent functioning of the organism. An extensive description of all three major components exceeds the scope of this simplified CF presentation. Hence, I will outline only basic propositions.

The biological level includes the structural and functional organisations of the human body. According to the widely accepted taxonomy, the human body is seen as organised in a hierarchical order with cells representing basic units. They are then, because of their structural and functional differentiation and specialisation, combined into the particular types of tissues. Tissues build the organs, which are organised into organ systems (e.g. nervous system, cardiovascular system) that serve specific functions. This functional diversification of organ systems is essential for the integrative physiological functioning of the organism.

Ford & Urban emphasise the interactional relationship between biological and psychological functioning that should be especially acknowledged by psychotherapists. Each person functions as an integrated unit in context. His/her psychological dysfunctioning can be caused by biological problems. Moreover, somatic complaints such as headaches for instance, can be reflection of psychological disturbance. The current extensive empirical research shows that

these two instances of human functioning are undoubtedly interrelated. Consequently, biological and psychological problems should not be considered independently of each other.

The components of the psychological person include two broad groupings: arousal functions and cognitive functions. Arousal functions are presented in three forms: activity arousal, consciousness-attention arousal, and emotional arousal. These three types of arousal functioning serve the common purpose of keeping the person alert and active and also reactive toward changes in his/her internal and external worlds. Cognitive functions represent information/meaning-based processes that include following functions: *directive functions, control functions, regulatory functions, information processing functions and remembering*. Diverse terms are used for the first three functions. For instance, concepts such as needs, purposiveness, goal setting refer to the directive function of cognition. Furthermore, thinking, decision-making, problem solving are terms that denote to the control functions. Concepts such as personal values, attitudes, self-efficacy represent the regulatory function of cognition. Information processing and remembering are the cognitive functions that unite these previous three into a coherent system of cognitive functioning.

The behavioural person is the third main component of the LSF model. It reflects Ford & Urban's view that humans are open systems and hence, "their existence, capacity to change and develop, and ability to function effectively all require continual exchanges of matter, energy, information, and meanings with their environments" (p.107). There are two types of behaviour that can help people to influence and be influenced by their contexts. They are physical actions and communicative actions. Both of these actions affect biological and psychological functioning. In this way a continual exchange with environment is manifested through all three major components of the LSF model.

In conclusion, within the context of psychotherapeutic practical work these biological, psychological-behavioural and environmental components cannot be

analysed separately from each other, because they operate as a team to produce unitary functioning. Therefore, in their everyday work, psychotherapists are always confronted with such a great diversity of phenomena that their work is multidisciplinary.

3.2.7. Propositional model

In terms of propositional models Ford & Urban claim that all psychotherapies need to explain two basic phenomena: stability and change. Indeed, this is in line with their statement that "Humans must be understood as continuous and ongoing processes, as an existence rather than something fixed and static, as an essence, not just as an instance of being but as also engaged in a process of becoming something other than what they already are" (p.49).

Though psychotherapists in their work might emphasise specific aspects of the clients (because of the specific school to which they belong), they need to be aware of the previously mentioned principle of unitary functioning. This principle is based on the assumption that any change in any part of a person may also prompt changes in other parts. Hence, though change might happen just in a one segment, the entire person might be affected by it.

Unitary functioning can only be achieved through synchronous interrelationships between different specialised parts that characterise the person-in-context. Such synchronicity is determined by the two processes of change and stability. According to Ford & Urban, dialectics between change and stability is the essence of human functioning. Processes of change result from the constant exposure of humans to the changing influences of internal and external contexts. In order to survive organisms must adapt and change. On the other hand, our own consciousness about the uniqueness of our existence requires stability. Consequently both processes are essential and hence, psychotherapy theories need to account for "dynamics that produce stable, unitary patterns of functioning and simultaneously permit and produce variability and change" (p.49).

Stability-maintaining processes mostly involve negative feedback processes that produce steady states by reducing discrepancies between current and desired or anticipated states. This disparity reduction through the negative feedback processes is presented at all three levels of functioning: the biological, psychological and behavioural. However, if only these processes were presented to protect homeostasis, humans would be unable to change and hence, to cope adaptively with changing contexts. Through evolution, humans developed capabilities for changing that are represented by two types of change processes: incremental change processes and transformational change processes. Ford & Urban (1998) propose that "incremental changes occur through successive differentiation and elaboration of existing patterns, thereby maintaining coherent organization while change is occurring" (p. 169). On the other hand the coexistence of stability and change is not possible in the case when disequilibrium is very large. In that case transformational changes occur in which organisation is restored through an extensive reorganisation of the whole system.

According to Ford & Urban all psychotherapy theories should include explanations of stability-maintaining and incremental and transformational change processes. Stability-maintaining processes are equally important as change processes because they are responsible for the maintenance of psychological dysfunctional patterns that cause people to seek help from psychotherapists. Change processes, on the other hand underlie the therapeutic process and hence, psychotherapy theories need to encompass them.

3.2.8. Procedural model

Procedural models include assessment and therapeutic strategies and therapeutic methods that any psychotherapy approach employs in order to accomplish desirable behavioural changes. Procedural models of any psychotherapy are highly influenced by conceptual and propositional models. Psychotherapies differ significantly in which strategies and methods they use, because they emphasise different aspects of humans and propose different change paths. Consequently, in

order to uncover the procedural model of any therapy, it is necessary to describe the strategies and methods it uses.

Ford & Urban (1998) propose that irrespective of the approach from which the therapeutic strategies and techniques come, there are some common elements that characterise all of them. For instance, they are all aimed at *activating* the clients' dysfunctional patterns in order to make them accessible and hence susceptible to change. Moreover, therapeutic strategies and techniques are applied with the purpose of either facilitating changes in dysfunctional patterns or replacing them with more functional ones. Furthermore, in order to produce change, which will be long lasting and generalised to other contexts of a clients' life, procedural models need to provide techniques that will facilitate this process. Finally, procedural models should propose a means of measurement of the client's progress during the therapeutic process itself and upon the termination of therapy. In this way, therapists will have more accurate information as to whether the particular therapy was helpful for the client.

In addition to these elements, every procedural model needs to provide basic information about the structure of the psychotherapy process such as, for example: the frequency and duration of therapeutic sessions, the duration of treatment and the roles of clients and therapists.

3.3. The integrative theories analysed within the comparative framework

In the following chapters the selected integrative theories will be presented in the form proposed by Ford & Urban's comparative framework. Hence, their guiding assumptions, conceptual, propositional and procedural models will be outlined.

The process of revealing these elements was led by the following **questions for comparative analysis** proposed by Ford & Urban (1998):

General question:

- 1) What are the underlying assumptions of the approach (ontology, cosmology, epistemology)

Conceptual model questions:

- 1) What levels and units of analysis are used?
- 2) To what aspects of people do its concepts refer?
 - (a) biological
 - (b) psychological (cognition, emotion)
 - (c) transactional (instrumental or communicative actions)
 - (d) environmental (interpersonal, sociocultural)
 - (e) complex patterns (lifestyle)

Propositional model questions:

- 1) To what extent do the theories emphasise proactive, anticipatory (feedforward), reactive (feedback) or other processes?
- 2) To what extent do they emphasise self-organising dynamics (such as stability-maintaining processes) and self-constructing dynamics (such as incremental and transformational change processes)?
- 3) What models of normal and dysfunctional development are proposed?

Procedural model questions:

- 1) Questions about the structures of the psychotherapy process (design of therapy sessions: where? how often? how long?; duration of the treatment?; roles of clients and therapists?).
- 2) What general strategies and specific methods are proposed for: (a) selectively activating client patterns to be changed; (b) facilitating changes in or replacement of dysfunctional patterns; (c)

facilitating the generalisation of changes from therapy contexts to other relevant life contexts; (d) facilitating alterations in developmental pathways and (e) evaluating client progress during therapy and final outcomes upon termination of therapy?

Chapter 4.

CYCLICAL PSYCHODYNAMICS (CP)

4.1. Introduction

Paul Wachtel is widely regarded as a pioneer in the area of psychotherapy integration. His seminal work *Psychoanalysis and Behavior Therapy: Toward Integration* published in 1977, represents a major breakthrough by showing that a certain level of integration can happen even between two psychotherapy approaches that are usually regarded as completely non-complementary. Twenty years later Wachtel published the book *Psychoanalysis, Behavior Therapy, and the Relational World* (Wachtel, 1977) in which he combined material from his first book, with the new approach that he developed, called cyclical psychodynamics.

These works fully illustrate the evolution of Wachtel's ideas. They began with his dissatisfaction with the inertia of the psychoanalytic approach (that he was initially trained in) which opposed any kind of active intervention claiming that the client's insight is necessary and sufficient for deep change to happen (Wachtel & McKinney, 1992; Wachtel, 1993; 1997). For this reason he reached for behaviour interventions, gradually including them in his own practice and finding that such type of interventions had been affected by the other. As he

pointed out by himself "the tone and style of the behavioral interventions began subtly to change ... they took on a psychoanalytic 'accent' ... began to be themselves a source of psychoanalytic insights" (Wachtel, 1997; p. 393), whereas psychoanalytic interventions developed more of behavioural "flavor". Interpretations began to be seen as client's exposure to forbidden material and to therapists' comments; instead of being considered neutral, they now were seen as having elements of reinforcement and direction.

Furthermore, Wachtel added some family therapy concepts and interventions in order to overcome the simple linear causality that is proposed by psychoanalytic and behaviour approaches. He claims that individuals are functioning within particular contexts and as such they can act on the particular environment but also the environment can affect them. Therefore, it is a circular rather than linear relationship between individuals and the environment, which has been especially emphasised in family (system) approaches.

In conclusion, cyclical psychodynamics is aimed at integrating concepts and propositions from psychoanalytic, behavioural and family approaches. However, as Wachtel *pointed* out "although behavioral and systemic concepts by now permeate the cyclical psychodynamic point of view quite substantially, the approach is nonetheless clearly most of all an offshoot of psychoanalytic thinking, an attempt to imbue psychoanalysis with a dimension of active intervention and a greater consideration of context and reciprocity that characterise all relationships" (Wachtel, 1997; p.423). Consequently, this is an example of assimilative integration, though it differs somewhat from the other theories considered in this thesis in not having either clearly defined guiding assumptions or a conceptual model. This might be regarded a consequence of the Wachtel's opinion that integrative theory is in constant flux, changing and developing by continually integrating new concepts and propositions from other theories (Wachtel, 1997). As he pointed out "Cyclical psychodynamics does not seek to become still another 'school', but rather an evolving framework within

which the contributions of therapists and theorists of varying points of view can be examined and integrated" (Gold & Wachtel, 1993; p.71).

4.2. Guiding assumptions

4.2.1. *Ontology*

Guiding assumptions cannot be easily revealed in the case of cyclical psychodynamics. This is especially the case with ontology that is usually reflected in the conceptual model of the theory. Because Wachtel operates with the concepts of the theories that he is including in CP rather than with his own originally developed integrative concepts, it is unclear whether the ontologies that underlie the original theories (and that conflict, as in the case of psychoanalytic and behaviour theories) can be regarded as ontological assumptions of CP.

In my opinion, Wachtel (1993; 1997) does not stay with either of the monistic ontologies presented in the psychoanalytic (idealism) and behavioural (materialism) approaches. Because of the influence of family (system) theories, and his emphasis on investigating the person in current contexts, I would say that the ontology of CP is of a more dualistic interactive nature. However, because CP is still theory that is highly embedded in the psychoanalytic theoretical framework, mental or idealist components such as fantasies, are more accentuated.

4.2.2. *Cosmology*

By looking at the procedural model of CP, one can conclude that instead of emphasising a simple linear causality of mechanistic cosmology that is characteristic of the psychoanalytic and behavioural approaches, Wachtel (1993; 1997) highlights the significance of circular causality which is characteristic of open system cosmology. Therefore, in my opinion though claiming that his

theory stays within the boundaries of the psychoanalytic approach, the proposed cosmology differs from the psychoanalytic one.

4.2.3. Epistemology

In my opinion, the epistemology of CP is empiricism including both presentationist (realist) and representationist (constructivist) views. The following excerpt illustrates this notion to a certain extent: "There is *always* some basis in reality for our experiences. *And* there is always a significant contribution that reflects the active, constructive nature of all perceptual processes. Our thoughts, our perceptions, our associations, our actions, are always a joint product of 'internal' and 'external' influences and processes. They reflect in every instance our particular way of organizing, construing, and reacting to the events of our lives" (Wachtel, 1993; p.55)

4.3. Conceptual model

4.3.1. Levels and units of analysis

Wachtel (1993; 1997) recognises the significance of all the psychological, behavioural and environmental variables featured by the approaches that his synthesis is aimed at. However, he regards these variables as intertwined with each other, and hence only through acknowledging their specific interactions therapists can get a complete picture of the client's current functioning. This is in line with Wachtel's further proposition that "people live in contexts, and our behavior, both adaptive and maladaptive, is always *in relation* to someone or something" (Wachtel, 1993; p.24). Therefore the primary unit of his analysis is the person-in-context.

