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# **An Organising Framework for Personal Psychotherapy Integration**

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September 2004

A thesis submitted in partial fulfilment of  
a PhD by Published Works  
at Middlesex University

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However:

*There are guides who can show you the way.  
Use them.  
But they will not satisfy your longing.*

*Keep wanting that connection,  
with all your pulsing energy.  
The throbbing vein will take you  
farther than any thinking.*

Rumi 1995, p. 152

## Abstract

Psychotherapy has developed from four foundational schools of psychoanalytic, cognitive behavioural, humanistic, and transpersonal psychology, and it has been estimated (Karasu 1986; Corsini 1995) that over 400 systems of psychotherapy have evolved. However, empirical studies (Asay & Lambert 1999) suggest that the quality of the therapeutic relationship, regardless of system, is the major influence on therapeutic outcome. These professional factors, and other economic and social influences (Norcross & Newman 1992), engendered a psychotherapy integration movement and a burgeoning of integrative approaches and publications. This movement, formalised by SEPI in 1982, is described currently by three main routes to integration (Safran and Messer 1997), which offer little guidance and leave several issues unresolved (Hollanders 2000b). This PhD thesis presents a new organising framework by which psychotherapy integration can be understood, described and developed. It consists of three dimensions I call constructive, complicit and contiguous integration, and it forms the connecting principle for the published works. The works cover over six years of qualitative inquiry into psychotherapy integration using a heuristic research strategy (Moustakas 1990), which incorporated interpretative phenomenology, case studies, reflexive action and writing as component methods.

The new organising framework redefines the current topography of psychotherapy integration and provides an innovative tool for aspiring integrationists. Constructive integration repositions the existing routes to integration and is illustrated by articles on games and projective identification, relationship in organisations, Jung and object relations, and countertransference. Complicit integration emphasises how higher-order integrative approaches simplify the current complexity of psychotherapy. This is exemplified by articles on Clarkson's relational framework in Kleinian psychotherapy and brief dynamic therapy. Contiguous integration reflects how psychotherapy relates to the world at large. Freud's anthropology, Bion's group theories and Jung's collective unconscious are examples of this dimension. I present four articles on organisational and social artefact to further illustrate this dimension. Finally, I present an article on psychotherapy integration itself, which describes these dimensions and the innovative framework they form. I then highlight why this PhD thesis represents a significant and original contribution to knowledge.

## Introduction

This thesis aims to introduce my published works as a significant contribution to the debate and field of psychotherapy integration. In doing this I present some history of the field, critically review its status, and outline a new organising framework for integration that is an advance on current thinking. This framework offers a new tool to help individual therapists structure their personal approach to integration, and provides the contextual theme for the published works.

The works consists of 12 articles and 3 book reviews that have been published in double blind peer review journals, and which constitute about 89,000 words of material (see appendix IV). They form a longitudinal programme of heuristic research (Moustakas 1990) that started in 1997. In line with this approach Shelef (1994) points out, “it is important to affirm that it is a researcher’s wanting to know, wanting to understand that can be the basis of a research question” (p.1), and in this research programme the questions developed as follows:

1. The initial, and ongoing, aim was to increase the depth of my knowledge of a number of systems of psychotherapy representative of the major foundational schools.
2. As I gained knowledge the aim developed into a question of whether, and in what ways, different systems of psychotherapy could be integrated, with each other, and with social phenomena outside the discipline.
3. After several studies and articles the question became one of how to conceptualise the process of integration that my work represented in a way that could be helpful to others seeking personal psychotherapy integration.

The final research objective that emerged from these questions was relatively succinct: *to formulate an understanding of the process of personal psychotherapy integration*. Consistent with heuristic inquiry a key source of research material would be my own experience of this process as I investigated the above questions and presented the results in published works.

Many of the systems I researched were not on the curriculum of my formal psychotherapy training, and to this extent the published works represent my

extramural interests over the period of the inquiry. The above questions and objectives have been substantially addressed, and verified, by the publication process and by a number of the ideas being taught in at least four training institutions. The thesis should be judged by the contribution each article makes to the development of integrative practice, and by the understanding of the integration process it brings to the profession as a whole. However, it does not offer a prescription for psychotherapy integration but explores and presents examples of, and thereby promotes, the pluralistic and personal nature of integration.

Norcross (1990) offers a definition of psychotherapy that provides the boundary for the concepts discussed in this thesis:

Psychotherapy is the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviours, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable (p. 218).

However, this definition introduces some controversial issues. Firstly, *informed and intentional application...*, raises the question of qualification to apply such clinical methods. As well as trained psychotherapists, might this include others such as doctors, social workers, and clerics? Secondly, what constitutes an *established psychological principle*? There are several well-known principles or theories, such as those from Freud (1933), Skinner (1953), Maslow (1970) and Grof (1996). But in what way are these established, for example by convention, empirical research, or clinical practice? Thirdly, the purpose of psychotherapy, *of assisting people to modify their behaviours, cognitions, emotions . . .*, could, confusingly, exclude psychoanalytic insight, but include the penal system. So this seemingly useful definition does not clearly delineate psychotherapy. This is not surprising in a field that Mahrer (2000, p.117) claims

seems to lack an officially sanctioned list of its formally stated, taken-for-granted fundamental givens and truths, the field is rife with foundational beliefs that are generally presumed, assumed, implied, taken for granted, and occasionally spelled out.



Norcross's definition also accommodates a variety of ways by which the psychotherapies are generically described, such as, "systems" (Prochaska and Norcross 1999), "approaches" (Hollanders 2000a), "models" (Horton 2000), or just "therapies" or "psychotherapies" (Roth & Fonagy 1996). These terms are often used interchangeably, for example, Clarkson (1995) refers to her conceptualisation of the therapeutic relationship as an "integrative framework" (p.xiii), whilst Hollanders (2000a) calls it an "integrative approach" (p.23). In this dissertation I shall refer to the above clinical provision throughout as a "system" of psychotherapy. Karasu (1985) and Corsini (1995) have estimated there are over 400 such systems, although Roth and Fonagy (1996) point out "many of these represent subclasses of a smaller number of major orientations" (p.3), which I shall refer to as foundational schools. However, the organising framework I present here is not a system of psychotherapy, although it comes from my exploration of a number of systems. Rather it constitutes a structure within which the integration of systems can be described, understood and developed.

"Integration as a point of view has probably existed as long as philosophy and psychotherapy" (Prochaska & Norcross 1999, p.459), but only in the last twenty five years has it developed into a recognisable movement in the psychotherapy profession. A number of names have been given to this movement, the abiding characteristic of which has been, according to Norcross and Arkowitz (1992), "a dissatisfaction with single-school approaches and a concomitant desire to look across and beyond school boundaries to see what can be learned from other ways of thinking about psychotherapy and behaviour change" (p.1). One of these early names was the "eclectic movement", but the generally accepted term for this professional lobby is now "the integration movement" (Hollanders 2000b, p.34), and according to Norcross (1997) "integrative psychotherapist" is now the most popular nomenclature used in the profession. These trends were crystallised by the formation in the USA of the Society for the Exploration of Psychotherapy Integration (SEPI) in 1982, and by its British counterpart the British Society for Integrative Psychotherapy in 1987. SEPI has since grown internationally and now has its own journal, *The Journal of Psychotherapy Integration*, and held its first international conference in London in 1991. The 2004 conference was held in Amsterdam.

In its mission statement SEPI states, "The primary objectives of SEPI are to encourage communication and to serve as a reference group for individuals interested

in exploring the interface between differing approaches to psychotherapy” (SEPI 2003). Significantly, the Society offers no prescription for psychotherapy integration, nor does it clearly define what constitutes such integration. What has been identified, however, is what Safran and Messer (1997) call the “three most frequently employed strategies for psychotherapy integration - technical eclecticism, common factors, and theoretical integration” (p.143). These were originally enumerated by Arkowitz (1989) and are more aptly referred to as “routes” by Norcross and Newman (1992, p.10). They constitute a description only of what has gone before, and the integration movement currently offers no guidelines or framework for how an individual therapist might approach the task of psychotherapy integration. Indeed, as Norcross and Newman (1992) pointed out “integration, as is now evident, comes in many guises and manifestations” (p.15), and according to Fear and Woolfe (2000) there is currently a “proliferation of integrative theories” (p.337). SEPI’s mission statement implies that psychotherapy integration can be a personal quest as well as a profession-wide activity and, importantly, it encourages communication and exploration. As Horton (2000) proclaims, “a personal integration is an individual construction that can be developed to reflect the thinking and practice of the individual therapist” (p.32), and it is to help in this task that I offer my own exploration into, and reflection upon, psychotherapy integration.

This thesis presents my published works within the context of psychotherapy integration and reviews the articles as they become relevant to the concepts presented. Part one gives some background to the published works and the research programme. Within this, chapter one presents a brief history of the integration movement, reviews significant texts, and discusses several key issues. In chapter two I propose a new organising framework for understanding psychotherapy integration, consisting of three dimensions I have called constructive, complicit, and contiguous integration, and I discuss how this framework may help the development of integrative therapists. In chapter three I present my development as a researcher and the methodology I used.

Part two discusses each of the above dimensions in turn. Chapter four introduces constructive integration, and reviews three well-known psychotherapy systems that illustrate this dimension. I present five articles that represent my work in this area, and two book reviews that illustrate the disparate nature of the profession and the depth of my engagement with the research material. Chapter five introduces

complicit integration and discusses Clarkson's integrative framework (1995a) and Prochaska and associates' transtheoretical model (Prochaska & Norcross 1999) as examples of this dimension. Here, two articles demonstrate the use of Clarkson's framework within Kleinian psychotherapy and brief dynamic therapy. In chapter six I introduce contiguous integration and illustrate this with four articles that show how a number of already established psychotherapy systems exemplify this dimension.

In part three and chapter seven I conclude by presenting an article on psychotherapy integration that underpins this dissertation. I then highlight the originality and significance of the overall inquiry, and make the case for a PhD. Copies of the published works are then attached in the same order as discussed in this dissertation.

## Part One

### Background to the Works and Research Methodology

*It may be that each person who develops his own system of psychotherapy writes, in the final analysis, his own case history*

Victor Frankl

*Two things are to be remembered: that a man whose opinions and theories are worth studying may be presumed to have had some intelligence, but that no man is likely to have arrived at complete and final truth on any subject whatever.*

Bertrand Russell

## Chapter One

### Brief History of Psychotherapy Integration

Psychotherapy as an empirical-scientific discipline, although foreshadowed by Hippocrates and Gallen, has existed for little more than a hundred years (Ehrenwald 1976; Frank 1986). The origins of clinical psychotherapy as we know it today arguably (Corsini 1995, p.12) date from the coincidental innovative work of Freud, Pavlov and Moreno at the start of the last century. From these beginnings three major foundational schools of psychoanalysis, cognitive-behaviourism and humanistic psychology developed (Clarkson 1992a, p.3; Nelson-Jones 2001, p.3). To these must be added a more recently acknowledged fourth school of transpersonal psychology (Boorstein 1996, p.2), which paradoxically has a much longer history, steeped in what Frank (1986) called the religio-magical tradition. These schools have become the basis of one classification of the current psychotherapy profession (see appendix I) and other, slightly different, classifications have been offered (Beutler, Bongar & Shurkin 1997; Roth & Fonagy 1996). For example, Roth and Fonagy (1996), in their examination of clinical practice and outcomes, differentiated therapies more on the type of therapeutic intervention than the historical development of psychological theories. Although this avoided the issue of theoretical divisions, it also resulted in more recent developments, for example in transpersonal psychotherapy, not being fully acknowledged.

The integration movement has been generally concerned with finding ways and rationale by which the theories and practices of these foundational schools can be brought together to improve therapeutic outcome. The first integrationist may have been Freud himself, as Frances (1988) highlighted at the SEPI conference in 1988, and Javel (1999) argues in his article *The Freudian Antecedents of Cognitive Behavioural Therapy*. Javel contends that “classical psychoanalysis” (p.397), diverged from Freud’s actual techniques and writings, which he argues converge more with the tenets of cognitive-behavioural therapy. He offers no suggestions for a new integrated clinical approach, but exhorts cognitive behaviourists ‘to look at the works of Freud for insight, inspiration and answers...’ (p.406).

Probably the first recognised attempt to integrate behaviourism and psychoanalysis was presented to the American Psychiatric Association by Thomas French (1933), and was later elaborated by Kubie (1934), although their efforts were mostly unappreciated at the time. Others, such as Dollard and Miller (1950), Alexander (1963), Brady (1968) and Marks and Gelder (1966) developed these links further. However, Arkowitz (1992, p.267), a leading member of SEPI, suggests that one of the most influential books in this field is *Psychoanalysis and Behaviour Therapy: Towards an Integration*, by Paul Wachtel (1977). This examines how the psychoanalytic theories of Sullivan and Erikson allow for understanding problematic behaviour as a conditioned response to interpersonal relations. Wachtel developed his ideas into an integrative system he called cyclical psychodynamics, and he continued his interest in integration by co-founding SEPI in 1982. Overall, these developments seem to be the precursors of cognitive analytic therapy (Ryle 1990).

As humanistic psychology developed in the 1960s (Moss 1999), there was greater willingness amongst the various psychotherapy schools to share and accept each other's understanding. This was vividly demonstrated by the production of the 'Gloria' films (Rogers, Perls & Ellis 1965), but was also exemplified by the influence of two prominent authors of that decade. Firstly, Jerome Frank, who wrote *Persuasion and Healing* (1961), identified a number of features common to the psychological healing traditions of different cultures. Secondly, Arnold Lazarus, introduced the concept of technical eclecticism in 1967, and developed the approach called multimodal therapy (1989). The integration of humanistic and behavioural approaches was encouraged further by Martin (1972) and Thoreson (1973). However, the most recognised integrative system developed in this period based on humanistic values was probably Egan's skilled helper model (Egan 1975), which Jenkins (2000) argues, "shares some characteristics of the cognitive-behaviour school and is firmly grounded in the core conditions of the person-centred approach" (p.163).

This brings me to the current state of psychotherapy integration, and the influence of postmodernism, the *Zeitgeist* that has heralded the accelerated decline in the belief of purist approaches. Lyotard (1989) described postmodernism as the collapse of meta-narrative and, according to Clarkson (1995a), one of its characteristics is the "distrust of the one truth or the distrust of any so-called one truth" (p.vii). She argues that, in psychotherapy, it has encouraged a growing

realisation that the so-called ‘truths’ or meta-narratives, which the four foundational schools represent, are “fundamentally flawed as singular definitions of reality” (ibid). However, the relational framework she suggests as an alternative may equally be seen as the very kind of meta-narrative it is designed to replace.

Palmer and Woolfe (2000) also point out that “counselling and psychotherapy are not immune from this tendency” of postmodernism, and argue that it “has led to a growing interest in flexibility of response and bringing together ideas from disparate schools” (pref.). A number of concurrent professional and economic factors have also encouraged this trend in integration (Norcross & Newman 1992; Gold 1993). One of the most significant, in Clarkson’s view (2003), is that “the [therapeutic] relationship is consistently being shown in research investigations as more significant than theoretical orientation” (p.5). This was confirmed by one extensive review of outcome research presented by Lambert (1992) and more recently by Asay and Lambert (1999). Roth and Fonagy (1996) present a similar conclusion in their excellent review of psychotherapy outcome research in *What Works and for Whom?* Alan Kazdin, in his forward to the book, describes it as “stellar in its presentation” (p.vii), and the book adds to Asay and Lambert’s work by reviewing outcome studies by type of illness and client group. Such research supports Polkinghorne’s (1992) view that “the large number of theories claiming to have grasped the essentials of psychological functioning provides prima facie evidence that no one theory is correct” (p.158). This view has led to the emergence of higher order integrative systems that eschew deference to psychological theories in favour of emphasising the importance of the therapeutic process and relationship *per se*. Prochaska and DiClemente’s transtheoretical model (1984) and Clarkson’s five-relationship framework (1995a) are pioneering developments in this vein, and these are discussed in more detail in chapter five.

Newman and Goldfried (1996), in their review of the integration movement, trace developments from French’s presentation to the APA in 1933 to the introduction of Lazarus’s multimodal therapy in 1989. Therefore, it excludes recent developments in integration, especially those in Britain and those embracing the new transpersonal psychology. The paper argues that integration had become a professional imperative as pressure grew from insurance companies and government health services to improve the cost effectiveness of treatments. This view was affirmed by Gold (1993) who considered there was an imperative to stop “looking

for the ‘best’ therapy to a more pragmatic search for the best of many therapies in order to survive economically and professionally” (p.6). A number of books have identified and described an extensive list of integrative approaches (Norcross & Goldfried 1992; Palmer & Woolfe 2000; Stricker & Gold 1993). However, some practitioners and academics argue that integration is an individual process that might never be completed (Clarkson 2003), and should be based on a dialectic process that recognises context and allows plurality (Safran & Messer 1997).

### **1.1 Review of the Key Literature in the Field**

Following the formation of SEPI in 1982 there was a growth of literature and a “significant increase in the number of authors who became active in contributing to the advancement of the field” (Goldfried & Newman 1992, p.65). In the early 1990s Hal Arkowitz (1991), the editor of the *Journal of Psychotherapy Integration*, announced that psychotherapy integration had come of age, and three influential edited textbooks appeared. The first by Norcross and Goldfried (1992), called the *Handbook of Psychotherapy Integration*, provides a thorough background to psychotherapy integration, its development and the factors driving it, its current status, and some of the issues outstanding. Many of the chapters are revisions of an earlier book, the *Handbook of Eclectic Psychotherapy*, edited by John Norcross (1986); and the re-titling highlights a shift in perspective during the intervening period. Importantly, the 1992 book presents Lambert’s (1992) analysis of outcome research referred to earlier, and discusses the major integrative systems using Arkowitz’s (1989) three routes to integration as a descriptive outline (this is discussed more fully in the next section). These systems are presented in chapters by leading authors and practitioners, many of whom are members of SEPI. Although seminal at the time, the book does not provide any real definition of integration or how a would-be integrationist might go about developing an integrative approach.

The second book is an extensive volume, containing 37 chapters, edited by Stricker and Gold (1993), called a *Comprehensive Handbook of Psychotherapy Integration*. It looks at integration from a number of perspectives – individual clinical systems, spiritual and philosophical approaches, specific disorders and populations. If anything it offers too broad a view of integration without providing a



framework within which it might be contained or understood as a process. They conclude, “there is unlikely to be a single best solution to the problem of psychotherapy integration” (p.545), paradoxically describing as insoluble, the very thing they are attempting to resolve and clarify. Thus, as in Norcross and Goldfried (1992) above, integration is presented as a multi-faceted process, which Gold (1993) suggests “is an open ended and ever evolving set of constructs and methods which cannot help but be influenced by new ideas and information” (p.3).

The third book, *Integrative and Eclectic Psychotherapy: A Handbook*, edited by Windy Dryden (1992), presents a distinctly British contribution to the field. The only non-British authors are Norcross and Arkowitz who, in the opening chapter, paint very much the same historical picture as Norcross and Goldfried (1992) above. They reiterate Arkowitz’s descriptive outline and seek to locate the British contributions within it. These include a variety of clinical systems by well-known integrationists such as Barkham, Clarkson, Rowan and Ryle. In attempting this there is acknowledgement that some of these systems (for example Clarkson’s framework) do not readily fit Arkowitz’s outline, but combine all three routes to represent what they call “combined theoretical integration” (Norcross & Arkowitz 1992, p. 23).

A more recent British contribution is edited by Palmer and Woolfe (2000), called *Integrative and Eclectic Counselling and Psychotherapy*. In this, Hollanders presents two chapters, which are derived from his doctoral thesis (1997). The first (2000a) provides an historical review which includes British contributions, and the second (2000b) raises a number of key issues about integration that remain unresolved by developments in the field so far. Interestingly, Hollanders makes no attempt to adopt Arkowitz’s descriptive outline, which is presented as only one way of viewing integration, constituting what he calls an external locus of integration. Overall, the book promotes integration as a multi-focal pluralistic process for which there is no prescriptive outline and no determinable end result. This is a view many in the profession may find confusing and, I believe, the integrative quest would benefit from some degree of formulation.

## **1.2 Routes to Psychotherapy Integration**

Mahrer (1989) proposed a number of ways in which psychotherapy integration might be pursued, although none of these have been adopted in the way he

prescribed. In fact such prescription seems to be anathema to the integration movement; as Norcross and Goldfried (1992) point out, SEPI's operative term is "exploration" (p.x). However, three popular routes have been identified and acknowledged by the integration movement. These are: the common factors approach, theoretical integration, and technical eclecticism (Arkowitz 1989; Norcross & Arkowitz 1992). Norcross and Arkowitz (1992) also identify a fourth route that constitutes attempts to integrate psychotherapy with outside, but allied disciplines, such as sociology, psychiatry and neurobiology. This acknowledges a view of psychotherapy integration as a projective – introjective process that seeks synthesis with disciplines that offer alternative explanations of the lived world. However, this route, so far untitled, may be considered a form of theoretical integration, except the theories to which it applies are not psychotherapy theories *per se*, and a good example of this is Bowlby's integration of psychoanalysis with aspects of ethology (Mitchell & Black 1995, p.136). Together these routes to integration form a descriptive, and not a prescriptive, outline around which psychotherapy integration continues to be developed and discussed (for example, Hollanders 2000b; Norcross & Goldfried 1992; Safran & Messer 1997).

The common factors approach "seeks to determine the core ingredients different therapies might share in common, with the eventual goal of developing more efficacious treatments based on these components" (Norcross & Grencavage 1990, p.8). It is based on the assumption there are certain aspects of theory or practice common to all the psychotherapy schools that are important in determining therapeutic outcome. According to Arkowitz (1992) this approach was pioneered by Frank (1961) in *Persuasion and Healing*, which identified a number of therapeutic factors common to a broad spectrum of healing systems. These may be summarised as: a meaningful therapeutic relationship, a dedicated healing setting or place, a culturally congruent rationale or narrative, and a prescription for action or procedure (Frank & Frank 1993). Within these elements there are lower-order levels of commonality. For example, within the sphere of the therapeutic relationship, such techniques as clear contracting, attentive listening, positive regard, empathic attunement, paraphrasing, reflecting etc. are factors that have been recognised as common to Euro-centric systems. This kind of integration tends to occur inherently through the general exchange of ideas that takes place in training, supervision and peer group discussion. There are few formalised clinical systems based on this route,

and probably the most recognised are Egan's skilled helper model (1975) and Hobson's conversational model (1985), both of which emphasise relational skills.

The second form, theoretical integration, refers "to a conceptual or theoretical creation beyond a technical blend of methods" that represents "an articulated framework or roadmap" (Norcross & Grencavage 1990, p.11). Theories may have their limitations, as Jung (1928) wrote, "learn your theories as well as you can, but put them aside when you touch the miracle of the living soul" (p.361). Yet, as Clarkson (2000) affirms "theory is too important and too necessary to abandon" (p.311). The use of theory allows us to recognise change and provides a locus of evaluation for our practice (Casement 1995), and facilitates dissemination of knowledge and experience to others. Clients too will have their own perspective and expectations of the therapist's theoretical orientation, and this may bring a placebo effect to the therapy (Lambert 1992). Also, theories develop over time, as exemplified by Freud's changing views on the drives and psychic structure (Sandler, Dare & Holder 1973), or Ellis's development of rational emotive behaviour therapy (Neenan & Dryden 1996).

Theoretical integration generally comes from the considered views of experienced practitioners and academics. Good examples of this are rational emotive behaviour therapy (Ellis & Dryden 1997), and more recently cognitive analytic therapy (Ryle 1990). Clarkson (1992) argues that transactional analysis is also an approach that "integrates intrapsychic dynamics with interpersonal behaviours . . . within a humanistic/existential framework of values" (p.1). Others (Beitman 1994) have attempted to show similarities between approaches in order to identify links that will bring some coherence, and a number of the articles I present here represent my endeavour in this regard.

The term integration implies a sense of ideal synthesis that precludes any form of eclecticism. Indeed, eclecticism resembles a form of desegregation where the best parts are combined, rather than a synthesis whereby a new whole is created. In the psychotherapy integration movement a form of disciplined "technical eclecticism" has been accepted as one of the routes to integration (Beitman 1990, p.52). The founder of the concept, Arnold Lazarus (1990), describes it as "the use of prescriptive treatments based on empirical evidence and client needs, rather than theoretical and personal predisposition" (p.40). It involves the systematic use of a variety of techniques in the treatment of the same person, and must be distinguished

from the haphazard and indecisive nature of some eclectic practice that stems either from poor training, or adherence to favourite, yet inappropriate, techniques. As Austen (2000) confirms, “eclectic practitioners are continually making decisions as to which approach they will apply, with which clients and under which circumstances” (p.127). A number of systems have attempted to bring some coherence to this, the best known of which are systematic eclecticism (Beutler 1983) and multimodal therapy (Lazarus 1989).