4.3.2. Key concepts

It is difficult to pinpoint which are the major concepts of CP. Wachtel does not create original conceptions, but rather relies on the concepts coming from the

three approaches that he synthesised (Ford & Urban, 1998). In the section where he describes the major pitfalls of the psychoanalytic approach, he concentrates on its propositional and procedural downsides, claiming that he still regards the major psychoanalytic concepts (internal conflict, self-deception, unconscious wishes) to be valid (Wachtel & McKinney, 1992).

Hence Wachtel opposes a number of psychoanalytic notions including the overemphasis on early experience and insight, unclarity about the process of change and insufficient exploitation of Freud's revised anxiety theory, and finally insufficient attention to the role of social skills and the importance of active intervention. As can be seen these are mainly propositional and procedural ideas that have been scrutinised. The only exception seems to be an inadequate utilisation of Freud's revised anxiety theory. Anxiety seems to play a key role in CP propositional model of psychopathology and as such can be regarded as a key concept of CP. This is illustrated by the following notion: "Anxiety, then, has its impact not just in creating a state of distress but in the distortions of development and distortions of current functioning that are introduced by the efforts the person makes to *avoid* anxiety" (Wachtel, 1993; p.32). Hence in the following section, Freud's revised theory of anxiety and Wachtel's further elaborations will be presented.

In *Inhibitions, symptoms, and anxiety* (1959 in Wachtel & McKinney, 1992) Freud completely changed his view on anxiety. Previously, anxiety had been regarded as an "epiphenomenon of repression" (Wachtel, 1993; p.38). However, Freud proposed a new role for anxiety in terms of being "the basic *cause* of repression" (Wachtel, 1993; p.38). Therefore, people do not repress inappropriate unconscious wishes and fantasies because of their inadequate content, but rather because of anxiety and terrible distress that they elicit. This, Freud's theory of signal anxiety, has never been accepted by his followers (Wachtel, 1993; 1997). However, Wachtel finds it very useful because it bridges the gap between a psychoanalytic concept of repression and a behavioural concept of avoidance.

Interestingly, anxiety seems to play the key role in behavioural propositional models. In behavioural terms when the individual begins to perceive cues that are even marginally associated with a behaviour that has become a source of anxiety there is a strong inclination to avoid those cues. Therefore, avoidance has the same role as repression and hence "what is being addressed is a tendency to not notice, to reinterpret, to change the subject, or in other ways to avoid or attenuate the experience of forbidden" (Wachtel & McKinney, 1992). This is for Wachtel a converging point where behavioural and psychoanalytic phenomena described as avoidance and repression present the same type of response elicited by anxiety. This leads to incorporating these concepts within the same integrative theoretical framework.

4.4. Propositional model

The most distinctive characteristic of the CP propositional model is the emphasis put on the circular nature of both interactions between people and interactions between intrapsychic processes and the events of daily living (Wachtel, 1993). This certainly represents a big leap from the classical psychoanalytic view where just intrapsychic processes mattered and they represented the major forces that governed individuals. On the contrary, Wachtel (1993; 1997) proposes that individuals are proactive and self-constructing which means that they interact with the environment in such a way that their behaviour produces consequences that in turn shape their future behaviour. This illustrates the circular nature of causality that is the result of the family (system) theory influences on CP.

Moreover, a psychoanalytic view that early experiences have a dominant influence on further development by actually preventing development and growth from happening in a common linear fashion, and fixating it at a particular stage, was rejected by Wachtel (1993; 1997). The notion that early childhood motives, conflicts and ties to relationships remain active in the same form and exert continual control over personality development, Wachtel metaphorically

described as a "woolly mammoth" approach to psychodynamics (Wachtel, 1977 in Gold & Wachtel, 1993). Indeed, the following excerpt describes this metaphor the best: "Its image of archaic forces preserved in their original form by splits and layers of repression is reminiscent of those archaic creatures, so preserved in their original form under the protective layers of the Arctic ice" (Gold & Wachtel, 1993; p.60).

In contrast to this fixation-arrest model of development, Wachtel adopts the "continuous construction model" proposed by Zeanah, Anders, Seifer, and Stern (1989 in Wachtel & McKinney, 1992), where "patterns of internal subjective experience and patterns of relating to others are derived from past relationship experiences but are continuously operating in the present" (Wachtel & McKinney, 1992; p.359). This theory reunites the notion of the significance of early life experiences with the numerous empirical findings that negative early experiences do not inevitably lead to psychopathology (Ford & Urban, 1998; Wachtel & McKinney, 1992). Early experiences are undoubtedly important in setting the developmental pathway but further experiences can shape their influence.

As can be seen the basic form of human development is interaction cycles that basically unwind through intention-action-consequence patterns. By constantly engaging in interactions with their environments according to these patterns humans learn the ways of dealing with particular situations. Wachtel explains this process by using the Piagetian terms: schemas, accommodation and assimilation (Wachtel, 1993; 1997). Interaction cycles are influenced by schemas because in any situation that is novel to the person, blueprints of dealing previously with similar situations will affect the interpretation of the new one. Therefore, existing schemas will help to assimilate and interpret the current event, but they will also be changed in order to accommodate to the different aspects of it. Consequently, assimilation represents the basis of stability whereas accommodation produces change.

In terms of explaining how normal development becomes pathological, Wachtel uses an anxiety-avoidance model (Wachtel, 1993; 1997). As was previously mentioned in the conceptual model, Wachtel accepts Freud's theory of signal anxiety where anxiety makes people avoid the situations in which it is elicited. People develop throughout their life particular anxiety-avoidance patterns that are mostly related to interpersonal situations. Here, the circular nature of these dysfunctional interpersonal anxiety-avoidance patterns is proposed. Therefore, these vicious circles or cycles are not the result of the influence of the conserved forms of early experiences but they are result of "both the unconscious psychological forces and the way of life with which they are associated" which "determine each other in a continuing cycle of confirmation and reconfirmation". Consequently, the causes "lie not in the distant past but in the interactive present" (Wachtel, 1993; p.23).

Wachtel (1993; 1997) adopts the family-system theory notion that the solution becomes the problem in the final instance. This is obvious in the case of avoidance, which controls anxiety in the short term but produces further problems in the long term by preventing the person from behaving according to his/her authentic desires, aspirations and experiences. Moreover, significant others are involved in the vicious cycles by behaving in such a way that confirms over and over again the faulty patterns of interactions. These unwitting accomplices act in line with the person's expectations maintaining the dysfunctional interactions.

All behaviours that people use to avoid anxiety are called defenses. This is the good old psychoanalytic term that Wachtel (1993; 1997) still sticks to. Defenses are not just represented by behavioural avoidance, they include all other mostly cognitive ways of reinterpretation and self-deception. Though they are aimed at preventing undesirable interpersonal and psychological consequences from occurring, paradoxically they usually produce them. This is what Wachtel calls "the irony of psychopathology" (Gold & Wachtel, 1993) that replaces the

predominantly tragic vision of classical psychoanalysis (Schafer, 1976 in Gold & Wachtel, 1993). In this vision people are governed by internal psychic forces that they have no control over. Hence, they are being victims of repetition compulsion that makes them unconsciously but intentionally involved over and over again in the same trauma in order to master it. By contrast, the ironic view of CP assumes that the person "does not aim for the consequences he encounters; he produces them despite - yet because of - his vigorous efforts to prevent them" (Wachtel, 1993; p.23). Simply put, though the person is in the very search for new and productive interactions, he/she is successful only at creating dysfunctional interactional patterns i.e. vicious circles.

4.5. Procedural model

As can be seen vicious circles represent the core of psychopathology, and as such must be changed by therapy. Intervention strategies include identification and activation of vicious circles. This must occur under current circumstances that disrupt vicious circles' typical operation and effectiveness. As patients try to accommodate the disruption therapists must facilitate desirable change (Wachtel, 1993; 1997).

Consequently, assessment is focused on the person's patterns of interactions with a goal of identification of all points on the vicious circles. These include "the inclination which may be arousing anxiety, the meanings which predicts a loss of security, the interpersonal context of the desire, the ways in which the person interacts with others to keep threatening experiences unacknowledged and anxiety minimized, the reactions of others to the person's security operations, and the ways in which this last event feeds back to maintain the same anxieties, meanings and defenses" (Gold & Wachtel, 1993; p.63). Moreover, Wachtel emphasises the significance of the person's strengths assessment that needs to precede any balanced therapy.

Wachtel (1993; 1997) proposes that any intervention that can break the vicious circle can be used in CP. He specifically highlights exposure treatment that is

aimed at anxiety reduction. Exposure therapy can involve the classical behavioural methods such as systemic desensitisation and flooding, where the person is exposed to external sources of anxiety. On the other hand, psychodynamic methods of interpretation and confrontation of anxiety-generating inner states and of defenses can also be regarded as a type of exposure treatment. Finally, the interventions from gestalt and family therapy that can enable the person to experience the avoided aspect of his/her life and thus interrupt the repetitive and ironic maintenance of anxiety are of potential use in CP. Wachtel is hence fully eclectic in proposing which interventions can be used in CP.

Furthermore, he acknowledges the significance of insight, but regards it as insufficient for a full deep change to happen (Gold & Wachtel, 1993; Wachtel, 1993; 1997; Wachtel & McKinney, 1992). In addition to insight the person needs to experience and control emotions and to learn to act differently. Because this is a long and slow process he highlights a principle of gradualism where "gradual, incremental change makes it easier for patients maintain a sufficiently coherent self-organisation while simultaneously undergoing change" (Ford & Urban, 1998; p.503-504).

Finally, Wachtel pays special attention to the therapeutic relationship and communication (Wachtel, 1993; 1997). He emphasises the safe and positive therapeutic relationship as an essential prerequisite for therapeutic success. Activation of the vicious circles demands a warm and secure environment in order for persons to be able to disclose and discuss their private experiences. To achieve this it is also necessary that therapists use facilitative and encouraging comments that will help clients to further explore their problematic interactions (Wachtel, 1993).

Chapter 5.

PROCESS-EXPERIENTIAL PSYCHOTHERAPY (PEP)

5.1. Introduction

Process-experiential therapy (PEP) represents an amalgam of the classical experiential therapies, client-centered (Rogers) and gestalt therapy (Pearls) with the most recent findings from cognitive psychology and emotion theory. Similar to Safran's claim (Safran, 1990) that his therapy works within a cognitive theoretical framework though includes interpersonal and experiential theories, Greenberg also emphasises that concepts and propositions taken from cognitive psychology and emotion theory are there to increase the explanatory power of the experiential theoretical framework that he still regards as dominant (Elliott & Greenberg, 1995; Greenberg, Rice, & Elliott, 1993; Greenberg & Paivio, 1997; Paivio & Greenberg, 1998). Moreover, well developed research in the areas of cognitive psychology and emotion theory implies better scientific credibility of such an enriched experiential theoretical framework.

As it will be seen in the following sections PEP is based on a complex theoretical model that is aimed at integrating many different concepts coming from the extensive theoretical and empirical investigation in the area of cognitive

psychology and emotion theory. Moreover, its authors have developed some new concepts and propositions that mainly provide the rationale for emphasising the significance of *emotional* experience as a cornerstone of the experiential theoretical framework. Therefore, PEP can be regarded as another example of assimilative integration that also includes more complexity and differentiation.

5.2. Guiding assumptions

5.2.1. Ontology

PEP is organised within the humanistic psychotherapy theoretical framework. As such one could easily conclude that the ontology of PEP is the same as that of the entire family of humanistic psychotherapy. Indeed, Ford & Urban (1998) claim that all humanistic psychotherapies, including PEP, share the same monistic idealist ontology where human experience is major essence of the world. Therefore, reality does not exist per se but rather an idea of that reality is created by humans.

However, in my opinion Greenberg et al. add one more dimension to their theory. They emphasise the significance of human experience but they also go a step further in searching for the sources of that experience. They claim that there are "two major sources of experience, a conscious, deliberate, reflexive conceptual process (thinking) and an automatic, direct, schematic emotional process (feeling)" (Greenberg, Rice & Elliott, 1993; p.55). Feeling is the process that includes bodily felt senses and it arises whenever the organism encounters obstacles for its survival (Greenberg, Rice & Elliott, 1993; Greenberg & Paivio, 1997). Therefore, the essence of reality is not only contained in mind but also in body. In my opinion, such a claim is more in line with the dualistic ontology called psychophysical interactionism than with the monistic ontology of idealism.

5.2.2. Cosmology

In terms of cosmology PEP stays within the boundaries of other humanistic psychotherapies. The proposed ontological assumptions represent an amalgam of organismic and open systems cosmology. Human beings are growth and development oriented by themselves and therefore the change is possible to happen thanks to the transformation propensities of the organism itself. In contrast to these purely organismic cosmological assumptions Greenberg et al. (1993) acquire open system cosmology where humans are seen as open systems whose development and survival depend on the constant interaction with the environment. Experience as a major essence of humans is thus created by "the dialectical interactions of an organism within itself and with the environment" (Greenberg et al., 1993; p.59).

5.2.3. Epistemology

Greenberg et al. (1993) propose dialectical constructivism as the epistemology of their theory. This contrasts completely with Ford & Urban's (1998) propositions that all humanistic theories employ rationalism and intuitionism as their major epistemologies. In my opinion rationalism with its complete denial of experience as a source of human knowledge cannot be regarded as the prevailing epistemology of any humanistic theory. This is because all humanistic theories have in common their emphasis on human experience as major essence of individuals, whereas rationalism accentuates reasoning divorced from ever changing experience.