### 1.3 Some Key Issues in Psychotherapy Integration

The section above presents a descriptive outline that encapsulates developments in psychotherapy integration at the end of the twentieth century. However, this outline does not convey any sense of the dynamic process that integration represents for individual therapists. Nor, in my view, does it constitute a complete structure around which the would-be integrative therapist might organise his or her own integration journey. In addition, these developments have raised a number of issues and Hollanders (2000b) has enumerated nine that are central to the integration debate, some of which were also identified by Norcross and Goldfried (1992). I shall discuss these briefly, and add one of my own, in order to pave the way for the formulation of a new organising framework that has developed from my research, and which provides a broader perspective of the integrative quest at the level of both the profession and the individual therapist.

Issue one concerns the definitions of *eclecticism and integration*. Hollanders (1997, quoted in Connors 2000) writes, “‘Eclecticism’ is a process of selecting out, with the implication of taking something apart; ‘Integration’ is the process of bringing things together, with the implication of making something whole and new” (p. 291). He sees eclecticism as a particular range on a spectrum made up of the routes to integration discussed earlier (Hollanders 2000b). Similarly, Norcross and Arkowitz (1992, p.19) view eclecticism as the middle or desegregation stage of a progression from segregation, represented by schoolism, to full integration, the characteristics of which are indeterminable. These conceptualisations combine a sense of evolution with pragmatism, processes that may be immanent in most integrationists, as Paul Wachtel (1991) describes, “eclecticism in practice and

integration in aspiration is an accurate description of what most of us in the integration movement do much of the time” (p.44).

Issue two raises the *incommensurability of paradigms*, that the mainstream schools of psychotherapy cannot be reconciled because of their different philosophical or epistemological bases (Kuhn 1970). This raises “the issue of whether integration is a viable project at all” (Hollanders 2000b, p.34). As an objection this really only applies to theoretical integration, and suggests that this particular route is idealistic or unattainable; although to accept this is to undervalue the work of integrationists such as Alexander, Wachtel, and Ryle. However, it leaves open the other routes, and the possibility that new forms of, or routes to, integration may evolve that overcome such incommensurability.

Issue three is about the relationship between *integration and pluralism*, and questions whether the concept of integration is out of step with the postmodern *Zeitgeist*. This is only an issue if integration is viewed as the search for a single grand theory. If, however, integration is viewed as a position or process that individual therapists determine for themselves, then it may, as Norcross and Newman (1992) hoped, constitute “an open system of informed pluralism, deepening rapprochement and empirically grounded practice” (p.32).

The question of whether integration is *a position or a process* is another issue raised by Hollanders. If the grand theory is neither possible nor desirable then new integrative positions are only likely to add to the proliferation of systems and to further confusion in the marketplace. This may be an acceptable transitory consequence, a desegregation stage, of getting to the integrative position envisaged by Norcross and Newman above. On the other hand Clarkson (1992b) prefers to emphasise the unending process and dynamic nature of integration, “one of the most underlying values is that integration is an ongoing process in a continual state of development and evolution” (p.290).

The issues of pluralism and position/process interact with what I think is the most significant of the nine issues Hollanders has raised. This is the question of where the *locus of integration* lies. Hollanders (2000b) posits three possibilities: “*Externally* (i.e. primarily outside the practitioner)”, in the profession or group; “*Internally* (i.e. primarily within the individual practitioner)”, by therapists developing their own integrative systems; and “*Within the relationship*”, that is between the therapist and client as the client’s needs emerge (p.37, original italics).

In Hollanders's (2000b) view, the descriptive routes described in section 1.2 exemplify external integration. However, he offers no similar format for identifying internal integration, although he suggests it "refers us to the whole process involved in being a reflective practitioner" (p.38). He emphasises, "it is important that this reflection should be as widely informed as possible, by the experience of others, the literature, varied ongoing training, etc." (p.39). The principle behind integration *within the relationship* is that "it is the client who indicates what is needed, and that she does so by the way in which she relates to the therapist" (p.39). Few integrative approaches have been founded on this locus of integration, although Hollanders suggests that Clarkson's five-relationship framework (Clarkson 1995a), which does not readily fit into any one of the routes described earlier, is the most prominent example. Hollanders concludes that integration should not be concentrated in any one of these loci, but should be a pluralistic process, taking place at all levels, and not just constitute a professional level search for a grand system.

The sixth issue concerns the *question of commitment*, and how the integrative therapist can develop a sense of identity and loyalty without belonging to a well-recognised therapeutic school. Hollanders (2000b) believes this can be achieved by a personal attitude of commitment, "not to a narrow school but to the whole project of therapy" (p.42). This leads to issue seven about the *sociology of integration*, and the lack of a sense of community amongst integrationists. The major traditions have their own professional bodies, and although SEPI has emerged with its own journal and international network, a more robust *esprit de corps* is needed amongst integrationists generally. This may be discouraged by the lack of a single *language of integration*, which is issue eight. On the other hand, Messer (1987) suggests that integration and the exchange of ideas between schools would be facilitated more by therapists learning several therapeutic languages.

The ninth issue is particularly interesting and poses whether the integrationist is a *charlatan or statesperson*. On this issue Hollanders is quite emphatic and provides some resolution of all the issues when he writes that the integrationist's task is

to develop connectedness with the different parts of the field, to stand between the various schools, to encourage dialogue and debate, and to find ways of helping each to discover and respect the contributions of the other. In short, her role is to serve as a kind of 'statesperson' within the field (Hollanders 2000b, p.44).

I support this view, and that the development of an integrative approach is a continuous and personal process that takes place primarily within the individual therapist and, or alternatively, within the therapeutic dyad. The individual may take his or her lead from other more experienced or learned integrative practitioners, such as leading academics and professionals, whose approaches may be already well-recognised external systems of psychotherapy. I consider that it is still, as Norcross and Arkowitz (1992) wrote, “premature to advance any one integrative system . . . I urge students, in the integrative spirit, to take the ‘best’ from each model and to discern converging themes for themselves” (p.23). And the process is necessarily a personal one, as Bion (1962) affirmed in respect of the various schools of psychoanalysis, “as a method of making clear to himself the analyst needs his own book of psychoanalytic theories that he personally frequently uses” (p.39).

This view of the integrationist as a statesperson touches on what I consider to be a particularly important tenth issue for the integration movement. This concerns the insular nature of psychotherapy integration so far outlined, which is deemed to occur within the profession, the therapist or the therapeutic relationship. Expanding Hollander’s analogy, we have a statesperson without an environment or foreign policy, without a view of the world outside. This insular view ignores the kind of internal-external correspondence that takes place along the boundaries of these realms as they come into contact with the world at large. In other words, to what extent are the systems of psychotherapy we build within, appropriate for, consistent with, and expressive of, the phenomena of the world we experience around us? One of the earliest studies of the link between human nature and that of human institutions is probably Plato’s *Republic*, but in psychotherapy it is exemplified by Freud’s *Group Psychology and the Analysis of the Ego* (1922), and *Civilisation and Its Discontents* (1930), and in the humanistic school by Rogers (1990) in *A More Human World*. This process may represent the unnamed fourth route, discussed earlier, by which integration is sought with other disciplines that attempt to explain human behaviour. At the individual level, resolution of this internal-external correspondence gives meaning and credence to the internal patterns of psychotherapy we build, whether they are based on a single school or an integrative system. So far this kind of integration, and the imperative it resolves, although immanent, has remained unacknowledged by the integration movement.

## Chapter Two

### A New Organising Framework for Personal Psychotherapy Integration

The issues raised in the previous chapter highlight the need for an organising framework that not only describes the developments and current position of the integration movement, but also offers the individual therapist support and guidance on their own reflective process and integration journey. I consider such an organising framework would need to:

1. Accommodate the three routes to integration introduced by Arkowitz (1989).
2. Recognise more fully integrative systems and approaches that encourage individual reflection, and facilitate the development of an internal and relational locus of integration.
3. Encourage an open system of informed pluralism in which incompatibilities are tolerated and commonalities acknowledged.
4. Recognise that integration can be both a position and a process that is active at the level of both the profession and individual therapist.
5. Endorse the integrationist as a reflective individual committed to the task of therapy, belonging to a community able to converse in many therapeutic languages, and whose role “will aim at facilitating a growing sense of unity *within continuing diversity*, to enable the ‘many’ to have a sense of relatedness to the ‘one’” (Hollanders 2000b, p.44, original italics).
6. Acknowledge the principle of internal-external correspondence and the constant process of integration this involves with the world around us. Recognise how this process manifests itself and encourage it as a reflective tool that might help us evaluate the effectiveness of the systems we build.



My research has provided a formulation for a new organising framework that broadly meets the above criteria and draws together the published works into a meaningful and cohesive body of work. The new framework consists of three dimensions, and each article represents an example of one or more of these dimensions of integration. This framework and the published works are discussed more fully in part two, but the three dimensions are summarised below:

- **Constructive integration** incorporates the three-route descriptive outline of Arkowitz and represents the construction of new clinical systems whereby whole or parts of existing theory and practice fit together in complementary ways. This emphasises the external locus of integration, which takes place mainly at the level of the profession or institution, and addresses primarily point one above, and to a lesser degree points three and five.
- **Complicit integration** distinguishes some recent integrative approaches as higher-order patterns, or super-ordinate systems, that have emerged from the current proliferation of clinical systems. These do not readily fit into any one of the three routes of constructive integration, but are approaches that embrace all three routes, allowing them to coexist. They also encourage an internal or relational locus of integration. This meets primarily point two and secondarily four and five.
- **Contiguous integration** emphasises the nature of integration as a process and addresses the imperative of internal-external correspondence. It represents the process of exploring how the psychological theories underpinning psychotherapy help us understand and integrate our experience of the society and the world in which we live. It may correspond to the fourth route to integration referred to by Norcross and Arkowitz (1992), and meets primarily points six, five and four, and to a lesser extent three above.

## 2.1 Some Reflections on the New Framework

The above framework emerged from considerable personal contemplation on the meaning of my work as a whole, and the internal process of integration it signified. This represented the explication phase of the heuristic research

programme as a whole, which is discussed more fully in the following chapter. It is not surprising, as the quotation from Frankl (p.6) suggests, that the above dimensions of integration are similar to elements of our own developmental process. In deference to this I initially considered using a Jungian, or more specifically, an alchemical metaphor to describe the framework I had identified (Jung 1944). On this basis, the numerous systems of psychotherapy might constitute the *prima materia*, which grouped into four foundational schools, curiously equating to the four ancient elements. The initial stage of the alchemical opus is constituted by a physical combination of these elements, which form a *massa confusa*. This would equate to the dimension of constructive integration, which arguably has resulted in a confused proliferation of integrative systems. The alchemical opus eventually leads to a synthesis called the new birth or *coniunctio*, resembling what I have called complicit integration. The whole alchemical process represents an ongoing quest to find perfection, the philosopher's stone, which Jung believed was a synonym for a fully individuated self. This constitutes an *opus circulatorum* that is analogous to the dimension I have called contiguous integration.

Using a different analogy, Stern (1998) argues that as individuals, infants or adults, we make sense of a variety of stimuli by connecting and relating them, forming what he called "representations of interactions that have been generalised" (p.97), which is analogous to constructive integration. In turn these are assembled into higher order clusters of experience that form the basis of the core self, representing complicit integration. This is augmented and tested by constant interaction with others, the results of which are fed back into a model of the "core self with others" (p.111), or contiguous integration. From this process develops the "sense of a subjective self" (p.138), which is the equivalent of the formation of a personal integrative system. Ultimately a "verbal self" (p.162) emerges, and this may be likened to the integrative system being articulated and used effectively in the clinical setting.

In Kleinian terms one might see constructive integration as part object combination that never quite reaches the synthesis commensurate with the depressive position (Klein 1940), perhaps because each school fears loss of the 'good theory'. Complicit integration is therefore analogous to the depressive position where psychotherapy is appreciated as more than the combination of parts, as a holistic process. In the same vein contiguous integration can be likened to the processes of

projection and introjection by which psychic and external reality are compared and integrated. For Jung, Stern and Klein these developmental states are initially consecutive, but then continue concurrently throughout life. Thus the juxtaposing of the three dimensions I present here has its parallels in some established conceptualisations of the individual psyche's development and ongoing integration.

The parallels provided by the above developmental models gave me some confidence that I had conceptualised the integrative process in a way meaningful to the discipline. However it still left me with some concern about whether my conceptualisation accurately reflected developments in the integration movement generally. I wondered whether the complicit dimension was already adequately described as theoretical or common factors integration. For example, the transtheoretical model of Prochaska et al and the relational approach of Clarkson, which I consider examples of the complicit dimension, arguably constitute theoretical and common factors integration respectively. However, I considered these approaches to have particular characteristics; firstly they embraced all three routes to integration simultaneously and, secondly, they allowed integration at all the three loci described by Hollanders (2000b). Thus, to have included them within the current routes to integration would, it seemed to me, constitute a category-mistake (Ryle 1949) as they represented a different (new) class of integration, which needed recognition. Similarly, could some other established integrative systems, such as the skilled helper model or multimodal therapy, be considered complicit integration? Again, upon reflection, I considered this too would constitute a category mistake, as they did not reflect the emergent qualities that define the complicit dimension.

The concept of contiguous integration also represented such a new category. This dimension refers more to process than structure, and I wondered whether such a dynamic concept could be part of a formulation that included structural concepts like the constructive and complicit dimensions. On the other hand, contiguous integration had been a significant aspect of my integrative development and, as already mentioned, may have been important historically to philosophical investigation. As I discussed this concept with others, and widened my reading, I took the view that this dimension needed to be acknowledged and could be included in the new framework.

The new framework is not a clinical system of psychotherapy in itself, nor is it a base upon which a new clinical approach can be built. It is offered as a descriptive

and organising tool only, which encompasses and brings some order to the variety of views and approaches to psychotherapy integration. Perhaps its weakness is that it is too simple a formulation and comes without a detailed prescription of how it might be used by the individual integrationist. Although it provides a new way of understanding the routes to integration and the outstanding issues, it does not offer any prioritisation or resolution of these matters. On the contrary, it confirms these as matters for the individual, as Clarkson and Lapworth (1992) wrote, “which particular theories, concepts, or techniques an experienced psychotherapist chooses to integrate can only be done on an individual and personal basis” (p.51). The new framework emerged from heuristic inquiry and is not, therefore, intended to dictate, prescribe or direct the integrative quest, but to help others think about what issues to consider when developing an approach to psychotherapy integration.

## **2.2 Creating Effective Therapists and Suggestions for Training**

In my view, integration should not be just about building new models of therapy, or finding integrative patterns. As Hubble, Duncan and Miller (1999) suggest, “the survival of the mental health professions, in other words, will be better ensured by identifying empirically validated treaters rather than empirically validated treatments” (p.439). In their book, *The Heart and Soul of Change*, they present the case for common factors integration as a way of transcending the “therapy wars” between the “rivalous theories of psychotherapy” (p.xix). However, in doing this they ignore the concepts of theoretical integration and technical eclecticism, and thus fail to place their ideas on client change within the broader context of the integration movement. Nevertheless, from any perspective of integration it is important to build proficient therapists, individuals with a variety of perspectives who have undergone a reflective process of arriving at their personal view of therapy and what works. This thesis is a reflection on my integration journey, from which I have formulated the new organising framework above. I consider it will contribute to the creation of more effective therapists, regardless of orientation and training, in the following ways:

- It provides a fuller description of the routes to integration than previously elaborated, and as such can be used by students as a guide on how to approach

the task of building a personal integrative system. It acts as a reminder of the factors to consider, the processes at work, and the historical context; all of which should inform the development of personal psychotherapy integration.

- It brings greater recognition to integrative approaches that emphasise the therapeutic process and relationship, and places greater emphasis on the locus of integration being within the therapist and the relationship with the client. Thus the new framework, particularly the dimension of complicit integration, allows greater focus on those factors that empirical research links with clinical efficacy (Asay & Lambert 1999).
- It emphasises the view of integration as a heuristic process where each integrative position or system is tested against empirical research, clinical experience, and its value as an explanatory paradigm for the world around us.
- It is a framework contingent on personal reflection, and therefore engenders such reflection in the student or therapist. It presents integration not only as a position developed by an external profession, but also as an evolving process that can be designed by the individual. It should help developing integrative therapists tolerate the ambivalence that accompanies such a process.

The new framework is descriptive of my own process and is relevant to developments in the field. It could, therefore, be used as a training tool to help others understand the integration process and developments in the integration movement. The framework offers a useful structure on which a lecture or course of lectures or seminars on psychotherapy integration might be based. Such a programme would not exclude the teaching of psychotherapy systems representative of the foundational schools, but would contribute to an integrative training by engendering an integrative attitude in the student. From the trainer's viewpoint the framework might act as an *aide memoir* for the numerous integrative systems already in the public domain, which could be readily enumerated under the dimensions of constructive and complicit integration. At the same time the framework affirms the personal freedom, and responsibility, that each student has for developing their own integrative stance; and the published works I present in this thesis demonstrate this personal approach. Additionally, contiguous integration brings a new and important dimension to the

training process and the integrative attitude, that of reminding tutors and students that psychotherapy and psychotherapy integration are parts of a milieu of explanatory paradigms of individual and social psychology.

The new organising framework therefore provides a structure by which training in psychotherapy integration can be contextualised, historically and philosophically, and an integrative attitude fostered in the student. It cannot replace training in psychological theories or current therapeutic systems, whether of a singular or integrative nature, but may best be presented as an adjunct, perhaps in the format of seminar rather than lecture, which introduces, parallels and concludes such training. In this format it should act as a supportive framework throughout the training process to guide integrative therapy trainees towards their development of a personal psychotherapy integration.

## Chapter Three

### The Author's Development and Research Methodology

Nelson-Jones (2001, p.1) suggests that studying psychotherapy represents a personal journey, and this programme of study consisted of six years of what I consider to be heuristic research (Moustakas 1990) where “the research question and methodology flow out of inner awareness, meaning and inspiration” (p.11). Heuristic research is likened by West (2001) to what Denzin and Lincoln (2000) call a “bricolage” (p. 2), in which a variety of methods are engaged to elucidate the research topic. However, I consider heuristic research a more structured framework for qualitative research, especially where the researcher is central to the process, than that offered by the blurring of genres implied by bricolage. Nevertheless, heuristic enquiry is a flexible strategy and within this design I used a number of qualitative research methods: an interpretative phenomenological approach or IPA (Smith & Osborn 2003), case studies (McLeod 2002), reflexive action (Gergen and Gergen 1991; Lees 2001), and writing (Richardson 2000).

Moustakas (1990) describes six phases of heuristic research. The first, the *initial engagement*, involves the process of clarifying “a topic, theme, problem, or question that represents a critical interest and area of search” (p.27). The second, *immersion*, is the stage where the researcher lives the research topic and comes “to be on intimate terms with the question” (p.28). Thirdly, *incubation*, allows tacit, intuitive and often unconscious processing of the research to proceed (Polanyi 1962). Then, *illumination* is the stage that brings new awareness and insight that uncovers new meanings and essences about the research topic. Following illumination comes the *explication* stage in which a process akin to experiential focusing (Gendlin 1996), self-searching and reflexivity around the research topic leads to the final stage of *creative synthesis* and the putting of what has emerged into words on paper. This final stage involves using tacit and intuitive powers so that “a comprehensive expression of the essences of the phenomenon investigated is realised” (Moustakas 1990, p.32). West points out that heuristic research “is not necessarily a linear process and certainly does not constitute a rigid framework” (2001, p.129). Also,

Moustakas (1990) reminds us, “every method or procedure, however, must relate back to the question and facilitate collection of data that will disclose the nature, meaning, and essence of the phenomenon being investigated” (p.44).

My interest in the concept of integration probably dates from my earlier postgraduate management studies (Nuttall 1971, 1974). However, my *initial engagement* with psychotherapy integration developed during my first diploma in counselling in 1996. Here, I had a Kleinian therapist as a theory tutor and a transactional analyst as a skills tutor, which curiously matched my experience of personal therapy to that time. As I embarked on advanced training in 1998 I carried this interest and ambiguity into the MA programme at Regent’s College. However my interest in integration was mostly encouraged by four years training from 1997 at PHYSIS, the training school of Petruska Clarkson, where the programme of “learning by inquiry” advocated psychotherapy integration based on her research studies (Clarkson 1998). Thus, the questions central to this thesis developed over this period as part of the reflexive action typical of heuristic inquiry. As I pointed out in the introduction this research programme started with the relatively simple objective of learning more about the systems of psychotherapy I encountered as a trainee. As I progressed, the question became one of whether, and in what ways these systems might be integrated, and the final objective was *to formulate an understanding of the process of personal psychotherapy integration*.

However, reducing the research objective to a single statement does not fully portray the heuristic process I experienced, and my research evolved rather than followed a prescribed method. Such reduction suggests there is a single truth or ultimate understanding of integration that can be found by some objective method of investigation. This is not my epistemological position; I am not a realist in this sense. Nor am I entirely at the other end of the spectrum – an anti-realist or constructivist (Bryman 1988). I take the view that we can assume the existence of objective reality, although our knowledge of it is inevitably ‘fallible’ (Collier 1994, p16) because of our social and historical context and the multi-variant nature of causal relationships, especially social and psychological relationships. Thus, any given situation is likely to have many causes or several explanations, and it is the task of social inquiry to both explain and transform our understanding of such situations, which constitute the human condition (Bhaskar 1986). As discussed earlier, in psychotherapy, postmodernism has led to the distrust of ‘one-truth’ dogma



(Clarkson 1995a, p.vii) represented by the foundational schools. These schools, or theoretical orientations as they are usually called, are more appropriately described as ideologies than truths, where beliefs (psychological theories) form the basis of social and professional cohesion amongst those sharing the beliefs (Ricoeur 1981). Such underlying beliefs can only be established as truth by correspondence with facts that can be generally corroborated by people other than those holding the beliefs (Russell 1912). However, there is no reason to suppose that any one ideology or belief system will account for all the facts, and in psychotherapy there are numerous accounts of psychological development, pathology, and treatment. I agree with Horton (2000) that, “models [systems] of counselling and psychotherapy are only views or constructions of reality” (my brackets, p.326). He points out that no one has found the ultimate truth of how to conduct psychotherapy, although empirical research does suggest that psychotherapy has some significant beneficial effects and, therefore, arguably contains some elements of truth. However, the same research also shows that no one system of therapy is more efficacious than another (Asay & Lambert 1999). Therefore, Horton (2000) suggests, “thinking through” (p.326) a personal view is imperative, and he provides some guidelines to aid this process. These involve consideration of one’s personal belief system, theoretical understanding, clinical view and skills. The result would be a construction of a personal approach that should not be deemed ‘true’ in any objective sense, but the optimum for that individual at that time in that place. Currently such thinking through is complicated, and perhaps inhibited, by what Mahrer (2000) describes as a field rife with foundational beliefs that are generally presumed and taken for granted, and which remain generally unchallenged. I think he exaggerates the lack of challenge as such a lack would have logically limited, rather than encouraged, the proliferation of systems currently characterising the profession.

The integrative links I present in this thesis, and the organising framework I have formulated, represent my thinking through of the numerous variables involved in psychotherapy. These links and formulations are based on my engagement with, and interpretation of, the research material, and I have attempted to support them with coherence and rigour in my approach. I hold the position of a critical realist who has attempted to understand psychotherapy and psychotherapy integration as it is currently constituted, and then offer an explanation of the underlying processes at

work so that individual integrationists might be emancipated and enabled to decide for themselves their own approach to psychotherapy integration (Bhaskar 1989).

The following research methods were used in my exploration of the research questions and cover the stages of heuristic inquiry from immersion to creative synthesis.