Dialectical constructivism sees people involved in the processes of continual constructions of the representations of themselves and the world. Moreover, such developed representations do not rely solely on direct experience but also on previously developed representations that can exert selective influence on the future experience. These propositions represent the major essence of constructivism in general. However, Greenberg et al. (1993) add a new quality to

this view in the form of the specific dialectics between "concept and experience, between reflexive explaining and direct being, between mediated and immediate experience" (p.55). Dialectics is seen as "the splitting of a single whole into its contradictory parts" (Greenberg et al., 1993; p.55) where these opposing elements are thought and emotion i.e. reflexive conceptual knowing that provides explanations and emotion schemes that supply instantaneous responses (Greenberg & Pascual-Leone, 1995; Watson & Greenberg, 1996). As a product of such continual dialectics the construction of novel outlooks of the self and the world emerge.

5.3. Conceptual model

5.3.1. Levels and units of analysis

As all other humanistic psychotherapies, PEP is also concerned with person-in-context as the primary unit of its analysis. This is the reflection of the open-system cosmology where people exist by interacting with the environment. Moreover, apart from emphasising this interactional nature of individuals' relationship with environment, PEP also highlights the transactional processes of a continual exchange with the environment. This means that everything is in a process of moment-by-moment change and hence, people behave according to their current impression of what is important and salient to them. Furthermore, they actively construct concepts of their self and for this reason are seen "as being constantly engaged in actively representing themselves to others and themselves in images and narratives" and as "multilevel, modularly organised, agentic processing system" (Greenberg et al., 1993; p.58).

5.3.2. Key concepts

In terms of constructing the conceptual model key terms, Greenberg et al. (1993) are led to improve a classical theoretical framework of experiential therapies by incorporating some chosen principles from cognitive psychology and emotion

theory. This is believed to be the way of overcoming a false dichotomy between thinking and emotion proposing that both are valuable sources of experience and that integrating knowing and acting is the main means of human survival (Greenberg et al., 1993). In the following sections these major points from cognitive science and emotion theory will be highlighted.

Greenberg et al. (1993) accept that human information processing is a constructive process that involves perception, attention, memory, thought and language. Underlying internal modules that organise received information and outputs are called schemas. There are two types of information processing that depend on the level of consciousness involved including conscious or explicit processing and automatic, implicit processing of information. On the implicit level people have procedural knowledge that automatically guides motor behaviour. Moreover, on this unconscious level there are tacit rules that direct the individual's processing of information about self, others and the world. These principles, supported by extensive empirical research, for Greenberg et al. (1993) serve to support experiential therapy's view of humans. They are seen as aware agents who are also guided by automatic schematic processing of complex information. However, that implicit material can be brought into awareness and be used as a basis for conscious reflection, choice and action. Therefore, the essence of experiential therapy *awareness* and *experiencing* gets a full recognition through acknowledging these findings from cognitive psychology.

Furthermore, some points taken from emotion theory have the same effect. Greenberg et al. (1993) emphasise that certain primary affects are wired-in responses generated automatically by appraising the situation in relation to the individual's needs. They also acknowledge the schematic organisation of the emotion system that takes part in information processing. As such, this system provides us with the complex meanings of the situations with feedback about our responses to these situations. Moreover, it creates the rapid emotional responses that are fundamentally adaptive (e.g. flight/fight reaction). Finally, it has been

shown that affect serves as a primary mean of self-regulation and communication for infants and, therefore, takes an essential role in establishing the self and in creating the links between self and environment in order to organise self-experience. The previously cited notions highlight the differences and similarities between emotion and cognition and provide the basis for Greenberg et al.'s claims about the significance of a dialectical synthesis of these two major means of experience acquisition.

Though experiential therapies emphasise the significance of emotions and feelings in therapy sessions, it is surprising how little theoretical attention is given to these major concepts (Ford & Urban, 1998). For that reason, Greenberg et al. (1993) try to fill that gap by highlighting the particular functions of emotion. These notions are based on the extensive literature coming from the area of emotion theory in psychology (e.g. Frijda, 1986; Greenberg & Safran, 1987; 1989; Izard, 1991; Lazarus, 1991; Leventhal, 1982; Oatley, 1992; Pascual-Leone, 1991; Safran & Greenberg, 1991).

First, the action-oriented characteristic of emotions is emphasised (Greenberg et al., 1993; Greenberg & Paivio, 1997). Emotions organise us for action by establishing goal priorities whereas cognition and learning provide us with the means of attaining these goals. Emotions are fundamentally adaptive because the emotion system is a biologically wired-in rapid-action system developed to enhance survival (e.g. fight/flight system). Furthermore, emotions are motivational in terms of motivating behaviour that will increase the probability of the occurrence of certain emotional states. For example, fear is an aversive emotion and as such motivates the person to avoid particular situations, whereas joy is a pleasant emotion that stimulates the person to open up and approach situations and other people. Finally, emotions have informative and communicative roles. They simultaneously provide the feedback for us about our own behaviour and also provide information to others about our intentions and further actions.

However, though Greenberg et al. (1993) accept all of these propositions about emotion functions, they also claim that not all our emotions are adaptive responses. Therefore they propose distinctions between primary, secondary and instrumental emotions. Primary emotions are direct responses to situations and they occur here-and-now (e.g. fear, surprise). Secondary emotions usually occur when primary emotion is learnt to be an undesirable response. For example, people may cry and feel sad though the primary feeling is fear. Instrumental emotions are not in my opinion real emotions because their expression is used to produce a desirable response from others such as for example, expressing sadness when searching for comfort and caring from others. In addition to this distinction, Greenberg et al. propose a division within the group of primary emotions depending on their adaptivity function. Primary emotions are mostly adaptive responses toward environmental challenges, but they can become maladaptive as in the case of panic where the primary emotion of fear becomes maladaptive.

From giving human emotions such a significance, Greenberg et al. (1993) generate a unique concept called *emotion scheme* that functions as a basic psychological unit for generating emotional experience and meaning. They use the term "scheme" intentionally to avoid the representational nature of the term "schema" employed in cognitive psychology (Greenberg & Paivio, 1997). The term "scheme" was used first by Piaget (Piaget & Morf, 1958 in Greenberg et al., 1993), in order to emphasise action-oriented aspects of schematic processing. This definition is further enriched by the propositions coming from the current neo-Piagetian view of schemes seen as "goal-directed, functional units, ultimately addressed to the environment to negotiate the meeting of some need" (Greenberg et al., 1993; p.66). This action-oriented scheme definition accords very well with the proclaimed action nature of emotion.

Furthermore, emotion schemes are defined as nonconscious mental structures sensitive to incoming information in order to allow a variety of appropriate

responses to new situations. Therefore, though they represent structured phenomena, emotion schemes are flexible modules determining both what is perceived and experienced and what actions the person will perform. Emotion schemes always represent self-in-the-world and as such they are the major targets of therapeutic actions. Though the word emotion in their name accentuates the role of emotions, cognition is also regarded as an inseparable part of emotion schemes in addition to motivation and relational action. Therefore, once activated, emotion schemes, as cognitive/affective/motivational structures, produce our actions in line with past experience and anticipations of the future. As Greenberg et al. (1993) pointed out "they produce what it is like to be oneself, providing a sense of an embodied self that can or cannot be attended to and consciously represented" (p.67).

In summary, emotion schemes represent tacit rules (operating at the implicit level) that direct the person's experience of themselves and the world. Not only that they process incoming information, they also produce responses to them. Therefore they can be regarded as "complex biosocial integration of cognition, affect, motivation and relational action" operating on an unconscious level in order to produce "felt meanings and action tendencies" (Greenberg et al., 1993; p.71). Furthermore, they create emotional responses by an appraisal of a situation in relation to the person's needs and they construct emotional experience in moment-by-moment fashion.

5.4. Propositional model

The main assumptions of the propositional model of PEP are very similar to the major propositions of other humanistic therapies (Ford & Urban, 1998). The major emphasis is on change. Human experience is an ever-changing phenomenon, directed by the assimilation and accommodation of information coming from the ever-changing environment (Greenberg et al., 1993). It is in a constant flow and as such could be producing the sense of instability and uncertainty in humans. However, the self-

organising processes that are the result of an inherent human tendency to impose or create order, prevent the organism being overwhelmed by environmental and inner changes. Therefore, self-organising i.e. stability-maintaining processes are essential for change to happen. On the other hand self-constructing change processes are inherent to the human being and they are prerequisite for survival. As can be seen, this constant dialectic between stability and change processes becomes an essential promoter of the self-development. In the following sections I am going to explain the particular propositions of PEP including the significance and resources of the growth tendency. This will be followed by an explanation of the development of emotion schemes, which will then serve as a basis for illuminating the sources of dysfunctional development.

As Greenberg et al. (1993) point out "the tendency to survive and grow is a fundamental organising principle of all life" (p.71) and hence this growth tendency is an inherent feature of all human beings. Growth tendency is seen as shaping a developmental propensity that creates a sense of coherence and balance while the individual is involved in a continual process of exploration and development. It is a function of growth and change aiming at establishing self-coherence and self-enhancement through adaptive flexibility.

The major resource that helps the organism to realise growth tendency is the emotion system. The previously mentioned characteristics of emotions in term of their adaptive, motivational, informative and communicating roles, become essential for the organism to grow. Therefore, they inform the organism about its progress toward its goals and at the same time organise it for action. However, the emotion system by itself is not sufficient for the growth tendency to be fully realised. Two other factors are equally important; self-awareness and learning and experience. Self-awareness represents the exclusive human capability for self-reflective consciousness that again has survival significance. In addition to this biological importance, it can be said that on the psychological level self-awareness plays an essential role in the process of making meaning. That inherent human tendency to find a unique meaning in any emotionally bound experience is also an important feature of human nature. In addition to self-awareness, humans' learning experience can also be regarded as the resource of the growth tendency. Acquired experiences collected along the lifetime can be accessed by the individual as strengths to promote change.

In the conceptual model of the PEP I highlighted the significance of its major concept emotion scheme. Greenberg et al. (1993) propose a model of their specific development. They claim that they are developed from birth in order to organise the infant's experience. Emotion schemes are initially organised around primary affects that are evoked by particular stimuli in order to fulfil particular needs of infants. The need for relatedness and attachment is regarded as the crucial need and affect, as being fundamentally relational, takes part in its realisation. Along the child's development his/her conceptual capacities are being built up. Hence apart from encoding simple stimuli-responses patterns with dominant emotional component, the cognitive elements, beliefs and meanings, associated with particular events are encoded as well. Consequently, emotion schemes represent emotional memories of previous experiences that evoked particular emotions including fear and threat, sadness and loss, or anger and violation. Therefore emotion schemes can be seen as integrating common characteristics of a variety of different instances and situations that involved one of these emotional experiences. As such they, by combining with each other, form the beginning elements of the emerging sense of self. Self is ever-evolving entity that is modularly organised and relational in its nature. The self is in a constant constructive mode and integration on the relational self level is constantly occurring. If integration fails to happen, this becomes the source of dysfunction.

According to Greenberg et al. (1993) dysfunction occurs as a result of the lack of present awareness of automatically generated emotional experience that is particularly important in the creation of meaning and in adaptive problem solving in human environments. It is argued that people behave in a way that they construe to be the best adaptive response given their current perceptions of themselves and the world. If they fail to pay attention to their automatic emotional responses the construction they develop is inaccurate and therefore might be maladaptive. Therefore, as they emphasise "problems in the creation of emotional meaning are central in dysfunction" (Greenberg et al., 1993; p.80). The creation of meaning is governed by two processes: (1) a conscious process of meaning creation by synthesising and symbolising experience in awareness and (2) an unconscious process of activation of emotional schemes where experience is automatically generated for potential synthesis in awareness. If the constructive conscious process fails to synthesise and symbolise emotional experience

for the organism to become fully aware of it, than created responses are maladaptive and non-viable for that individual. Additionally, if on an unconscious level dysfunctional emotion schemes developed from life experience have been activated, maladaptive responses can be also elicited. Therefore, a failure in both meaning creation processes can be a source of dysfunction.

In terms of the explanation of the failure of the first meaning creation process, Greenberg et al. (1993) recognise two different global types of information processing including conceptual processing and experiential processing. It is a breakdown in the co-ordination between these types of processing that dysfunction stems from. However, they do not provide the reason why emotional processing becomes abandoned and conceptual processing that is "rational" (i.e., based on causal reasoning, analytic thinking that create narrative explanations) takes over.

On the other hand, the existence of dysfunctional schemes is explained by the early negative experiences occurring at times when the infants' needs were not appropriately met. Repetition of these frustrating experiences leads to the establishment of dysfunctional emotion schemes that consist of negative affect and negative beliefs that can exert control over further processing of information coming from the external world. They can also be elicited by the particular situations that might be reminiscent of the early negative life experiences.