### **3.1 Research Methods**

In accordance with the above view, I decided that psychotherapy and psychotherapy integration were not fixed, agreed upon, or measurable phenomena appropriate for positivistic quantitative research. The aims of this research programme involved my personal exploration and comparison of a number of systems of psychotherapy that leading authors and practitioners have constructed. I considered these systems would be most appropriately investigated using a qualitative research methodology, in which, as Moustakas (1994) points out, the research questions should “reflect the interest, involvement and personal commitment of the researcher” (p.21). As Bryman (1988) asserts, “the distinction between qualitative and quantitative research is really a technical matter whereby the choice between them is to do with their suitability in answering particular research questions” (p.108), and the arguments in favour of qualitative research have been elucidated fully by Denzin and Lincoln (2000). These principles were reflected in the use of the following research methods.

Firstly, I considered the primary research material to be the published texts of the founders and contributors of the systems being studied, and that these could be investigated using an interpretative phenomenological approach. Thus, these founders and contributors were considered to be the primary participants of the research, and the research topic was psychotherapy and the particular system they pioneered. I decided their texts represented accounts of their views and constructions of psychotherapy, which they gained from their experience as exponents in the field. As Giorgi and Giorgi (2003) point out, “since what is key for phenomenology is how persons actually lived through and interpreted situations, the database often becomes retrospective descriptions” (p.30). Some of these texts may be considered theoretical, but as Clarkson (2000) points out, “theories are the stories we tell about the facts, about how we constitute the phenomena” (p.311). They are, therefore, in

themselves phenomena; as Ray (1994) asserts, “experience of things or phenomena include sense perception and other phenomena, such as believing, remembering, anticipating, judging, intuiting, feeling, caring, loving, imagining, and willing” (p.127). What I was researching therefore were not grand psychological theories *per se*, or noumenal ideas, but the accounts and descriptions of the experiences, thoughts, attitudes, beliefs and intuition of the participants concerned. I conceived of these as research material similar in nature to that gathered through the technique of interviewing, which collects accounts, in speech or writing, of individuals’ experiences, thoughts and perspectives of life events (physical or psychological). These are not dissimilar to published texts, as Silverman (2000) points out “the mere act of transcription of an interview turns it into a written text” (p.40).

It could be argued that this research should have taken me to the original notes (where they exist) that the authors made of their therapeutic encounters, or to somehow seek the views of the clients they treated. This might have allowed me a more direct and less biased view of the participants’ experiences. However, these were not the phenomena I wished to study, because it was from the participants’ own perceptions and considered accounts that the systems of psychotherapy were built. For example, when Klein (1946) wrote *Notes on Some Schizoid Mechanisms* she was elaborating her views and constructions based on her experiences as a therapist, supervisor and teacher. How I, or others, might directly interpret what happened in her client sessions would not represent the meaning of the experiences that Klein recounts in her published works and from which a system of psychotherapy was developed. My aim was not to question Klein’s perceptions from some attempted position of objectivity, but to accept her perspective and understand it by adopting a phenomenological stance. As Merriam (2002b) makes clear, “the defining characteristic of phenomenological research is its focus on describing the ‘essence’ of a phenomenon *from the perspectives of those who have experienced it*” (my emphasis, p.93).

The interpretative phenomenological approach emphasises the importance of engaging with the way the participants think, and attempts to adopt an insider perspective on the research topic (Golsworthy & Coyle 1999). It is a particularly appropriate method for the *immersion* and *incubation* stages of heuristic inquiry. My aim in studying the various texts was to become familiar with, and adopt the participants’ views of psychotherapy, and attempt, as far as possible, to understand

the essence of what they were describing. However, all understanding is inevitably mediated by interpretation (Ricoeur 1981), and IPA accepts that such engagement inevitably involves interpretation by the researcher. It engages a double hermeneutic as Smith and Osborn (2003) describe, “the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world” (p.51). Thus, my use of this method involved both phenomenological and hermeneutic steps, and as McLeod (2001) asserts, “either approach taken on its own leaves the job ‘half done’” (p.62). Firstly, there was the bracketing of my own assumptions and beliefs about psychotherapy in order to adopt the participants’ views, and secondly the interpretation of those views in order to identify themes that could be used as a basis for making integrative links between systems of psychotherapy, or between psychotherapy and other social phenomena. Such themes emerged as significant from the texts themselves, aided by the opinions of other published contributors to the field of study. In practical terms this involved my studying and reading several times the major authoritative texts of the participants, and the use of their systems in my clinical practice. In addition, I studied and trained with one of the participants, Petruska Clarkson.

The above process is best illustrated by a simple example. My article *Games: a Behavioural Manifestation of Projective Identification* (Nuttall 1999) is based on a theme that emerged as significant in both Kleinian and transactional analysis texts; that is the ‘unconscious communication of feeling’. I considered this theme represented the essence of the Kleinian concept of projective identification and the transactional analysis view on games. It was also significant for other articles, such as *Intrapersonal and Interpersonal Relations in Management Organisations* (Nuttall 2000a) and *On the Nature of the Psyche and Canary Wharf* (Nuttall 2002a). In the latter, I considered Jung’s concept of participation mystique to be a further account of this theme. The various accounts of this theme were highlighted as core concepts of the respective systems by well-known exponents in those systems (Fordham 1995; Hinshelwood 1994; Stewart 1992). Interestingly, the essential nature of this theme in psychotherapy has been exemplified further by Woods (2003) in an article discussing the interface between transactional analysis (Berne 1961) and communicative psychotherapy (Langs 1992). Other themes underlying the published works are: ‘the psyche as a dynamic system of related parts’, ‘psychotherapy as a relational process’, and ‘the individual psyche and social dynamics’.

The second research method of case studies is defined by the unit of analysis rather than an epistemology. It is a method that can be usefully combined with other qualitative methods (Merriam 2002a, p.8), and it constituted an important part of the *illumination* phase of the inquiry. In ten of the twelve articles I present case material based on my clinical practice, management consultancy and personal reflection on social artefacts. Throughout the period of inquiry I used the systems being studied in my clinical practice, supported by supervisors qualified in those systems. The case studies show how these systems elucidate the various clients' issues, group behaviour, and social artefacts presented, and as a corollary, demonstrate my understanding and interpretation of those systems. The reflexive process involved was aided by nine years experience of two systems as client, with a psychoanalytic psychotherapist and a transactional analyst consecutively.

The third research method may be described as reflexive action research (Lees 2001). In *Towards Reflexive Methodologies*, Gergen and Gergen (1991) suggest that by taking a reflexive approach to research, new ways of understanding a topic can be developed. There was considerable reflexivity over the course of the research that corresponds to the *explication* phase of heuristic inquiry. As the above methods helped to identify themes and integrative links that became the topic of an article, these were fed into a personal reflexive process that engendered further connections, which I elaborated in later works, and by further case material and so on. Lees (2001) affirms this process; "so for example, the literature – and emergent questions – become part of an ongoing process and not just something which we do at an early stage of the project" (p.135). In this thesis, it is exemplified by the gradual development of the research questions and by my concluding article *Imperatives and Perspectives of Psychotherapy Integration* (Nuttall 2002b), which identifies an organising framework for integration that emerged from my reflexive consideration of the personal meaning of the prior published works.

The fourth research technique, which contributed to the phases of *explication* and *creative synthesis*, was writing. Richardson (2000) argues that writing also constitutes an important reflexive method and "provides a research practice through which we can investigate how we construct the world, ourselves, and others" (p.924). Writing influenced the programme in the following ways:

- It encouraged me to formulate clearly, with each article, the integrative links I had made to that point. This engendered further reflection and reading, with more exploration and forging of integrative links, which became the topic of subsequent articles. Reason and Rowan (1981) called this “going round the research cycle several times” (p.247), and publication gave me an incentive to continue the process of study, reflection and writing.
- The imperative to publish meant that the subjects of study were influenced by the need to be of interest to the prospective readership. This influenced the degree of diversity I sought to integrate, and led to my making comparisons that others had not hitherto explored.
- It gave my ideas and arguments a structure and form that I was able to re-read, look at, remould and shape until an intellectually pleasing result emerged. It reflects Richardson’s (2000) idea that “I write in order to learn something I did not know before I wrote it” (p.924).
- Writing was also the way in which I kept a record of my research, the books I had read, the interpretations and the links I had made. It was not something I did just at the end of the programme, but was a way of introducing rigour from the beginning and a way of receiving independent feedback (from reviewers) throughout the programme.
- It reinforced an important principle of heuristic research, which Moustakas (1990) writes is “to achieve repeated verification that the explication of the phenomenon and the creative synthesis of essences and meanings actually portray the phenomenon investigated” (p.33). Each new article invariably entailed revisiting the participants’ published works and therefore involved constant checking and judging of my depiction of the material, which was then exemplified by numerous quotations and references from the texts themselves.

Each article involved the heuristic stages and research methods described above, and each is therefore a creative synthesis in its own right. At the same time each article contributed to the engagement, immersion and incubation phases for the articles that followed. For example the heuristic engagement with Fairbairn’s work and the counselling of gay men underlying my first article (Nuttall 1998),

represented the immersion and incubation phase for later articles using Fairbairn's ideas, especially that concerning the gay community's social response to HIV and AIDS (Nuttall 2000a). In the latter the illumination and explication phases involved research and consideration of different case material (the gay community) resulting in the creative synthesis of the new article. Using the same principle, the initial engagement, immersion and incubation phases associated with my article on Jung and the *Rosarium* (Nuttall 2000b) contributed to a later article on Jung and Canary Wharf (2002b). As the published works grew in number and variety they, and the research involved, formed the phases of immersion to explication that has resulted in the creative synthesis of this PhD thesis.

### 3.2 The Research Material and Sampling

The research material consisted mainly of the major published literature of the originators (for example, Klein, Jung etc), and their followers, of the psychotherapy systems under study. This was augmented by case material from my clinical experience and consultancy practice, and my observation of social phenomena of personal interest. The inquiry paralleled my training, but was not determined by it. Many of the systems studied were not on my training curricula, and were chosen because of my personal interest in expanding my knowledge of different systems. This is a typical approach in qualitative inquiry, as Lincoln and Guba (1985) write,

the naturalist [qualitative researcher] is likely to eschew random or representative sampling in favour of purposive or theoretical sampling because he or she thereby increases the scope of the range of data exposed as well as the likelihood that the full array of multiple realities will be uncovered (my brackets, p. 4).

Within this context the participants' texts and the associated systems of psychotherapy I studied were chosen according to:-

- Their diversity: the intention to study systems that are generally considered to have different psychological and epistemological bases, commonly referred to as orientations, and which I refer to as foundational schools.

- Their significance: the intention to include systems that are generally recognised as important in the history and development of psychotherapy and are significant within the foundational schools to which they belong.
- My opportunity to study: this was a function of the available time within my on-going training and working life as a management consultant. It resulted in my choosing to deepen my understanding of systems with which I was already familiar, such as Kleinian psychotherapy and transactional analysis. Similarly, in choosing Clarkson's approach I was able to use the training I received at PHYSIS.
- My reflexivity: particularly in my early training, I studied systems that explained and helped me to understand the clinical phenomena I was encountering as counsellor or consultant. This criterion was particularly important in my decision to study Fairbairn for example.

From this sampling process a select number of systems emerged, which I was able to study in depth, practice and experience, and these are enumerated fully in the published works. These were mainly, but not exclusively, Kleinian psychotherapy, Fairbairnian object relations, Jungian psychology, Clarkson's relational approach, transactional analysis and existential phenomenology. From the study of these systems, in combination with case studies, I was able to identify and write about a number of significant themes on the subject of psychotherapy integration.