However, one question still needs to be answered: how these dysfunctional schemes remain stable and active while the organism is inherently driven to change and development. Greenberg et al. (1993) explain this by claiming in general that emotion schemes by their nature are slow to be changed and as such represent the organism's propensity for stability and maintaining. They mention some processes well known in cognitive psychology that might underlie emotion schemes resistance to change. First, selective attending to the information that is confirmatory for already existing emotion schemes can result in schemes being established over and over again. Second, even the information that has been assimilated can be distorted in order to become congruent with the content of the dysfunctional scheme. Third, people actively, whether on conscious or unconscious level, avoid experiences that might be disconfirmatory of the present schemes. Hence, lack of exposure to new information prevents change. Fourth,

in the situation where dysfunctional schemes are invoked, the dysfunctional emotional responses interfere with the individual's information processing. This hence, prevents the new information to be attended to.

In conclusion, the failure of the integrative functioning of conceptual and experiential processing of information and activation of the dysfunctional schemes represent the major sources of dysfunction and as such become the main targets of psychotherapeutic work. The major propositions of the procedural model presented in the following sections will explain which therapeutic strategies can be used to overcome dysfunction.

5.5. Procedural model

Procedures used in the PEP are oriented toward increasing the self-awareness about the client's current functioning in order to help the client to find the words and images to express his or her experience (Elliott & Greenberg, 1995; Goldman & Greenberg, 1997). As Greenberg et al. (1993) point out "rather than being guided by images of *how to be*, people need to attend to how they actually *are* and to respect this" (p.74). Greenberg et al. (1993) emphasise that in order to behave adaptively individuals need to acknowledge their emotional experience. After that they need to analyse what they feel in terms of adaptability power of their emotional responses, finding out whether these responses are primary adaptive and therefore can help to determine adaptive action or they represent secondary or instrumental responses in which case further exploration is required to get at primary responses. Moreover, primary emotional responses can be maladaptive per se, not helping person to perform any viable action. After this identification the need associated with the emotions should be acknowledged and relevant skills used to meet the need appropriately.

There are two major outcomes that PEP is aimed to achieve including (1) the change of dysfunctional emotion schemes and (2) the creation of the new adaptive ones. There are several procedures combined together that can prompt the change of dysfunctional emotion schemes. First is the interpersonal safety of

the therapeutic relationship that leads to an overall reduction of intrapersonal anxiety. This is the cornerstone of all humanistic psychotherapies including PEP. It is reflected in the establishment of a "genuinely prizing empathic relationship" (Elliott & Greenberg, 1995; p.124) between the client and the therapist in which the client feels safe and hence, is able to process information with increased capacity. Furthermore, clients are directed to concentrate their attentional focus to the actual features of the emotional experience, which can produce some changes of the self-in-the-world experience. Moreover, schematic emotional memory and episodic memory are stimulated and evoked in order to provide new information for symbolisation because specific non-verbal and motor aspects of these memories can evoke tacit schemes. The best marker for the therapist, that tacit emotion schemes are elicited and operating currently, is when the client actually experience emotions during the therapeutic session itself. This is the critical moment in the therapeutic process because "the tacit information that guides experience and behaviour are more available to awareness and also ... the scheme itself is more amenable to the input of new information and to reorganisation" (Greenberg et al., 1993; p.94). In this case by encouraging clients to contact directly anxiety provoking and avoiding stimuli in combination of active expression what one is feeling in the here-and-now interaction with the therapist, can help new experience to be generated.

Apart from changing dysfunctional schemes therapy can create new adaptive schemes by synthesising elements of existing schemes which can generate new conscious meaning. This is done with similar methods applied for the change of dysfunctional schemes. The client's attention is deliberately guided to focus on the particular features of the emotional experience, which can activate relevant schemes. The particular elements of these consciously accessed schemes are then integrated and new meaning is created.

As can be seen these procedures are described in a vague and complex manner. However, there is an extensive manual presented in Greenberg et al. (1993),

which provides a full explanation and presentation of various therapeutic interventions used in the PEP in order to achieve particular therapeutic goals. For example, when the client seems puzzled or interested in the problem-relevant experience then empathic exploration will be used to help the client to reexperience and to reconstruct this experience, giving to it a particular meaning that can serve as the marker for further exploration. Moreover, in the case when the therapist sees the client experiencing so called *self-evaluative split* in which the client is overwhelmed by nonefficient self-criticism, two-chair dialogue technique is used to help the client to accept him/herself. This is the role play technique in which the client is directed to have a dialogue between two opposite aspects of the self (e.g. the "critical" aspect that negatively evaluate the "experiencing" aspect of the self). This dialogue helps the client to integrate these opposite features of the self.

Finally, in the last section I am going to provide some technical details about the structure of the therapeutic process in the PEP. First, it is an individual therapy though it can be practised in the group format and there is also a version for marital/couple therapy. Second, it is most appropriate for outpatient clients that suffer from mild to moderate clinical distress. Third, in terms of treatment length, it is appropriate to use it either as a brief therapy or as a long-term therapy depending on the clients' needs. Fourth, treatment sessions usually last 50-60 minutes once a week but with flexibility to change this depending on clients' requirements.

Chapter 6.

INTERPERSONAL–COGNITIVE– EXPERIENTIAL PSYCHOTHERAPY (ICEP)

6.1. Introduction

This therapy represents an amalgam of three different psychotherapies including cognitive, interpersonal and experiential. However, as the author himself claims, it needs to be seen as "a conceptual and technical refinement of cognitive-behavioural theory and practice through the systematic integration of a number of concepts, propositions, and hypotheses derived from interpersonal theory" (Safran, 1990a; p.87). Therefore, an inclusion of the interpersonal theory is seen as a way for improving cognitive-behavioural psychotherapy. This process is two-fold including the recognition of the importance of the therapeutic relationship in the change process and the significance of interpersonal and environmental variables in the cognitive case formulation.

As will be seen in the following sections, ICEP is from a theoretical perspective an example of "assimilative integration" (Safran & Messer, 1997), where some

chosen aspects of one theory are incorporated into another theory in order to improve and to refine this second theory.

6.2. Guiding assumptions

6.2.1. *Ontology*

Guiding assumptions are not explicitly stated in this theory and hence, need to be indirectly revealed. In my opinion ontological assumptions originate in psychophysical interactionism where body and mind both exist and interact with each other. This is seen in the Safran's emphasis on the significance of emotions in the process of the therapeutic change (Safran, 1990a; Safran, 1990b; Reeve, Inck, & Safran, 1993; Muran & Safran, 1993). Here emotions are not seen as postcognitive phenomena, but rather as being a form of "knowledge" by itself and providing individuals with information about their interactions with the environment in order for them to survive and adapt. Because emotions inevitably include bodily felt senses, body is seen as an important milieu. Moreover, therapeutic work on emotional experience is very important in ICEP given the experiential therapy influences on it. In conclusion, from these propositions I draw the conclusion that the ontology of ICEP is psychophysical interactionism.

6.2.2. *Cosmology*

It is even more difficult to infer the cosmology of the ICEP. On the one hand, by claiming that he stays within a CBT theoretical framework, it is not clear whether Safran still sticks to its mechanistic model where a simple linear cause-effect relationship is established between mental phenomena and behaviour. Or, on the other hand, because of the emphasis put on Gibson's ecological approach where "humans are seen as biological organisms that live and operate in the context of specific environments" (Muran & Safran, 1993), the open system cosmology is proposed. Given that interpersonal schemas are generalised representations of

self-other relationships and therefore, intrinsically interactional in nature in my opinion, Safran is closer to the open system cosmology.

6.2.3. Epistemology

Safran et al. (1993) claim that the ICEP employs a developmental constructivist approach (Guidano, 1987; Guidano & Liotti, 1983; Mahoney, 1990 in Reeve, Inck, & Safran, 1993) where clients are not thought to acquire an objective view of reality, but rather they are helped to understand how they construct reality and how this affects their lives. The main tool in ICEP that is used for exploring clients' reality constructions is the therapeutic relationship, because the self-knowledge that people gain throughout their lives is of an interpersonal nature, and therefore can be easily accessible within the interpersonal context of the therapy.

6.3. Conceptual model

6.3.1. Levels and units of analysis

As was mentioned previously, Safran emphasises the significance of environmental and interpersonal variables based on the Gibson's ecological approach (Safran, 1990a; Reeve, Inck, & Safran, 1993; Muran & Safran, 1993). Therefore, the key unit of his analysis is person-in-context.

6.3.2. Key concepts

Creating his theory within the theoretical framework of cognitive therapy, Safran calls his major concept *interpersonal schema*. The schema concept is a central theoretical construct in cognitive models of psychopathology and psychotherapy. It represents a "*generic cognitive representation* which mind extracts in the course of exposure to particular instances of a phenomenon" (Bartlett, 1932 in Safran, 1990a; p.89). It is a knowledge representation that guides both the processing of information and implementation of action.

Within cognitive therapy, self-schema is the most important schema concepts. For example, in the Beck's classical approach it is defined as a tacit rule that guides self-evaluation and therefore represents self-worth contingency (Safran, 1990a). However, such conceptualisation is restricted given the narrow focus on how people *currently* see themselves. Even with the addition of the Markus and Nurius' model of "possible selves" (Markus, 1983; Markus & Nurius, 1986 in Safran, 1990a), where possible selves are defined as an individual's ideas about what they might become, what they would like to become and what they are afraid to become, this self-schema concept still does not explain how these possible selves, goals, rules, strategies can be regarded as part of a generalised information structure based upon past experience.

In order to overcome the problems of ecological invalidity of the information processing approach employed in CBT, Safran proposes that the Gibson's ecological approach can be an appropriate alternative. This approach is based on three major principles including studying an individual within the context of his/her ecological niche, viewing knowledge as acquired through action and for action and looking at psychological processes as being functional and adaptive. These major principles represent for Safran a bridge that can facilitate the integration of cognitive and interpersonal perspectives. The ecological approach can help to find what is the most significant information that needs to be encoded in knowledge representations. Given the functionality and adaptability of human beings, simple encoding of environmental features would be less important than survival-relevant interactions that have been experienced. Since the interpersonal approach regards interactions with other human beings as the most important survival-relevant event, Safran emphasises that propensity for maintaining relatedness plays a crucial role in the survival of human kind. This is well supported empirically by the research, which stems from the Bowlby's attachment theory (Bowlby, 1969; 1973; 1980 in Safran, 1990).

Bowlby emphasises the centrality of interpersonal interaction in human development, since the development of the self is largely achieved through attachment behaviour. Therefore, within the interpersonal context of the infant/caretaker dyad the infant forms consistent strategies for maintaining relatedness that represent *attachment patterns*. Based on these attachment patterns, the infant forms *cognitive/affective representations of self/other interactions*. These representations Safran conceptualises as *interpersonal schemas*.

Interpersonal schema is a "*generalised representation of self-other relationships*" (Safran, 1990a; p.93) and represents a program for maintaining relatedness. The propensity for maintaining interpersonal relatedness is regarded as a biologically wired-in mechanism whereas the specific strategies, information and principles that people employ in order to maintain relatedness are learned. Safran proposes that such a conceptualisation of the interpersonal schema helps in the clarification of the relationship between cognitive and interpersonal phenomena and also, it results in the further extension of the Markus and Nurius' model (1986 in Safran, 1990a) of the possible selves where goals, plans and strategies are viewed as coded information acquired in interactions in order to maintain interpersonal relatedness. Moreover, self-worth contingencies of Beck's schema are presented in interpersonal schemata serving the role of implicit rules for maintaining relatedness.

Finally, the important question that should be answered is "*how or in what form is information represented*" (Safran, 1990a; p.94). Safran hypothesises that given that relatedness information is first acquired through attachment with a caregiver which is affect-laden, at least in part they are coded in expressive-motor form. Moreover, he proposes that interpersonal schemas partly represent procedural knowledge which, for the individual is not accessible in conceptual form but as a currently felt sense. Relying on the Leventhal theory of emotions (Leventhal, 1984 in Safran, 1990a) where the emotional synthesis process involves

processing at both expressive-motor and conceptual levels, Safran claims that the relevant information would be at least partially coded at the conceptual level as well. In conclusion, he defines interpersonal schemas as "cognitive-affective schemas that are coded at both conceptual and expressive-motor levels" (Safran, 1990a; p.94).

6.4. Propositional model

Safran does not provide directly propositions about the change and stability processes. However, these can be inferred from his explanations of how people maintain interpersonal relatedness and how this becomes a dysfunctional process represented by the cognitive-interpersonal cycle (Safran, 1990a; Reeve, Inck, & Safran, 1993; Muran & Safran, 1993).

Maintaining interpersonal relatedness is not only the major survival goal for the infant, but continues to be present throughout the life-span. Interpersonal schemas shape interpersonal behaviour of the particular individual through specific interpersonal strategies in order to maintain relatedness. According to Safran (1990a) there are three ways of establishment of a subjective sense of interpersonal relatedness. First, people engage in life plan strategies designed to facilitate the maintenance of relatedness. These strategies originate from the established attachment patterns with the primary caregivers. For example, a person that was valued by his/her family for academic skills might be persuaded to become an academic. Second, the particular relatedness strategies that have been learnt through the relationship with the primary caregivers are employed throughout life whenever the person is in a situation of establishing and maintaining relatedness. For example, the previously described academic may speak intelligently when he/she wishes to establish a subjective sense of potential relatedness. A third way is aimed at distortion of information processing such that any information that threatens the individual's subjective sense of potential relatedness is not acknowledged. For example, the individual who learns that the

maintenance of relatedness is contingent upon being warm and kind, can forget interactions with others in which he/she had feedback of being aloof or uncaring.

Safran (1990a) claims that it is important to recognise that the propensity for relatedness maintenance is not directed to a specific person in a specific interaction. It is rather an action-oriented process aiming at enhancing a subjective sense of potential interpersonal relatedness in an abstract, generalised sense. Furthermore, because of such a big significance of interpersonal relatedness for the individual, whenever there is a situation where interpersonal relationship is interrupted, the individual will respond with anxiety. It is hypothesised that anxiety is a wired-in biological mechanism that is activated in any situation that represents a danger for survival (Bowlby, 1973; Greenberg & Safran, 1987 in Safran, 1990a). Consequently, Safran hypothesises that human beings always respond with anxiety when they detect any clues regarding the disintegration of interpersonal relationships (Safran, 1990a; Muran & Safran, 1993). Therefore, anxiety itself can become a cue for alerting people to avoid the particular situations and experiences where relationships with significant others are endangered. At the same time people learn which experiences and situations are valued by the significant others and these become associated with the feeling of interpersonal security. Consequently, individuals develop different strategies that consist of behavioural avoidance and selective inattention to anxiety provoking stimuli such as diverting attention from anxiety provoking information or controlling the conversation to avoid anxiety-provoking topics.

As can be seen, historically adaptive interpersonal schema through the learning process can become maladaptive ways of dealing with the current interpersonal situation because the individuals though exposed to the new interpersonal experiences that negate the maladaptive schema, still persist in behaving in the same maladaptive fashion. Safran explains that this pattern is a result of a self-perpetuating cognitive-interpersonal cycle in which maladaptive interpersonal schemas are consistently confirmed by the interpersonal consequences of the

person's own behaviour (Muran & Safran, 1993; Safran, 1990a). To elaborate, an interpersonal schema disposes the person to interpersonally behave in a particular manner. Based on interpersonal complementarity, the principle that comes from Kiesler (1983 in Muran & Safran 1993) and according to which interpersonal responses are not purely random but contingent on the preceding interpersonal behaviour of the other person in an interaction, this behaviour tends to elicit a complementary response that confirms the interpersonal schema. Though all people have tendency to display certain consistencies in interpersonal behavioural patterns, psychologically maladjusted individuals tend to behave in a rigid manner selectively looking for the cues that will confirm their maladaptive interpersonal schemas. Moreover, for that reason their rigid interpersonal schemas make their interpersonal behaviour more rigid and limited and therefore increase the probability of getting the complimentary response from the other person that will even further strengthen their maladaptive interpersonal schemas. On the contrary, better adjusted individuals engage in the variety of interpersonal situations in which they do not consistently pull complementary responses from others and therefore their interpersonal schemas and beliefs about the sense of potential interpersonal relatedness are more flexible and adjustable.

6.5. Procedural model

Safran claims that the proposed concepts and therapeutic suggestions are not unique for ICEP but taken directly from other theorists such as for example Carson (1969 in Safran, 1990b), Kiesler (1988 in Safran, 1990b) and Wachtel (1977 in Safran, 1990b). However, the novelty of this approach lays in the attempt to articulate a theoretical framework within which integration of interpersonal and cognitive perspectives can occur (Safran, 1990b). Citing other mainly cognitive authors such as for example Guidano (1987 in Safran, 1990b) and Mahoney (1982 in Safran, 1990b), Safran acknowledges the presence of the core and peripheral cognitive structures. By changing the particular cognitive

structures the therapist can produce superficial and deep changes depending whether he/she addressed the peripheral structures or core ones. For Safran the core cognitive structures underlying clinical problems are interpersonal schemas. Therefore, in order to produce deep changes these dysfunctional interpersonal schemas need to be modified.

Interpersonal schemas as the core cognitive structures cannot be assessed directly, but through exploration of the particular cognitive-interpersonal cycles in which interpersonal schemas are reflected in the specific strategies and behaviours that people use for the maintenance of interpersonal relatedness, which then in turn evoke schema consistent responses in others. Though the majority of traditionally oriented cognitive and behavioural therapists discourage the therapeutic use of transference, Safran is in favour of the therapists that argue that individuals' behaviour during the therapeutic session represents a useful sample of their problems (e.g. Arnkoff, 1983; Goldfried & Davison 1976 in Muran & Safran, 1993). He emphasises that especially in the case of the ICEP the therapeutic relationship provides a specific interpersonal context where the person's dysfunctional interpersonal behaviour can be assessed (Safran, 1990b; Reeve, Inck, & Safran, 1993; Muran & Safran, 1993). In the ICEP the therapist has a role of the participant-observer (Sullivan, 1953 in Safran, 1990b) as he/she responds to the client's interpersonal pull, but has an ability to monitor his/her own feelings and responses and use them to generate hypotheses about the client's interpersonal style. Furthermore, the therapist can use his/her own feelings and responses to pinpoint clients' specific behaviours and communications that are problematic. These pinpointed behaviours are called *interpersonal markers* and they can indicate the most valuable junctures for further cognitive exploration. For example, if the person constantly distances people with his aloof voice the cognitive process that underlies this behaviour will most accessible when the client uses the same tone when communicating with the therapist.

The main therapeutic aim of ICEP is that the therapist teaches the client new adaptive and noncharacteristic interpersonal behaviours that will in turn elicit new responses from the client's significant others and therefore result in new interpersonal experiences. This aim can be accomplished in numerous ways. First, the therapist can, by responding in the noncomplimentary way to the client's interpersonal maladaptive pulls, elicit new interpersonal behaviours in the client providing, in that way, a corrective interpersonal experience. This is called "unhooking". Second, the therapist can communicate openly his/her particular feelings about the client's dysfunctional interpersonal style. This "metacommunication" is important for modifying the client's communication style that the client can be completely unaware of. Moreover, the process of metacommunication is important for the facilitation of decentering the client and the therapist, so they can both step out of their interaction and explore it more efficiently. Finally, the process of unhooking can serve as disconfirmation of the client's maladaptive interpersonal schemas since the therapist responds to the client in a noncomplimentary fashion, and as such enhances their restructuring.

Chapter 7.

SYSTEMS PROCESS-ORIENTED THERAPY

7.1. Introduction

Systems process-oriented therapy has been developed by Vittorio Guidano and his collaborators as a new approach to cognitive therapy. A major difference between this therapy and other cognitive therapies is in their basic metatheoretical assumptions.

Classical cognitive therapies (e.g. Beck's cognitive therapy, Ellis' rational emotive therapy) consider thoughts (mental phenomena) major factors in people's actions and the focus of therapy is directed toward modification of dysfunctional thoughts with therapists providing, or better, teaching the client more adaptive ones. Therefore, cognitive therapies' ontology is idealism, where just mind matters. In terms of cosmology and epistemology, cognitive therapies do not differ from behaviour therapies. They are aimed at explaining a simple linear, causal relationship between thoughts and dysfunctional behaviours and emotions, which means that their cosmology is mechanistic. In terms of epistemology, cognitive therapies emphasise empirical research and objective analysis of people's self reports for thoroughly understanding

individuals. Therefore, the epistemology that these theories are based on is realist (representationist) epistemology.

However, if we look at the systems process-oriented therapy's (SPOT) metatheoretical assumptions, we can see that a shift has occurred at the level of all three guiding assumptions. Therefore, though SPOT has stemmed from the cognitive therapy tradition, there are some core differences between this theory and cognitive theoretical system.

7.2. Guiding assumptions

7.2.1. Ontology

From my point of view, ontology of SPOT is reflected in how Guidano explains the relationship between explaining and experiencing, for him two of the most important processes occurring in human beings (Guidano, 1987; 1988; 1991). He proposes that explaining and experiencing continuously alternate with each other in order to provide an interpretation of the *noumenal* (Ford & Urban, 1998) reality that exists but is not directly knowable by the human mind. If we assume that experiencing involves body as a medium where perceptions of current internal and external events occur, and that explaining is the mind's operation, we can say that a dualistic ontology called *psychophysical interactionism*, where body and mind interact with each other, is employed in this theory. Therefore, Guidano does not directly provide material from which one can conclude which ontology guides his theory. However, if we see it in the light of constructivist epistemology, that is also employed in SPOT, where people are seen as active constructors of ideas about existing but not directly knowable reality, it can be clear that SPOT employs a dualistic ontology.

7.2.2. Cosmology

SPOT rejects mechanistic cosmology where ideas of reductionism, associationism, and linear determinism represent major assumptions. Therefore,

instead of viewing humans as passive recipients of environmental effects, SPOT emphasises *the self-organising paradigm* (Guidano, 1988; 1991; 1995a; 1995b) where humans are presented as self-organising systems capable of subordinating "all changes to the maintenance of its own organisation" (Guidano, 1988; p.308). This maintenance is characterised by "an ongoing and generative process of self-renewal in order to assimilate incoming information and to cope with perturbations arising from its exchanges with the environment" (Guidano, 1988; p.308). Guidano sees the human mind as a self-organising system, which is autonomous. As such, it is concerned with its own self-maintenance and self-renewal with possessing individuality and uniqueness that rest on an active and ongoing differentiation between self and non-self.

As in an organismic cosmological model, development is seen as a series of system transformations of human knowing processes in the direction of progressively more complex patterns of their organisation. However, unlike that model no predetermined outcome is proposed because the change processes are open-ended. Moreover, the relationship between the system and environment is reciprocal and transactional where both systems are affected by each other. Therefore, there is no linear causal relationship but rather a circular multicausal relationship between these two entities.

7.2.3. Epistemology

Epistemology is concerned with how people comprehend themselves, others and the environment in terms of proposing particular relationships among three basic ideas: experience, knowledge or knowing, and reality. SPOT is based on *constructivism*, an epistemology that has rejected the positions of realism or presentationism where experience corresponds with the reality the person encounters and as such can provide objective knowledge. On the contrary, constructivism considers experience insufficient by itself to explain reality because experience is changeable, specific to particular time and place and non-recurring. Moreover, it is built up on the input coming from the humans'

sensory/perceptual system, which is limited and selective in terms of the aspects of the observable event. As such, experience is for the constructivists a necessary but insufficient tool for establishing knowledge. Hence, knowledge is constructed by specific mental processes that utilise but go beyond direct experience. Therefore, each person is the primary agent of his/her knowledge creation and hence, reality cannot be objectively explained. When this is translated in the clinical practice of SPOT, it means that clients need to recognise that their knowledge about realities are their constructions and as such can be subjected to continual revision and replacement. This view, also, implies that there is no value judgement put on clients' current functioning, and their current representations (thoughts, beliefs) are not labelled as dysfunctional and irrational.

Guidano (1988; 1991) adds one more dimension to the constructivist epistemology called *evolutionary epistemology*. This is an approach that integrates data from cognitive, biological and evolutionary science claiming that "human knowledge and ways of knowing undergo evolutionary development analogues to biological evolution" (Ford & Urban, 1998; p: 513). Therefore, Guidano (1991) sees knowledge as a constantly changing phenomenon that develops along a continuum, ranging from simple early exploratory behaviour to human self-consciousness. Furthermore, evolutionary epistemology brings one more quality to the SPOT and that is adaptation. Adaptation is the ability to transform disequilibrium, arising from interaction with environment, into meaningful information for the person. However, maintaining adaptive functioning is not a process of simply corresponding to the perceived world, but rather a process of transformation and selection of that world's representations. For that reason the *viability* or adaptive utility of these representations becomes the most important selection criterion. Finally, human life-span development is not seen as a smooth curve of cumulative acquisition of knowledge, but as a discontinuous curve in which stability and change of knowledge are tightly intertwined. Therefore, stability phases are unexpectedly interrupted by episodes of whole system perturbations "in which major reorganisations (personal

revolutions) emerge to become the next 'tacit base-camp' of viability (Mahoney, 1991)" (Guidano, 1991; p.10).

7.3. Conceptual model

7.3.1. Levels and units of analysis

As could be seen from the ontological and cosmological assumptions of SPOT, humans are seen as open self-organising systems where biological and mind aspects are interdependent and inseparable. Therefore, human systems are characterised by unitary functioning which always occurs within a particular context. Unitary functioning means that focal unit of analysis is the person-in-context. Not only that people and their contexts are related, people also function as interpretations of these contexts, external and internal.

7.3.2. Key concepts

This section is aimed at presenting the major concepts and their organisation that characterise SPOT. However, because of the reasons cited below, conceptual issues are not clearly presented, which makes the task of creating a conceptual model of SPOT difficult. Firstly, in terms of the key concepts and their relationships, Guidano is not consistent in his writing. If we look at the two core references (Guidano, 1988; 1991), one can see that his terminology varies. Therefore, in the first reference he uses the following terms "mind", "human knowing system", "self-knowledge", "self-identity", "self-esteem", which I think represent key concepts. However, in the second reference Guidano mostly talks about "selfhood", two major self concepts the "Me" and the "I", and "personal meaning". Furthermore, he uses the terms "self-knowledge" and "self-identity", but it is not clear whether these terms represent the same phenomena described in his first reference. Moreover, his writing, as Ford & Urban (1998) pointed out, is an illustrative example of the "high level of abstraction, complexity, and vagueness often found in constructivist's writing" (p.516). Nevertheless, by

taking the risk of making some not well-grounded assumptions, in the further sections I will try to, at least, provide the major framework of conceptual model of the SPOT.