### **3.3 Rigour and Reliability**

Moustakas (1990) argues that in heuristic inquiry "the question of validity is one of meaning" (p.32), and whether the creative synthesis accurately reflects the meaning and the essences of the experiences being studied. He affirms, "this judgement is made by the primary researcher" (ibid). Golsworthy and Coyle (1999) also point out that this kind of qualitative inquiry "explicitly uses the researcher's frame of reference to arrive at interpretations and conclusions" (p.18), and that the issues of accuracy concern the reliability of the research material, (in this inquiry the published texts and case material), rather than its interpretation. Nevertheless, Lincoln and Guber (1985) suggest four criteria in their test for trustworthiness of



qualitative research - credibility, transferability, dependability, and confirmability. These were met in this inquiry, as far as possible, by the following procedures:

1. Credibility concerns whether the research material, such as particular texts, has been accurately reported and interpreted. Lincoln and Guba (1985) suggest that peer review aids credibility, and this was provided by the articles having been subjected to blind peer review and publication in relevant leading journals. In addition, all the manuscripts were read by other exponents in the field prior to submission (see appendix III) and their general feedback is discussed below under 'confirmability'. This served the purpose of verifying that my interpretations and comparisons were grounded in, and supported by, the literature. It also confirms the originality and novelty of the studies themselves.
2. Transferability means the researcher has a responsibility to present the research findings in a way (for example through rich description) that enables others to apply the knowledge or insights in other situations. The articles themselves provide such rich descriptions, and importantly include case material to demonstrate the findings and facilitate their transfer to other cases. Case studies are particularly appropriate for descriptive and explanatory inquiries (Platt 1992) and in ten of the twelve articles I used them to illustrate the comparisons and integrative links being made.
3. Dependability is demonstrated by my direct engagement with the published texts of the theorists being studied, and this is illustrated by the inclusion of numerous referenced quotations. I have also supported my interpretations with views and quotations from other writers and exponents in the field. This leaves an audit trail that allows others to verify or challenge my thinking.
4. Confirmability represents the test of neutrality in qualitative research, which, according to Leininger (1994) can best be achieved by "obtaining direct and often repeated affirmation of what the researcher has heard, seen, or experienced with respect to the phenomenon under study" (p.105). This was achieved by my reading a wide range of published material by different

exponents in the systems of psychotherapy under study. In line with the heuristic process, my ideas were regularly discussed with colleagues, supervisors and experts in the different systems, and before submission the articles were reviewed by reputable exponents in the field. In addition, six of the articles were presented to fellow psychotherapists at a number of seminars (appendix III). The overall peer feedback was generally positive and supportive. I was often complemented on my clarity and technical understanding of the systems being studied, but also criticised for being sometimes overly erudite and not grounding my ideas enough in clinical material and practice; feedback which encouraged my use of case studies. I frequently debated with the seminar groups on my method of investigation and how I had identified the links presented. Some thought my analysis was predominantly hermeneutic, whilst others argued there was a strong phenomenological aspect. A few readers thought this needed explication in the articles, but others, after the addition of case material, considered this less important. However, publication and the journals' peer review process provided the most formal protocol by which other exponents were able to give anonymous feedback. Collectively, these proved a useful test as to whether my interpretation of the research material was overly idiosyncratic.

### **3.4 The Peer Review Process and its Bearing on the Research**

Below I present some of the significant comments made by the reviewers and discuss how these influenced the inquiry. Overall the peer reviews were encouraging and most of the articles were accepted with little or no change. A further synopsis of the reviewers' comments is shown in appendix II.

The article, *Fairbairnian Object Relations: Challenge to the Moral Defence in Gay Men with HIV* (Nuttall 1998), represented my first publication of clinical material. It was originally entitled *Collapse of the Moral Defence in...*, but one reviewer suggested that this sounded judgemental, even though it referred specifically to Fairbairn's ideas. Both reviewers liked the article, but questioned whether my criticism of brief counselling for this group was justified, despite my arguments. One reviewer pointed to the lack of empirical evidence that gay men were particularly susceptible to Fairbairn's intrapsychic concepts, whilst the other

wondered if I had internalised these concepts with respect to brief therapy. In the final article I cited research to address the first point, and further reflection on internalisation led to the article *Fairbairnian Object Relations as an Intra-social Paradigm* (Nuttall 2000a), which shows how internal psychic structure may influence social structure, using Britain's gay community as a case study.

The second article, *Games - a Behavioural Manifestation of Projective Identification* (Nuttall 1999), was described as "well researched" by one reviewer, but was also criticised for not including case material. I therefore added case material, and this feedback confirmed the importance of case studies, which I used in subsequent articles wherever possible. The same reviewer wondered "whether it is possible to conflate different theoretical models" in the way I described, and seemed unable to step outside their particular psychodynamic discourse. They questioned whether the paper was "psychodynamic enough" for the journal. Paradoxically, this reinforced my commitment to the phenomenological approach, because it was by studying the texts and systems without preconceptions and with equal consideration that I was able to identify the integrative themes featured. In conclusion, however, this reviewer offered his or her congratulations on the comparisons made, and my approach and views were subsequently affirmed by other readers (appendix II).

The article, *The Rosarium Philosophorum as a Universal Relational Psychology* (Nuttall 2000b), may also have benefited from case example, which one reviewer suggested would make a good sequel. The main comments concerned my juxtaposing of the three systems I compared – Jung, Fairbairn and Clarkson. I had given these equal consideration in the analysis, but one reviewer thought this was misleading "as Jung's larger and more encompassing theories inevitably dwarf those of Fairbairn and Clarkson". However, allowing this to influence the analysis would have been contrary to the phenomenological method, and may have resulted in the integrative links presented not being revealed.

The significance of the phenomenological stance was also highlighted in the review of the *Modes of Therapeutic Relationship in Kleinian Psychotherapy* (Nuttall 2000c), which seeks to integrate Clarkson's and Klein's approach to psychotherapy. It was originally entitled *A Multiplicity of Relationships in Kleinian Psychotherapy*, which, the editor thought, might confusingly infer to the journal's readers variations in the client transferences. Although I considered this to reflect a particularly Kleinian perspective (which views all relationship as transference), I agreed the

change of title so as to present less ambiguously the broader view of relationship the article expounded. However, this subtle controversy demonstrates again how adherents of particular systems sometimes find it difficult to bracket their point of view, and how this might inhibit or limit the integrative perspective. My research methods allowed me, by understanding both systems and not preferring one to the other, to make integrative links not previously illuminated.

The inclusion and integration of several different systems was a concern for the reviewers of the article *Modes of Therapeutic Relationship in Brief Dynamic Therapy* (Nuttall 2002a). They described it as “perhaps too rich”, and asked, “is the pudding over-egged?” They were concerned about therapists holding so many systems in mind when thinking about the client, highlighting one of the difficulties and dangers of integration. Nevertheless, both reviewers accepted the article without revision, and agreed that Clarkson’s framework helped, as one wrote, “in making sense of the relationship between therapist and client” alongside the other systems discussed. This view also confirmed for me another emerging theme in my work – that of complicit integration.

In the article *On the Nature of the Psyche and Canary Wharf* (Nuttall 2002b), the reviewers requested changes and expansion of the arguments presented. Accepting the article they asked for more sociological evidence to illustrate the coincidence in the symbolism of Canary Wharf and the *Rosarium Philosophorum*. This shows the rigour that peer review can impose on the research process, in this case not on the phenomenological method, but on the richness of the description provided of the particular case study.

The above shows how the peer review process, a product of the writing method, paradoxically reinforced the interpretative phenomenological approach, encouraged the reflexive process and the use of case studies. This brings me to a further discussion of the research methodology, its limitations and the prospects for further study.

### **3.5 Discussion and Limitations of the Research Methodology**

This research programme was not planned but evolved over the period of study, and I consider heuristic research best describes my personal experience of the work. Within this I used a number of research methods that reflected my personal

involvement. I was, as Moustakas (1990) described it, “searching for qualities, conditions, and relationships that underlie a fundamental question, issue, or concern” (p.11) in psychotherapy. One of these methods, IPA, results in the distinguishing of the essential from the inessential features of the research topic (McLeod 2001), and I am conscious that in identifying integrative links and reducing the research material to relatively few themes, I might have diminished peripheral differences of some importance. For example, the theme of ‘unconscious communication of feeling’ conceals descriptions of projective identification as “phantasised onslaughts” (Klein 1946, p.8), games as “forms of social contact” (Berne 1968, p.18), and participation mystique as “characteristic of the mental state of early infancy” (Jung 1923, p.441). These are descriptions that suggest quite incompatible theoretical bases, but in seeking integrative themes I purposely ignored such incompatibilities; I took the view there was a need to highlight integrative links in order to widen the debate on psychotherapy integration as a whole. In this sense, my own values and interests probably shaped the project and the research question. I was seeking to formulate an understanding of integration and thus arguably construct rather than merely describe the essence of the phenomena under study. Also, the way in which I collected and analysed the material was subject to my experience and interests as I progressed through my psychotherapy training. On the other hand, this might be seen as the strength of the research, because it was these influences that led to my deep engagement and experience of the systems, which in turn enabled me to make the meaningful integrative links I present in the articles.

The above connects with one consequence of the writing methodology; that to some extent the articles were written to advocate the integrative themes I had discovered. I became aware of this tendency as the heuristic stages of explication and creative synthesis were *in statu nascendi*. However, only one of the 24 reviewers raised this issue when suggesting that one article “reads to convince rather than give space for thought” (*Games – a behavioural manifestation of projective identification* [Nuttall 1999]). I considered this tendency to be a legitimate function of the inquiry; I was, after all, exploring ways of constructing my personal psychotherapy integration. The corollary of this is that the articles therefore present integrative links that are overly idiosyncratic, and not readily transferable to clinical practice. However, I consider any such predisposition to have been moderated by the

peer review process and the inclusion of case studies, which allowed others in the profession to readily review and contend my ideas.

Another view of this inquiry is that I was analysing the participants' discourses and then construing my own reality at the creative synthesis stage of the research (Foucault 1969). Discourse analysis is concerned with the role of language in the construction of social reality (Willig 2003), and as Horton (2000) pointed out systems of psychotherapy can be conceived as such constructions. Clarkson (2003) describes her research of similar published texts as discourse analysis. She contends that it is the task of the textual and practical analysis "to tease apart the discourses that are at work" (Banister et al 1994, p.94, cited in Clarkson 2003, p.338), such as those that reflect the prevailing foundational schools, which Clarkson's research was seeking to transcend. However, my concern was not to analyse and deconstruct text in this way; nor did I have Clarkson's experience to do this. My method was to attempt to understand the various systems of psychotherapy holistically (Giorgi & Giorgi 2003, p33), from within the participants' frames of reference, reflect on them as researcher, therapist, student and client, and from that process identify the themes that represented integrative links between the different systems.

A further limitation is imposed by the small number of themes analysed and the select sample size, which curtail the extrapolations that can be drawn from the inquiry. For example, the article on games and projective identification (Nuttall 1999) does not allow the conclusion that Kleinian psychotherapy and transactional analysis (TA) represent the same clinical process, only that there seem to be some common underlying features. It would need statistically significant data on how Kleinian and TA therapists actually practice to verify such a proposition. This programme did not aim to study psychotherapy integration from such a positivistic domain "where causal relations can be clearly established" (Clarkson 2002b, p.160).

There are a number of areas where I think the inquiry could be complemented. The first is by continued qualitative study into how, and to what extent, other systems can be integrated, and whether such integration fits the organising framework I have elaborated in this thesis. I have continued this aspect of the inquiry in the article, *Script Analysis and Change in the Rosarium Philosophorum* (Nuttall 2003), which draws similarities between TA and analytical psychology. It is a further example of constructive integration, and has received appreciative feedback from one eminent reader (appendix II, p.81). My work has been limited mainly to

the juxtaposition of psychoanalytic and humanistic systems and excludes systems from the cognitive-behavioural school for example (although TA games arguably represents this school, and I have examined the similarity between TA and REBT elsewhere [Nuttall 2000d]). Also, this research is based on Euro-centric views of therapy and psychological disturbance and further study could include the indigenous systems of Asia, Africa and America.

Secondly, the research could be complemented by a more extensive study of how, and whether, the particular systems in this study can be integrated further in any of the three dimensions I have introduced. For example, another recent article (Nuttall 2004) demonstrates the application of Clarkson's framework to management relations, further illustrating the concepts of complicit and contiguous integration. Thirdly, this thesis and the above complements could be further verified by a quantitative study of practitioners, in any of the systems, to find out how many and what proportion of them agree with the integrative links elaborated in this thesis.

Finally, there is a sense that this research programme changed my view of psychotherapy integration. As I gained knowledge of the different systems, I began by making specific integrative links which I hoped would form the basis of an 'ideal' integrative system that I could be confident would be transferable and applicable across a wide range of psychological conditions. However, as my experience and learning increased I started to experience psychotherapy as something co-created in the relationship between therapist and client, and I often found the theories of the various psychotherapy systems unsuitable or even irrelevant. I decided it was unnecessary and inappropriate to build an integrative approach with an external locus, and began to consider integration a personal endeavour that needed to be flexible and contextual. It was at this stage that the research question and objective moved from one of finding integrative links to one of understanding the integration process as a whole. Thus, I moved from a conceptually naïve position of seeking an ideal integrative system to one of accepting psychotherapy integration as something necessarily personal, pluralistic and contextual.