Though the term "self" is frequently used in his work, Guidano does not provide a direct explanation of the self. However, according to the theories that he uses to support his own propositions it seems that the term self is coming from studies of the development of social cognitions in which the major process can be described as "knowing about others and one's self in relation to others" (Corsini, 1994). Guidano uses the "looking glass" metaphor claiming that human beings acquire self-knowledge through interaction with other people. However, the self is not just a simple product of interacting with others but rather a complex concept that results from the basic feature of the human knowing system, that is, the ability to create models of self and the world. Therefore, the human mind is not seen as a passive collector of sensations coming from the objectively apprehensible environment and an active constructor of actions performed on that environment. By accepting a constructivist epistemology, the observer-observed relationship is not clear-cut any more, which implies that any observation is always *self-referential*. The human mind is therefore seen as an "active, constructive system, capable of producing not only its output but also to a large extent the input it receives, including the sensations that lie at the base of its own constructions" (Guidano, 1988; p.309). In conclusion knowledge is always self-determined and hence, the mechanisms of self are interwoven with the mechanisms of knowledge and this interaction and interdependence is the essential factor in the development of an individual. This development unfolds "by means of progressive construction of the selfhood structures along increasingly complex and integrated levels of knowledge" (Guidano, 1988; p.311).

As can be seen, the concept of self is the core concept of the SPOT. Ford and Urban (1998) use the term "self construct" which unites all the previously mentioned terms used by Guidano such as self-knowledge, selfhood, self-

identity. They describe self-construct as stemming from the continually revised flow of human experience. When elaborately and coherently organised, self-construct co-ordinates and integrates human overall cognitive growth, development and emotional differentiation.

Guidano proposes the specific organisation of self-knowledge alias self-construct, based on his acceptance of the two basic levels of the human knowing system including tacit, unconscious processes and explicit, conscious processes. Because he sees mind as a self-organising, complex system capable of deriving abstractions by itself, not only on the basis of perceptions, tacit or unconscious processes are seen as the higher hierarchical level that govern the explicit, conscious processes without appearing in them. They represent "hierarchically arranged sets of ensembled schemata" (Guidano, 1988; p.316) that work as "sets of deep rules" (Guidano, 1988; p.316) through which a person can construct self-perceptions of the world. There are two main functions of the tacit level of knowledge organisation that can be briefly outlined as follows. The first function is the continual elaboration of progressively more abstract tacit rules which are then inserted and manipulated in explicit knowledge structures. Secondly, tacit knowledge level is responsible for the direction and co-ordination of the individual's emotional and imaginative life providing specific patterns for decoding one's own feelings that happens on the conscious level. As can be seen, tacit processes organise and control hierarchically lower knowledge level that includes explicit knowledge processes.

This level consists of explicit models of self and reality. The self model (personal identity) represents the whole set of beliefs, memories and thought procedures about the self. It creates a coherent self-image characterised by a sense of personal uniqueness and continuity in time. There are two structures that personal identity consists of. A structured self-identity provides a set of basic expectations that governs a personal perception of oneself accompanied by evaluation of oneself when compared with the selected self-image. This

evaluation of one's own emotions and behaviours when compared with beliefs about one's own value corresponds to the second structure of personal identity called self-esteem. Guidano states that self-esteem "entails the 'theory of emotions' to which we adhere in the relationship we establish with ourselves" (Guidano, 1988; p.317). This theory provides the range of emotions that we can recognise, label and control, and also express in the particular way in the particular circumstances. Therefore, any feelings that cannot be recognised and labelled, are likely to be experienced as strange phenomena and labelled as, for example, somatic complaints.

The second model at the explicit structural level is the reality model(s). It consists of representations of the outside world that are constantly regulated by personal identity structures in order to create outside world's images consistent with the self-image. The coherence and stability of the reality models rest on the basic set of rules including rules that co-ordinate the assimilation of experience and rules that co-ordinate problem-solving procedures. The first rules determine which parts of experience to be considered significant and how the significant domains of experience will be integrated into already existing knowledge structures. The second set of rules is aimed at providing logical problem-solving procedures that are essential for defining the problem and dealing with it.

Models of reality are controlled by self-identity structures through two basic structural relationships including attitude toward oneself and attitude toward reality. Attitude toward oneself defines the relationship between the explicit self-identity and tacit self-knowledge. This is actually the dynamic relationship between the elements of tacit knowledge including, for example, invariant tacit rules and emotional schemata and the cognitive abilities located at the explicit structural level including, for example, concept formation, decentering, distancing. Attitude toward reality represents the way by which personal identity regulates construction of outside's world representations in accordance to self-image. Therefore, structuring the attitude toward reality is hierarchically

dependent on attitude toward oneself, i.e., how we see reality and ourselves in that reality, depends essentially on how we see and conceive ourselves.

As can be seen from the previous section the relationship between the particular knowledge levels is hierarchically based, but not only a "feedforward" relationship characterises this model. Guidano emphasises that there is a complementary feedback system exercised by the structured personal identity that controls which tacit self-knowledge will be incorporated in reality models. Indeed, though deep (tacit) knowledge can already exist, only personal identity structures with a developed sense of self-awareness can allow these abstract deep structures to be accessible at explicit (conscious) levels.

By emphasising a systems, process-oriented approach to his theory, Guidano sees human knowledge as progressively developing along the life-span (Guidano, 1988). Therefore, human knowledge is a self-determined but open-ended process with developmental characteristic strongly ingrained in its basis. It develops through interactions with other people and for that reason, Guidano regards Bowlby's attachment theory as being a relevant framework to explain the development of self-knowledge within interpersonal context (Guidano, 1988; 1991). The propositions of the development of self-knowledge and human change and stability processes will be the major topic of the next sections.

7.4. Propositional model

In terms of the propositional model, Guidano gives more explicit view how the previously analysed concepts are put within developmental context, and how he sees stability-change processes. A possible reason why the propositional model seems easier to unveil, might be that two well-known and well established theories are at the basis of his propositional assumptions. The first theory is Bowlby's attachment theory and the second is Izard and colleagues' emotion

theory. Both of these theories have considerable empirical support, which certainly makes them more credible.

Why did Guidano reach for Bowlby's attachment theory? For a very simple reason, because this theory emphasises the importance of the child-caregiver's early dynamics, which for Guidano has a crucial importance for the development of self-knowledge (Guidano, 1988; 1991). Attachment is seen as a process where the infant actively seeks the caregiver for meeting its needs for proximity and emotional support. It is also the process through which an infant learns to recognise itself as a unique entity. This process of self-recognition is the crucial starting point for the development of self-identity. It unfolds through the two different but interdependent processes including the "development of a sense of self as a subject ('I') and as an object ('Me')" (Guidano, 1991; p.19). The self-feeling (i.e. seeing yourself as a differentiated entity) comes from the infant's ability to connect diffuse basic feelings to perceptions and memories drawn from the regularities of the caregiver's behaviour. Therefore, the quality of the attachment reciprocity between the infant and the caregiver directs this process. On the other hand the process of seeing oneself like other surrounding persons (i.e., differentiation of the "Me") goes through anticipating the other's perception of one's action that involves empathic ability to take the attitudes of others onto oneself. "Others" represent the main attachment figures and their representations are closely intertwined with early vague representations of the self. These representations have a major effect on everyday thinking and behaviour that stretches throughout the life-span.

Growing cognitive abilities and emotional differentiation skills that unfold through the child's further development affect attachment representations, making them more stable and better outlined. In parallel these processes provide increasingly complex information about the self and the world, but attachment remains the essential organising construct because of its integrative power.

In the following section I will outline the interplay between emotional differentiation and cognitive growth that takes shape within the unitary framework provided by attachment and identification processes. In terms of emotional differentiation Guidano uses major propositions from the theories of Izard, Giblin and Pribram in which there is emphasis on the clear differentiation between emotion and feeling (Giblin, 1981, Izard, 1980 & Pribram, 1971 in Guidano, 1988). A feeling is diffuse and vague and also hard to recognise and control whereas an emotion represents a structured phenomenon that can be labelled and controlled. For a feeling to be transformed into a specific subjective emotional experience, it has to specifically connect with perceptions and actions. Children are born with the ability to have feelings and express them. However, the identification processes that have been acquired through attachment reciprocity provide a powerful tool for shaping these feelings into emotional schemata. These represent tacit rules that bias available cognitive abilities toward selecting a specific interaction with the world. In that way emotional schemata influence the content of self-knowledge. However, the relationship between emotional schemata and cognitive abilities is not only one of feedforward processes because the content of cognitive processes can change the intensity or quality of emotional experience influencing further emotional differentiation.

As can be seen, early development is characterised by a continuous interchange between emotional and cognitive processes. This results in the construction of the basic patterns of emotional schemata, cognitions and behaviour that provide a set of tacit abstract rules for interaction with the environment. However, though the developmental attachment history of the individual determines emotional schemata and the set of abstract rules integrating them, only through the emergence of the higher cognitive skills, the individual will start to recognise him/herself as an independent subject on an explicit conscious level.

The development of self-knowledge can be considered as a "progressive series of qualitative transformations beginning with the structuring of elementary patterns

of self-recognition and ending with the emergence of a structured self-development" (Guidano, 1988; p.314). These processes unfold in parallel with the emergence of the particular cognitive abilities labelled in Piagetian terms as pre-concrete, concrete and formal operational thinking that in turn characterise particular stages of development, i.e. infancy and pre-school years, childhood and adolescence and youth. According to Guidano, self-knowledge in infancy and the pre-school years is characterised by a basic set of deep tacit relations that affect self/world recognition and bias further self-knowledge development. During childhood the concrete operational thinking permits the child to realistically understand the environment and hence to see his/her self as an object, whereas adolescence and youth, because of the development of formal operational thinking, are the periods where the "self" needs to be rediscovered through a process of self-reflection.

However, Guidano does not see self-knowledge as a finished product of youth. For him, self-knowledge is an open generative system, which develops further in the direction of increased order and complexity. This is achieved through assimilation of disequilibriums (fluctuations) encountered in interaction with the environment. Therefore, change and stability processes are closely intertwined though stability processes are continuous whereas change processes are continuous only as possibilities but their occurrence is discontinuous. Because of this human life-span development is not seen as linear but rather as discontinuous and step-like.

Guidano recognises two types of change. *Surface changes* happen regularly, producing revisions of reality models according to ongoing experience. They are expressions of the flexibility and plasticity of individual knowledge organisation. However, *deep changes* are not continuous, because they are the expression of the modification of the explicit self-image elicited by the disequilibrium that oversteps the existing stability range. The deep changes range from a limited reconstruction of personal identity to extensive changes of personality. They

correspond to changes in patterns of attitude to oneself, which will produce the modification of personal identity. The change in this explicit structure will affect attitudes toward reality through which the world will be seen and dealt with in a different manner.

There are two processes that characterise deep changes. Their direction (whether they are regressive or progressive) will govern the consequences impeded on self-knowledge organisation. They are self-awareness and experience assimilation. Self-awareness is the essential mechanism underlying deep changes and represents the switch to a meta level of knowledge representation. Self-awareness is progressive in the case of labelling and decoding of emotions related to the deep changes but it can be regressive if the person labels and controls emotions by creating external theories in order to explain overemotionality without changing self image. On the other hand experience assimilation is achieved by the manipulation of more sophisticated reality models. However, in the case of a regressive shift in experience assimilation, reality models do not change but stay linked to the stereotyped self-image representations. This regressive shift in self-awareness and experience assimilation can be a source of the development of psychopathology.

7.5. Procedural model

Guidano conceptualises psychopathology as a "science of personal meaning" (Guidano, 1991; p.112) because the human way of being-in-the-world is seeking and creating meaning. His construct of a *personal meaning organisation* (*P.M.Org.*) is organised around patterns of early reciprocity, self-boundary organisation and "I"/"Me" dynamics and systemic coherence. According to Guidano's clinical experience, there are four most typical and frequent P.M.Orgs., including the "depressive", the "phobic", the "obsessive-compulsive", and the "eating disorders". The major function of the P.M.Orgs. is to achieve coherence of the self in a dynamic environment in a way that is consistent with

its experience of living. These pathological P.M.Orgs. originate from different types of insecure attachment which then affect further personal identity development. For example, "depressive" P.M.Org. is characterised by the avoidant insecure attachment that implies structuring the selfhood around repetitive themes of loss, failure, rejections accompanied by negative self-appraisal and internal causal attribution. Though P.M.Orgs. are labelled by the diagnostic names coming from DSM-IV nosology, Guidano claims that they should not be regarded as these diagnostic entities. They should be seen as "a unitary and self-organised ordering of meaning" (Guidano, 1991; p.99) that differs from person to person. The therapist's task during the assessment is to find out which P.M.Org. characterises the client's functioning and to use that for further collaborative exploration of the client's problems.

The major aim of Guidano's therapy is to produce deep changes in clients by modification and transformation of the deep tacit structures. He sees clients having problems because of their inability to assimilate disequilibriums encountered in their interaction with the world. In that way clients are stuck and they cannot reach more integrated levels of knowledge. The therapist is seen as a collaborator that helps clients to recognise, understand and better conceptualise their own personal truth. In contrast to classical CBT, the therapist does not persuade clients to adopt other standards of truth. Guidano considers it even dangerous because it completely invalidates the client's current models of the self and reality because a clinical syndrome is seen as an unsuccessful deep change. .

Guidano proposes two general principles about the relationship between emotions and therapeutic change. For him having feelings and emotions is of the same importance for the development of personal knowledge as having cognitive abilities. He proposes that "no change seems possible without emotions" (Guidano, 1991; p.97) and that "*while thinking usually changes thoughts, only feeling can change emotion*" (Guidano, 1991; p.97). This means that only change

in the core emotional themes can affect self-regulation and modify self-perception and thus facilitate change of deep tacit structures. The second principle is related to self-awareness, an ability that Guidano sees as crucial for successful deep changes. Firstly, clients are trained through self-observation techniques to differentiate between immediate self-perceptions and conscious beliefs and attitudes. Moreover, they are gradually exposed during the therapeutic process to some affect-laden events in which they exercise with the help of the therapist more flexible and plastic self-awareness. Finally, the therapeutic relationship itself and its emotional aspects serve as a tool for facilitation of assimilation of disequilibrium.

The therapeutic approach that Guidano proposes consists of three main phases following in sequence:

- Phase 1: Preparing clinical and interpersonal context
- Phase 2: Construing the therapeutic setting
- Phase 3: Undertaking developmental analysis

The first phase that lasts 2-3 initial sessions (depending on the client this can sometimes be 6-8 sessions) is assessment based. This means that therapists conduct the interview with the purpose of establishing the hypothesis of the possible P.M.Org. that lies at the base of the symptomatology. By knowing which meaning organisation clients use to comprehend themselves and reality, the therapist can establish the interpersonal context of further therapeutic sessions in a such way to avoid incongruence between his/her attitudes and assumptions with the client's. In that way, the therapist creates a secure place for the client and provides a healthy climate where reformulation of the client's problems would be seen as congruent with the client's current needs.

The second phase of SPOT is the central phase of the therapeutic process, which lasts around 8 months. It consists of two stages including: 1) focusing and reordering immediate experiencing and 2) the reconstruction of the client's

affective style. The first phase begins with a request from the therapist that clients focus themselves on the particular events of the week that are for them meaningful in the light of the initial reformulation of their problems. These events are then analysed by the specific self-observation technique that Guidano (1991; 1995c) calls *moviola technique* in which clients are taught to look at the event by going back and forth in slow motion, zooming in/out etc. Guidano claims that in this way clients can be taught to distinguish immediate experiencing and their explanation of it during and after the scene. At the end of this stage clients become capable of seeing themselves differently and recognising feelings that were previously neglected and excluded from consciousness. In the second stage clients are asked to focus on the affective relationship experienced as essential to their present life. This means exploring the structured image of the current attachment figure, which will for sure be changed by the already achieved changes in clients. This stage also employs the *moviola setting technique*, but this time the entire clients' affective history is analysed working with the client's ability "both to differentiate between immediate experiencing and explicit restructuring, and to reconstruct the different aspects of a given subjective experience" (Guidano, 1991; p.146). The major outcome of this stage is that the client becomes capable of perceiving emotional states as self-organised procedures that can combine and recombine themselves when going through an affectional relationship. Moreover, the perception of significant others change with the change of personal meaning organisation. This is accompanied by the total disappearance of the original disturbances with the development of the new levels of self-referring and different attitudes toward reality. Guidano claims that more than 50% of clients prefer to stop therapy at this point, maintaining a relationship with the therapist through check-up sessions (Guidano, 1991).

The third and final phase of SPOT, which is focused on developmental analysis, lasts between a minimum of 3 months to maximum of 6 months. This phase begins when clients are interested in continuing self-exploration despite the

disappearance of their initial clinically expressed problems. Firstly, the therapist and the client reconstruct the client's developmental history from the earliest memories to the current developmental stage. The main thread of this analysis is again the interdependence between attachment and selfhood processes and self-observational technique is used in the same way as in the previous phases. This is aimed at reframing memory through attaining more exhaustive comprehension of the particular memorised events with consequent changes in the whole memory frame with recombination of whole sets of memory frames. When the wanted outcome is achieved the therapist gradually prepares clients for the termination of therapy.

Chapter 8.

COMPARATIVE ANALYSIS

In previous chapters four selected integrative theories were presented within the structure proposed by CF. Now, that their guiding assumptions and conceptual, propositional and procedural models are uncovered, they can be compared and their similarities and differences can be found.

In order to provide results of comparative analysis in the fashion that is more accessible for the reader, the tables will be presented down below. These tables include the main elements of each integrative theory for their guiding assumptions, conceptual, propositional and procedural models. Such a presentation gives a better overview of the theories and makes their similarities and differences more accessible.

8.1. Similarities and differences in guiding assumptions

GUIDING ASSUMPTIONS			
	ONTOLOGY	COSMOLOGY	EPISTEMOLOGY
SPOT	♦ Psychophysical interactionism	♦ Open system	♦ Constructivism ♦ Evolutionary epistemology
CP	♦ Psychophysical interactionism (dualist view)	♦ Open system	♦ Empiricism (including realist and constructivist notions)
ICEP	♦ Psychophysical interactionism	♦ Open system	♦ Developmental constructivist approach
PEP	♦ Psychophysical interactionism	♦ Organismic and open system	♦ Dialectical constructivism

Table 1: Guiding assumptions

8.1.1. Ontology

As is clearly visible all selected theories share a similar ontology. This is a dualist ontology of psychophysical interactionism where body and mind are recognised as important elements that interact with each other. I drew this conclusion from looking at how each of these theories deals with emotion.

Because each of them emphasises to a lesser or greater extent the significance of emotional experiences that include bodily sensations, I inferred that body is a recognised entity in these theories.

However, the extent of body importance differs from theory to theory, ranging from having a very subtle role in the Wachtel's cyclical psychodynamics to the very emphasised importance of emotional experience in the theory of Greenberg et al. This difference can be explained by acknowledging which original theories are most influential for cyclical psychodynamics (CP) and process-experiential psychotherapy (PEP). For instance, CP is organised around a psychoanalytic core that certainly acknowledges the significance of body but is still more focused on mind phenomena such as fantasies, repressed memories, and unconscious conflicts. On the other hand, PEP is aimed at improving an experiential theoretical framework and given that emotions play the key role in this type of therapy, the body component is more emphasised than in the case of CP. The other two theories, Safran and Guidano's ones (ICEP & SPOT), place a somewhat moderate importance on body. As can be seen the mind still has significance in all of these theories but the significance of body is not undermined or erased totally. Therefore, in my opinion all of these theories share a common ontology with the difference being in the degree of emphasis of body elements.

8.1.2. Cosmology

The cosmology of these theories is also similar. It is an open-system cosmology where transactional relationships with the environment and a multifactorial and circular nature of causality are the main features. Such a cosmology is based on the assumption, which all of these therapies have in common, that a simple linear cause-effect relationship is not substantial enough to explain the complexity of the real world.

8.1.3. Epistemology

Epistemology seems more diverse in these theories. One can say that it is mostly empiricism that characterises these theories though they differ in the degree to which they emphasise the presentationist (realist) and representationist (constructivist) views. For instance SPOT and PEP have a clear constructivist epistemology with an addition of new epistemological stances that are consecutively evolutionary epistemology and dialectical constructivism.

On the other hand, CP and ICEP's epistemology is empiricism but with more adherence to the realist view, although some constructivistic influences are fully acknowledged.

8.2. Similarities and differences in conceptual models

CONCEPTUAL MODEL		
	MAIN LEVEL OF ANALYSIS	KEY CONCEPTS
SPOT	◆ Person-in-context	◆ Self-construct
CP	◆ Person-in-context	◆ No original concept
ICEP	◆ Person-in-context	◆ Interpersonal schema
PEP	◆ Person-in-context	◆ Emotion scheme

Table 2: Conceptual models

8.2.1. Main levels of analysis

"Person-in-context" is the main level of analysis characteristic of all of the selected theories. Therefore, not only are integrative theories aimed at a thorough presentation of the complexity of persons (by including various psychological variables in their conceptual models), but also they all fully acknowledge the significance of the person's embeddings in contexts. Hence, the relationship between persons and environment is transactional, where both sides influence each other.

8.2.2. Key concepts

As can be seen from the table, CP is the only theory that does not propose any original concepts. The other three theories (PEP, ICEP, and SPOT) propose the following concepts: emotion scheme, interpersonal schema, and self-construct. Emotion scheme represents a basic psychological unit that generates emotional experience and meaning. It is action-oriented and includes emotion, cognition, motivation, and action. Interpersonal schema is a general representation of self-other relationships and includes affect and cognition. The self-construct coordinates and integrates overall human cognitive growth, development and emotional differentiation. As can be seen though these key concepts differ significantly from each other, although in my opinion they also share some common characteristics. For example, they are created to be inclusive as much as possible by including at least cognition and affect, though the emotion scheme is even more extensive because it includes motivation and action.

The acknowledgement of the significance of the two basic psychological variables cognition and emotion is further extended by the inclusion of the findings coming from cognitive psychology and emotion theory. Therefore, the influence of cognitive psychology is reflected, for example, in the acknowledgement of the existence of implicit and explicit levels of knowledge. For instance, PEP acknowledges the existence of non-conscious mental

structures. It proposes that the emotion schemas themselves provide tacit rules that govern human behaviour. In ICEP, interpersonal schemata are coded partly on the procedural and partly on the conceptual level of knowledge. SPOT also emphasises this conscious/non-conscious dichotomy by claiming that self-constructs operate on both the explicit and implicit levels of knowledge. Moreover, if we look at all three concepts, we can see that they are all schema-like organised because of their representationist nature, though they are also, all action-oriented in terms of providing the functioning rules.

Emotion theory is most influential in the PEP. Its key concept emotion scheme is organised around emotions as a core element based on their proposed adaptive, action-oriented and informative functions. Moreover, it is emphasised that the emotion processing of information is equally important as cognitive processing. This dialectic is essential for human existence. ICEP uses Leventhal's theory of emotion, which is based on information processing, whereas SPOT also acknowledges the significance of emotional schemata that operate on the implicit level.

From this overinclusive nature of the key organisational concepts stems their common purpose which is to guide, co-ordinate or generate a sense of self, a sense of unity and composure despite the disturbances coming from ever-changing contexts. In order to neutralise these interferences all key concepts are proposed to have a flexible nature; they are modules which can assimilate new information into an existing framework and accommodate themselves to the new qualities brought by this new knowledge.

In terms of influences coming from the psychotherapies that these theories claim to integrate, apart from ICEP, no other theories include concepts from other psychotherapies. Even in ICEP the concept of the interpersonal scheme rests on the basic assumptions of cognitive therapy whilst an interpersonal component is added to this major theoretical framework not directly from interpersonal therapy

but through acknowledgement of Gibson's ecological theory and Bowlby's attachment theory.

8.3. Similarities and differences of propositional models

	PROPOSITIONAL MODEL
SPOT	<ul style="list-style-type: none"> ◆ Stability-maintaining and change processes in dialectical relationship ◆ Surface and deep changes ◆ Human development: discontinuous, step-like ◆ Normal development: self-construct develops through early attachments and affect regulation with later addition of cognitive abilities; this results in the development of self-awareness and experience assimilation ◆ Dysfunctional development is a result of regressive shift in self-awareness and experience assimilation
CP	<ul style="list-style-type: none"> ◆ Stability-maintaining and change processes acknowledged ◆ Normal development: “continuous construction model”; interaction cycles through which people develop into adaptive and flexible persons ◆ Dysfunctional development: “vicious circles”
ICEP	<ul style="list-style-type: none"> ◆ Stability-maintaining and change processes acknowledged ◆ Surface and deep changes occur at the levels of peripheral and core structures consecutively ◆ Normal development: based on the maintaining interpersonal relatedness (development of interpersonal schema) ◆ Dysfunctional development: self-perpetuating cognitive-interpersonal cycles which strengthen dysfunctional interpersonal schemas
PEP	<ul style="list-style-type: none"> ◆ Dialectical relationship of stability-maintaining and change processes emphasised ◆ Surface and deep changes acknowledged ◆ Normal development based on growth tendency which resources are emotion system, self-awareness and learning and experience; development of emotion scheme ◆ Dysfunctional development: the lack of self-awareness, problems in the creation of emotional meaning and activation of dysfunctional schemas.

Table 3: Propositional models

Propositional models provide diverse views of stability-maintaining and change processes and also normal and dysfunctional development. Nevertheless, as in the previous section it is possible to highlight some similarities among them.

In terms of stability-maintaining and change processes, all theories acknowledge either directly or indirectly that these processes are both essential and that their dynamic interactions are crucial for normal development. However, in terms of the patterns in which these interactions unfold they differ significantly. For example, PEP sees stability-maintaining and change processes happening continuously throughout life, whilst SPOT highlights a discontinuous pattern of their interactions where stability maintaining processes persist for some time and then change processes take place and alter the existing structures, with stability maintaining processes consolidating them. Furthermore, as could be seen in the section on conceptual models, all theories acknowledge the existence of core and peripheral structures. Consequently, they make distinctions between surface and deep changes with deep changes occurring only in the case of core structures' metamorphosis. Surface changes, however, result from changing the peripheral structures.