## Part Two

### Reviews of the Published Works and their Relationship

*In formal logic, a contradiction is a signal of defeat: but in the evolution of real knowledge it marks the first step in progress towards a victory. This is one great reason for the utmost toleration of a variety of opinion.*

A. N. Whitehead.



## Chapter 4

### Constructive Integration - the Combining of Parts

Constructive integration describes the process of looking beyond the constraints of a single school or system of psychotherapy in order to develop new clinical approaches that aim to improve the effectiveness of psychotherapy for a range of clients. I place within this dimension the three routes discussed earlier of common factors, theoretical integration, and technical eclecticism. It represents integration with an external locus (Hollanders 2000b), where the synthesis occurs substantially outside the individual therapist or therapist-client relationship. Thus, constructive integration represents more of a position than a process, where the integrative system is developed by group collaboration, a professional body or an academic or clinical institution. Such a system may then be adopted by an individual therapist as a received clinical approach that is supported by empirical research or case history.

This dimension is arguably driven by a professional and economic imperative to find more cost effective treatment regimes (Norcross and Newman 1992). In the last two decades, the rapid improvement in communications, increased resources for social services, and the proliferation of training institutions has led to a greater exchange of learning and ideas. As Fear and Woolfe (2000) point out, “the increase in debate, courses and societies to promote the interests of integrative approaches has been accompanied by a proliferation of integrative theories” (p.337), and there has been an expansion rather than consolidation of clinical systems overall. These factors have also led to the incorporation of philosophies from non-Euro-centric cultures, of Asia, Africa and America (Boorstein 1996; Stricker and Gold 1993). Many systems of psychotherapy have their own “way of talking” (Farrell 1979, p.108), and “the resulting cacophony has been likened by Messer (1987) to the Tower of Babel” (Hollanders 2000a, p.2). A number of integrative approaches have attempted to bring cohesion and structure to this complexity and I review below three well-known systems of psychotherapy that exemplify each of the three routes to integration referred to above, and elaborated in section 1.2.

The first, Gerard Egan's skilled helper model (1975), represents the common factors route and is primarily skills based and concerned with the process of psychotherapy. This is broken down into three phases: exploration, understanding, and action or, as they were later renamed, *current scenario*, *preferred scenario* and *strategy-getting there*. Each of these stages engages specific relational skills relative to the client's needs. Thus, "far from being rigid and prescriptive, the model is intended to set out how to *be* with the client, according to the varying needs of the therapeutic process" (Jenkins 2000, p.168). This system provides a basis for the integration of those common factors that engender a good therapeutic relationship and consequent client change. In fact there is a strong resemblance between the common factors associated with positive outcomes listed by Lambert (1992), and the skills and techniques enumerated in the skilled helper model.

The second system, cognitive analytic therapy (CAT) developed by Anthony Ryle (1990), represents, in my view, the quintessential example of theoretical integration. It has a heritage that dates back to French and Alexander on the integration of psychoanalysis and cognitive-behavioural learning theories, although this seems to be unacknowledged. Nevertheless, "CAT aims to combine within a single framework what is most useful in psychoanalytical and cognitive therapy theories" (Crossley & Stowell-Smith 2000, p.203). The unifying principle developed by Ryle is that of the *procedural sequence model* which represents a unit of associated feelings, thoughts and behaviours of the individual in relation to others. Pathology is conceptualised as the development and habitual enactment of ineffective or problematic procedural sequences. CAT is aimed at identifying such procedures and their attendant techniques for perpetuation called *traps*, *dilemmas* and *snags*, and reformulating them in a way the client will recognise and be prepared to modify for the future. It is based on a combination of object relations and learning theories, and it is easy to recognise its parallels with the concept of the repetition compulsion in the object relations school (Bowlby 1973; Rubens 1994), and the ABC sequence of rational emotive behaviour therapy (Dryden 1999).

Technical eclecticism "seeks to improve our ability to select the best treatment for the person and the problem" (Norcross & Newman 1992, p.11). It was pioneered by Arnold Lazarus (1967, 1989) in his system of multimodal therapy, which is the third integrative system I wish to review. Lazarus is a clinical psychologist from South Africa where he studied the behaviour therapy of Joseph Wolpe. In 1963 he

moved to Stanford University to join Bandura, where he developed an interest in cognitive and social learning theories. He argues that these theories underpin and explain the effectiveness of a wide range of therapeutic interventions, even though such interventions might have different theoretical roots. Multimodal therapy is based on thinking about, and assessing the client's psychological problems across a range of modes of functioning. These modes are: behaviour, affect, sensation, imagery, cognition, interpersonal, and drug/biology, for which he coined the mnemonic BASICID. Therapeutic interventions, which address these modes, are designed and introduced in order of clinical priority, and are often determined by using a variety of client profile questionnaires. Lazarus (1992) believes that different techniques can be used or combined, without the integration of the theories underpinning those techniques. Indeed, Lazarus (1990) argues against the concept of integration on the basis of the incommensurability of paradigms (Kuhn 1970), and argues that empirical evidence (clinical or research observation) should be the only criterion for judging which therapeutic interventions are effective and for whom.

These three systems represent very different approaches to integration, and, if anything, illustrate the lack of cohesion that exists within the integration movement. For example, in the book edited by Dryden and Norcross (1990), where Lazarus argues for eclecticism and not integration, Beitman (1990) presents the opposite view. This diversity, in both the integration movement and profession generally, is vividly demonstrated in the book *Therapy Wars* (Saltzman & Norcross 1990) in which leading practitioners of different systems discuss the same clinical cases from their different orientations. Such diversity presents the student and practitioner with quite a dilemma. What to study? How to practice? How to view the client? And most importantly, what is most efficacious? In sympathy with the trainee's dilemma, Williams (2002) declares "the multiplicity of theories a therapist quite rightly encounters during training also overwhelms her with the multiple vertices from which clinical experience can be viewed" (p.526). She writes from a psychoanalytic perspective about the tension between professional training and therapeutic practice, and expresses doubts whether such tension can ever be resolved. However, a broader integrative perspective might allow a more optimistic outlook by providing a context that would bring a wider range of therapeutic interventions.

My research into this aspect of integration developed upon completion of my diploma in counselling. Following this, I was torn between undertaking advanced

psychoanalytic or humanistic/integrative training. The ambivalence this aroused quite curiously drew me to study Fairbairn's ideas on schizoid phenomena and endopsychic structures (Fairbairn 1952), although this was sparked by reference to Fairbairn in Klein (1946) and Berne (1974). I was struck by the similarity of Fairbairn's ideas with Berne's concept of ego states (Berne 1961, 1977), and this contributed to the first article I present below. It offers some comparison of these two systems and, I believe, symbolises (Segal 1957) my ambivalence and ambiguity as I was confronted with the fragmented profession I have described. Following this, I present four articles and two book reviews that represent my contribution to the principle of constructive integration. The articles address mainly theoretical integration in that they compare and attempt to reconcile theoretical concepts from different therapeutic systems. However, the articles *Working with Countertransference* (Clarkson & Nuttall 2000) and *The Rosarium Philosophorum as a Universal Relational Psychology* (Nuttall 2000b) also describe some of the relational factors that are common to a number of systems. I include the two book reviews because I believe they illustrate the disparate nature of the profession and its difficulty in finding cohesion, either in its view of illness or in its treatment processes.

#### **4.1 Fairbairnian object relations: the challenge to the moral defence in gay men with HIV. *Psychodynamic Counselling*, 4 (4), 445-62.**

This article describes Fairbairn's reinterpretation of Freud's views, and presents a brief background to Fairbairn and his theory of object relations. Fairbairn believed that environmental failure resulted in the infant identifying with the anti-libidinal object and taking on the burden of badness. When this happens the anti-libidinal self, or internal saboteur, aggressively dominates ego functioning resulting in self-defeating or destructive behaviour. To mitigate this internal badness, a secondary internalisation takes place of admired aspects of the 'ideal' external object, which become part of the individual's manifest character. Fairbairn (1952) called this the "moral defence of the superego", and it represents the infant's attempt to be conditionally bad rather than unconditionally bad. This paradigm resembles the life-position formula "I'm OK if . . ." that Berne (1966) made one of the cornerstones of

transactional analysis, and the article briefly explores the similarities between the two systems.

Two case studies show how HIV infection is peculiarly symbolic to some gay men of the tyranny of the anti-libidinal self (death and illness) over the libidinal self (gay identity and sexuality). The moral defence is therefore severely challenged resulting in even stronger ego defences, or in fragmentation and dread. One research study presented in the article (Crossley 1997) suggests that a high proportion of gay men with HIV have these internal dynamics. Counselling services need to provide therapy that does not complement these dynamics, and should therefore offer more than the prevailing short-term counselling models.

At the time of writing I was a counsellor for a leading HIV charity, and it seemed to me that Fairbairn's ideas enabled a particularly insightful view of the symbolic meaning for gay men of HIV infection, and the inordinately deep terror and distress that accompanies infection and its uncertain course. It also goes some way to providing a psychoanalytic explanation of unsafe sexual practices of some gay men. However, as one reviewer observed, "it leaves a limited view of the issues facing gay men with the HIV virus". Others have considered HIV infection from an existential perspective, (Shelby 1997; Milton 1997), and the article might have been informed by fuller consideration of this viewpoint.

As I reflected on the personal meaning of this article I recalled my initial feelings about the stark difference in teaching styles between the 'learning by enquiry' at PHYSIS and the pedagogic format at Regent's College. These opposing styles probably symbolised the libidinal and anti-libidinal objects I needed to reconcile. Significantly, both institutions espoused psychotherapy integration and, therefore, my moral defence may have modelled this attribute of integration. In other words, the creative synthesis of this article, and my integrative stance generally, may be a manifestation of this ego defence mechanism, a psychic reparative posture, whereby I am in identification with the 'ideal' objects these integrative schools represent for me.

On a more pragmatic note, the study represented my experience with this client group, and enabled me to explore the integrative links, which Berne (1974) himself alluded to, between Fairbairn's theory of endopsychic structures and the theory of ego-states in transactional analysis. Although these links were new and interesting to the reviewers, a number of authors have previously noted this similarity (Clarkson

1992a; Gomez 1997) although without much elaboration. However, there is a significant epistemological difference between these approaches that is not entirely resolved by the article. Fairbairn's theory represents a psychoanalytic depiction of an unconscious 'endopsychic' relationship with significant others. Berne, on the other hand, brought a more humanistic perspective by describing ego adaptations that can be observed and experienced phenomenologically. It is arguable that this represents what Hollanders (2000b), following Kuhn (1970), refers to as the incommensurability of paradigms. However Berne (1974), who trained in psychoanalysis under Federn and Erikson, suggested himself that 'Fairbairn is one of the best heuristic bridges between psychoanalysis and transactional analysis' (p.134). Exploring this heuristic bridge held an important implication for me, because it appeared that two independent pioneers, representing ostensibly different foundational schools, were expounding similar psychological principles. This suggested to me that integration between the foundational schools was a meaningful proposition, and one I decided to explore further.

#### **4.2 Games – a behavioural manifestation of projective identification.**

*Psychodynamic Counselling*, 5 (3), 339-56.

Clinical understanding of the phenomenon of unconscious communication between individuals was developed extensively following Melanie Klein's conception of projective identification. I believe the same phenomenon was elucidated, using a different narrative, in Berne's theory of games. This article gives a brief background to the two concepts and explores similarities in their theoretical form and phenomenological presentation. The article develops the integrative links, introduced in the first article, between object relations theory and transactional analysis by examining the nature of unconscious communication of feelings.

This article represents an attempt to bridge the psychoanalysis – humanistic psychology divide. I argue that games have a significant phenomenological component, but are played out of awareness (that is unconsciously), whilst projective identification is viewed primarily as an unconscious phantasy that does have some external (that is phenomenological), impact on the other person. The article demonstrates their concurrence by comparing different TA games with the categories of projective identification elaborated by Cashdan (1988), and clinical examples are

presented. The case is arguably weakened by this comparison, as Cashdan's concept of projective identification, although derived from Klein's ideas, is more interpersonally based than the unconscious phantasy postulated by Klein, and therefore already goes some way towards bridging these two foundational schools.