Normal development is seen differently from theory to theory. Some of the theories do not propose their own models but rather acquire models from other theories. For example, CP accepts the continuous construction model of normal development in order to reject the fixation-arrest model characteristic of its psychoanalytic framework. On the other hand, theories such as, for example, SPOT or PEP strive to be more extensive and propose models of the normal development of their key concepts, self-construct and emotion scheme. Hence, they both acknowledge the significance of the emotion system and cognitive development in the process of development of these two concepts. Furthermore, they recognise the importance of self awareness that is a main maintaining factor of normal personal development. If there is a lack of self-awareness (PEP) or a regressive shift in it (SPOT) development becomes dysfunctional.

In the case of other two theories (ICEP and CP), dysfunctional development results from the repetition of dysfunctional patterns. This is presented in the form of vicious circles in CP and cognitive-interpersonal cycles in ICEP. Therefore, on the one hand we have theories (PEP and SPOT) that highlight a failure of a particular process as causing dysfunctional development. On the other hand ICEP and PEP propose that repetitive involvement in dysfunctional interactions strengthens already existing non-viable deep structures.

8.4. Similarities and differences of procedural models

PROCEDURAL MODEL	
SPOT	<ul style="list-style-type: none"> ◆ Assessment of Personal Meaning Organisations ◆ 3 phases of the therapeutic process: <ol style="list-style-type: none"> 1. preparing the clinical and interpersonal context 2. construing the therapeutical setting 3. undertaking developmental analysis ◆ Therapeutic relationship very important ◆ Original therapeutic techniques (“moviola technique”)
CP	<ul style="list-style-type: none"> ◆ Assessment is aimed at identifying all points of vicious circles ◆ Any intervention can be used if it can break vicious circles ◆ Exposure treatment specifically emphasised ◆ Therapeutic relationship very significant (facilitative and encouraging comments important)
ICEP	<ul style="list-style-type: none"> ◆ Indirect assessment of interpersonal schemas through exploration of cognitive-interpersonal cycles ◆ Any therapeutic technique can be used ◆ Therapeutic relationship is used as a major therapeutic tool (“unhooking”, metacommunication)
PEP	<ul style="list-style-type: none"> ◆ Assessment of dysfunctional emotion schemes ◆ Therapy aimed at the change of dysfunctional schemes and the creation of the new ones ◆ The significance of a therapeutic relationship which should provide safety, empathy and support ◆ Individual therapy that can be practised also in groups and with couples, most appropriate for outpatient clients (mild to moderate problems), a high flexibility in terms of treatment and therapy session’s length

Table 4: Procedural models

Comparative analysis on this level seems less valid because of limited information that I could access about a ICEP and CP's therapy process design. Moreover, as is general knowledge in psychotherapy, practice always changes theoretical notions in an unpredictable fashion counting for the large diversity of clients and therapists. Nevertheless, though common themes were not easy to be teased out as in the previous models, it is still possible at least to highlight a few common tunes.

First, like any other psychotherapy, these therapies start with the assumption that particular dysfunctional structures or patterns should be changed and become functional. Hence, in CP these patterns are vicious circles, in ICEP these are interpersonal schemas, in PEP a dysfunctional emotion scheme should be altered and finally in SPOT it is the self-construct that is undergoing change. Furthermore, all theories propose that the structures to be changed should be assessed thoroughly, and then activated in order to become accessible.

The techniques that are used for these purposes differ significantly from theory to theory, though a common element is the insistence on the empathic, collaborative and accepting relationship between therapists and clients. A superficial glimpse at the assessment strategies implies that the theories stay within their original theoretical frameworks. However, they propose varying amounts of therapeutic eclecticism. For example, CP is open to any therapeutic strategy, irrespective of which psychotherapy orientation it comes if it can break non-viable vicious interaction circles. ICEP claims to be open in the same way, though if we look at the main strategies it employs (unhooking, metacommunication) it is still very cognitively oriented. In my opinion, PEP has a similar attitude by proposing specifically developed techniques that rest on the basic assumptions of experiential therapies. SPOT is also striving to be original in this sense by proposing some original methods such as the "moviola" technique.

8.5. Summary of the findings

Now that comparisons have been made and some common themes have been found, a summary of these findings will be presented. This summary will start with conceptual models and finish with guiding assumptions, respecting the logic by which I was led in revealing the metatheoretical guidelines. As is well known, guiding assumptions are mostly implicit and they are accepted as givens and hence, I inferred them from the conceptual, propositional and procedural models.

As could be seen all theories have in common the same main level of analysis, which is the person-in-context. This is directly related to their integrative and overinclusive nature where the emphasis is put on the interplay between persons and contexts. Their key concepts represent original conceptualisations that are based on the findings from cognitive psychology and emotion theory. However, these concepts are still very much in need of further development because their descriptions are vague, they include different phenomena (at least cognition and emotion) but how these phenomena are interrelated cannot be inferred from these theories.

In terms of propositional models all theories emphasise the necessity of the existence of stability-maintaining and change processes. With respect to the latter they also acknowledge the specific structural organisation where surface structures are governed by deep structures that mostly exist on implicit levels. Furthermore, changes on these two levels consecutively produce surface and deep changes. In order for positive changes to persist, deep structures should be altered though surface changes usually precede these deep alterations. Normal development is seen as either a continuous or discontinuous process, which in general leads to the creation of increasingly complex and better organised structures. On the other hand dysfunctional development is either seen as the result of the failure of some essential processes that take part in the development of the key concepts or as the result of the repetitive involvement in dysfunctional

interactions that strengthen non-viable deep structures. The development of the key concepts is mostly explained by relying on attachment, emotion and cognitive theories, whilst the influence of the other psychotherapy models is very scarce on this level.

Based on the propositions of change processes, procedural models are aimed at changing dysfunctional patterns of interaction or failed processes by employing a different level of eclecticism. As could be seen, some of the authors claim to be very open to any strategies whilst others are more cautious and prefer their own therapeutic methods. Moreover, all of these theories emphasise the significance of the therapeutic relationship, which is certainly based to some extent on the findings that come from the common factors approach of psychotherapy integration.

Finally, inferred from these concepts and propositions come guiding assumptions. As could be seen, integrative theories share common metatheoretical assumptions. This is, in my opinion, the result of the integrative orientation of their authors. They strive to create explanatory models that will be overinclusive and open to the new integration. Consequently, dualistic ontology where mind and body are seen as equally important and interacting with each other, seems to be an adequate ontology to guide these integrative attempts. Furthermore, the open-system cosmology overcomes the simplicity and irrelevance of the simple mechanistic cause-effect relationship. Instead, multicausality and circularity of causality is favoured by integrative authors. Epistemology seems to vary in terms of favouring the realist and constructivist notion, though constructivism is the main epistemology in PEP and SPOT. Constructivism is an attempt at combining realistic epistemology with idealist ontology, which as such can contribute to the reconciliation of the opposing philosophical ideas that underlie psychotherapies. Their incommensurability is usually regarded as a core obstacle to successful integration.

8.6. Conclusions and future implications

As was emphasised in the rationale, this thesis is aimed at shedding light on the process of theoretical integration by comparatively analysing currently existing integrative theories. For that purpose, the selected theories were presented within CF and their similarities and differences were revealed. In this way it was possible to uncover at which level their similarities and differences were greater. Moreover, some aspects of integrative assimilation were unveiled by highlighting which concepts and propositions were assimilated. Furthermore, I proposed that on the basis of these findings, I would be able to create some guidelines that will be helpful in future attempts at theoretical integration. All these issues will be addressed in the following paragraphs.

In terms of the similarities and differences between integrative theories, it could be seen that there is a very little variation at the guiding assumptions level. In my opinion, these metatheoretical guidelines reflect an integrative attitude that is characteristic of all theorists in this area. Psychophysical interactionism, with an emphasis on the equal importance of mind and body that constantly interact with each other, open-system cosmology that highlights multicausality and circularity, and empiricism with realist and constructivist notions, are highly congruent with the basic idea of psychotherapy integration. Similarly, the main level of analysis, which is "person-in-context", mirrors the all-embracing and comprehensive essence of the integrationist movement.

However, as could be seen a significant amount of variability and pluralism characterises the conceptual, propositional and procedural models of these theories. This is an expected outcome of theoretical integration that Carere-Comes (in press) links to the process of assimilation which "represents the movement towards *emancipation-differentiation*" (p.6). As could be seen assimilation of concepts and propositions from psychological theories accompanied by assimilation of some perspectives and practices of other psychotherapy schools into the favoured system of psychotherapy, characterises

all four selected theories. Interestingly, assimilation of elements from psychological theories is presented mostly at the conceptual level and partially at propositional level, whereas assimilation of elements from psychotherapy schools is significant at the propositional and especially the procedural level. Such a pattern of assimilation results from "a firm grounding" (Messer, 1992) in one system of psychotherapy, which makes assimilation of elements of psychological theories far easier than assimilation of elements from other psychotherapy approaches at the conceptual level. This statement is not intended to undermine the significance of this "cross-fertilization" (Neimeyer, 1993) between psychotherapy and psychological theories, but rather to point the nature of the preferred mode of assimilation in these integrative theories. Obviously, this type of assimilation can improve the original theoretical frameworks significantly and give them more empirical credibility. Furthermore, any value judgement made about these analysed theories will preclude treating them as finished products, which they are certainly not. I regarded them as evolving frameworks that need to have a fluid organisation that will allow further assimilation. However, in my opinion their future development can significantly benefit from taking into account the guidelines that I present in the following sections.

The first recommendation that naturally comes to mind if one views theoretical integration as a tool of theory development, is that any attempts at this type of integration should be informed by findings of the philosophy of science. Unfortunately, however, philosophy of science does not offer much on this topic. An exception is a Kalmar & Sternberg's (1988) paper on the "theory-knitting" approach. They propose that instead of favouring "a segregative approach to theory development" where "one theory is pitted against another" (p.153) an integrative approach should be used. In this approach theories are not "enemies" but "partners" from which concepts are integrated "with one's own ideas regarding the domain under investigation" (p.153). Therefore, a new theory is

knitted from the best elements of the selected theories with the addition of the new features that can bridge the gaps between existing elements.

In my opinion, theoretical integration, by its willingness to look "over the fence", has already overcome the disadvantages of the segregative approach. However, it can still benefit by acquiring the proposed methodology of theory-knitting approach. Therefore, authors that pursue theoretical integration in the future need to be aware of which elements at which level they assimilate. They need to be familiar with the guiding assumptions, conceptual, propositional and procedural models of the theories they want to integrate. By knowing the organisational structure of the theories to be integrated, they can knit more tightly particular elements into the original framework, and see more clearly where are the "holes" that need be filled by the novel elements. In my opinion the main source of these novel elements comes from psychological theories. In this way cross-fertilisation between psychotherapy theories will be significantly enhanced by the findings from psychological theories. In summary, the necessity of incorporating the growing psychological knowledge into psychotherapy integrative theoretical frameworks with the full awareness of the organisational structures of psychotherapies whose concepts and propositions are integrated, represents a major guideline that stems from the findings of this thesis. In my opinion, such an integrative attitude gives the authors more control over the process of assimilation, in addition to a better understanding of how the evolution of the given integrative model can be further enhanced.

However, as Carere-Comes (in press) points out the emphasis on assimilation as an exclusive mean of theoretical integration does not create well-balanced models. On the basis of the Piaget's statement that "every assimilation is accompanied by an accommodation" (Piaget, 1967 in Carere-Comes (in press)), Carere-Comes claims that only positive dialectical tension between assimilation and accommodation could prove fertile for further psychotherapy integration. In my opinion, this dialectical relationship between assimilation and

accommodation should direct further integrative attempts by creating the possibility of designing better knitted psychotherapy models. Yet, this recommendation needs to be further explored and elaborated. Similarly to assimilation, we do not know *how* accommodation is to be performed and on the basis of which criteria concepts and propositions should be assimilated/accommodated.

As can be seen, we are left with many unanswered questions. Moreover some new avenues for future research in this area are unveiled. For this reason, I treat these guidelines as some provisional starting points that will at least elicit some useful questions and debates in the future. I, myself, start this debate by questioning the eligibility of this comparative analysis to provide such guidelines. This is because this analysis includes just four theories selected on the basis of more or less subjective criteria and hence, one does not know whether or not other integrative theories will "behave" in the same fashion. Moreover, as I proposed in the rationale, I intended to comparatively analyse guiding assumptions, conceptual, propositional and procedural models of psychotherapy theories whose concepts were claimed to be integrated, with the same elements of integrative theories. Furthermore, I wanted to look at the metatheoretical congruence of starting theories. These tasks were too extensive to undertake in this thesis. However, I think that such analyses are worth pursuing in the future because they might further elucidate the process of assimilation.

In conclusion, this thesis was aimed at providing some guidelines for future theoretical integration and this has been achieved. However, the proposed guidelines should not be regarded as set in concrete because as Bernstein (1992) pointed out "any answer is always open to further questioning" (p.311). In my opinion this is how these "prescriptions" should be treated; as a springboard for a further exploration of a complex and promising enterprise such as theoretical integration.

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