Like the previous article this paper involves the conflation of psychoanalytic and humanistic paradigms, this time of psychic process rather than structure, and the dubiousness of this synthesis was raised by one of the peer reviewers (see section 3.4). It is a bolder analysis than the previous article, and may represent the further working through of my ambivalence towards the two training programmes upon which I had embarked. The study is based on my deep engagement with the respective systems and the relevant literature and, I believe, it is the first time these links have been made and argued with such detailed analysis, and illustrated with clinical vignettes. This is borne out by the above reviewer's final comments and by correspondence from others in the field (see appendix II).

#### **4.3 Intrapersonal and Interpersonal Relations in Management Organisations.**

*Transactional Analysis Journal*, 30 (1), 73-82.

Since the beginning of the twentieth century management theorists have sought to explain human behaviour in the organisational work setting. This article argues that Fairbairn's object relations theory and transactional analysis are complementary and, when combined, form a particularly useful model for explaining organisational behaviour. After a review of these two approaches I present a management case study from my consultancy practice using the combined perspective. Fairbairn's theories are used to elucidate the intrapersonal object relations and anxieties of the executives concerned, and these are linked to transactional analysis's structural theory of ego states. Berne's theory of games is then used to describe how these anxieties and object relations were manifested in the interpersonal and interdepartmental relations within the company concerned.

This article extends and confirms the integrative links made in previous articles, viewing organisational strife as a manifestation of projective identification and games between groups. I believe this combined theoretical view of organisational behaviour is original, and further demonstrates the links between object relations theory and transactional analysis. The arguments seem to have been

appreciated by the reviewers, as the article was accepted without change. The article also illustrates the concept of contiguous integration insofar as it shows how theory of the individual can be used to explain group and organisational behaviour.

The publication of this article presented my ideas on integration to the international community of transactional analysis and, accordingly, provided a complementary view to that supplied by the two previous articles, which appeared in psychodynamic journals. The article also represents a reconciliation of a more personal nature, that of my previous career in professional management with my new one in psychotherapy. Therefore, it demonstrates the emerging theme of contiguous integration as I questioned whether the systems of psychotherapy I was studying offered useful explanations of my experiences as a manager and management consultant.

#### **4.4 The Rosarium Philosophorum as a Universal Relational Psychology: Jung and Object Relations.** *Psychodynamic Counselling*, 6 (2), 79-100.

After two decades of studying alchemy Jung published *The Psychology of the Transference* (1946). In this he connected the transference relationship in psychotherapy with a sixteenth century alchemical opus called the *Rosarium Philosophorum*. This article explores Jung's account of the *Rosarium* in relation to two non-Jungian approaches, Fairbairn's theory of object relations and Clarkson's five-relationship framework. Each stage of the *Rosarium* is discussed and compared with these systems, and a number of similarities are highlighted. This exploration supports Jung's view that the *Rosarium* is a symbol of the archetype of relationship, and a description of a universal relational psychology.

This article highlights another emergent theme of the research, that of 'psychotherapy as a relational process'. It is also a contribution to the discussion on common factors integration and, more significantly for this study, represents the development of my ideas on complicit integration and higher order systems of therapeutic process. It also marks the beginning of a change in my personal understanding of psychotherapy, from something intellectual and technical to something fundamentally relational, intersubjective, and possibly archetypal or even transpersonal. The article presents a highly original comparison of systems, which as one reviewer pointed out might have been helped by case illustration. In respect of



this I have presented such a case study in a recent article on the same theme in the *Transactional Analysis Journal* (Nuttall 2003).

**4.5 Working with Countertransference.** *Psychodynamic Counselling*, 6 (3), 359-380. In authorship with Petruska Clarkson.

The transference-countertransference relationship is only one of five modalities of relationship highlighted by Clarkson's research on the therapeutic relationship (1998). This paper gives the background to one aspect of this, the countertransference, and traces the concept from Freud's first use of the term to the contemporary object relations view that it is a useful tool of psychotherapy. The article argues that countertransference provides information about the client's psychological world, and introduces a new way of understanding the process as having the three dimensions of *vector* (direction and force), *variance* (the quality it represents), and *valence* (its effect on the client). Common themes of countertransference are identified and discussed, along with how these might be contained and worked with constructively. Finally, a clinical vignette is presented in which the dimensions of countertransference are identified and used to understand the client's psychic world and foster therapeutic change.

This article arose from my training at PHYSIS and is based on the theme of unconscious communication of feeling. The reviewers considered the style of the initial submission too pedagogic, and requested some changes and the addition of clinical example, modifications which I subsequently made. The article outlines the psychoanalytic origins of the concept, and attempts to broaden the notion of countertransference, treating it as informative of the reciprocal nature of the client-therapist relationship. However the article does not fully discuss how countertransference might be understood from the perspective of other foundational schools, a point paradoxically underlined by the editor, who wrote supportively, "one could envisage [the article] making a particularly useful contribution to the training of *psychodynamic* practitioners and one to be readily included in reading lists on the subject" (Smith 2000, p.278, my italics). Nevertheless, I think the article contributes to the discussion on common factors, treating transference and countertransference, as "everywhere and unavoidable" (Clarkson 1995a, p.75).

This article confirms my growing recognition of the centrality of the therapeutic relationship. It also marks a change in my relationship with my tutor and the co-author, Petruska Clarkson, as I approached the end of my training with her. I think it represents the resolution of an ambivalent transference relationship with her, following which I was able to see her as a peer with whom I could safely collaborate in a creative endeavour. It signifies both the internalisation of the training as part of my expertise, and the physical letting go of Clarkson as the 'ideal' tutor and mentor.

**4.6 Book Review: *Contemporary Perspectives on Psychotherapy and Homosexualities*, Christopher Shelly (Ed.), Free Association Books 1998. *Psychodynamic Counselling*, 6 (3), 421-4.**

I have included this book review as it highlights the disparate nature of the psychotherapy profession, and offered me a perspective from which to compare a number of systems of psychotherapy. It considers homosexuality from the perspective of five different therapeutic approaches - psychoanalysis, analytical psychology, individual psychology, CAT and REBT. The book concludes that the traditional schools, due partly to a theoretical vacuum, have not yet abandoned the idea of homosexuality as a pathology, whereas the more contemporary systems, such as CAT and REBT, are less pathologising. It suggests more work needs to be done in the development of explanatory theory of sexual orientation.

**4.7 Book Review: *Transactional Analysis Approaches to Brief Psychotherapy*, Keith Tudor (Ed.). London: Sage Publications, 2002. *Psychodynamic Practice*, 9 (4), 598-603.**

Transactional analysis is generally viewed as a humanistic psychotherapy (Nelson-Jones 2001) but this book demonstrates its credentials as an integrative system. The book's editor describes it as being about TA and schools of TA, and presents brief therapy from the perspective of psychoanalytic TA, classical TA, the redecision school, the cathexis school, and lastly from an integrating view which shows how these different approaches might be drawn together. The book is an interesting collection of papers, all based on Berne's original concepts, which show a diversity of practice that those unfamiliar with transactional analysis might find

perplexing. In my view it illustrates a convincing and mature form of constructive integration that is present in few integrative approaches.

Constructive integration seems to offer little prospect of consolidating the number of therapeutic systems; on the contrary, it appears, so far, to have exacerbated proliferation. At the same time evidence is mounting that therapeutic efficacy has little to do with the system of psychotherapy, as Clarkson (1995a) points out, “more and more research studies (Luborsky et al, 1983; O’Malley et al 1983; Bergin & Lambert 1978; Hill 1989) demonstrate that it is the relationship between the patient and the psychotherapist, more than any other factor, which determines the effectiveness of psychotherapy” (p.4). Therefore, instead of building new integrative systems that become externally recognised clinical positions, psychotherapy integration may be better viewed as a process that takes place at the locus of the individual therapist or client-therapist dyad. This perspective is encouraged and embraced by the dimension I have called complicit integration, which is the topic of the next chapter.

## Chapter 5

### Complicit Integration – higher order patterns

From this perspective integration is viewed as an inevitable product of the ubiquitous process of synthesis that comes from relationship and interaction. As Heraclitus said, “conflict (*polemos*) is the father and king of all things”, and integration seems part of the natural process of evolution and change he associated with the force of Nature he called *Physis* (Kahn 1981). As a view of Nature it emerged again in what the medieval alchemist’s called the *mysterium coniunctionis*, a process in which, as the *Rosarium Philosophorum* describes “they that were two are made one as though of one body” (cited in Jung 1946, p.85). The theories of chaos and complexity offer a contemporary narrative for understanding relationship in terms of non-linear dynamic systems (Stewart 1997). Isham (1995) also points out that the concept of quantum entanglement suggests at a fundamental level objects are “inextricably linked or entangled . . . in a sense, they simply cease to be independent things, and one can only describe them in relation to each other” (p.27).

Complicit integration takes this perspective of relationship and views some integrative approaches as something that the above contemporary sciences might call attractors or emergent phenomena. In this sense, Stewart and Cohen (1997) define emergence as “the appearance of recognisable large-scale features in a system whose chain of small scale causality are far too intricate to describe let alone follow in detail” (p.149). In nature such *simplicity* emerges from *complexity* by an iterative process they call *complicity*. In *Figments of Reality* they argue that the human condition represents such a system, a “complicit interaction between culture and individual mind, each shaping the other” (p.x). The book presents a somewhat Heraclitian view of the world as a place of constant interaction and flux, the underlying physical reality of which we can only infer and never truly know through personal experience. In deference to the above process I have adopted the word *complicit* to describe those integrative approaches that seem to represent such emergent and higher-order systems of psychotherapy. These systems may lead

towards *rapprochement* (Bateman 2000) where each of the foundational schools begins to recognise the same fundamental processes at work in the others.

Prochaska and DiClemente (1984) may have been the first to elaborate such a higher order system of therapy in their transtheoretical approach. According to Prochaska and Norcross (1999) this system “is predicated on the belief that the current relativism can be transcended by discovering or constructing concepts that cut across the traditional boundaries of the psychotherapies” (p.491). They define it as a “higher-order theory of psychotherapy”, which sets “out to construct a model of psychotherapy and behaviour change that can draw from the entire spectrum of the major theories” (p.491). I would argue, in line with the principle of complicity, that rather than construct, they have recognised, or identified, a simple therapeutic process that has emerged out of the complexity of the many disparate psychotherapy systems. Confirming this they write, “in colloquial terms, we have identified the basics of *how* (process), *when* (stages), and *what* (levels) to change” (p.505; my underlining). This system is discussed further in my article *Imperatives and Perspectives of Psychotherapy Integration* (Nuttall 2002a) presented in this thesis.

The quest to find a basis for *rapprochement* prompted Clarkson to research extensively the psychotherapeutic literature on the topic of the therapeutic relationship. She presented her conclusions in *The Therapeutic Relationship* (1995a) for which she received her second doctorate. From this work she distinguished discourse about five primary modes of therapeutic relationship, which she proposed as “a possible integrative framework for the different traditions” (p.xiii). In support, Hollanders (2000a) describes it as an “integrative approach based essentially on the nature of the therapeutic relationship” (p.23). The five modes are the working alliance, the transference-countertransference, the reparative or developmentally needed, the person-to-person or real, and the transpersonal relationships. Clarkson (1995a) writes, “it is important to remember these are not stages but states in psychotherapy, often ‘overlapping’, in and between which a patient construes his or her unique experience” (p.xii). She argues that this not only provides a principle for integration between different systems but also a way of deepening the understanding of any given system.

Hinshelwood (1990) supportively described Clarkson’s framework as “an attempt to find a perspective from which an overview might become possible. . . . instead of having incompatibilities we have different priorities and emphasis”

(p.129). Furthermore, Clarkson (2002a) suggests the framework is fractal (Gleik 1988), applying to different scales of relationship from internal object relations, the family, to organisations and society at large. She has elaborated its application to existential therapy (2002b), organisational change (1995b) and it is an approach that helps the integration of individual and social psychology, and I have recently explored its use as a tool for understanding management behaviour (Nuttall 2004).

The above approaches bring a new perspective to psychotherapy integration that is less about bringing together ideas from disparate schools and more about understanding the simplicity, or the essence, that underlies the psychotherapy profession's current complexity. Clarkson and Prochaska *et al* have not produced new systems of psychotherapy that we can pick off the shelf and practice. They have identified higher-level systems of the therapeutic process that provide a coherence and simplicity that bring us back to the core of what we do as psychotherapists. They are models, simplified representations, of the therapeutic process that allow integration to take place at the locus of the individual therapist or within the client-therapist relationship. Thus integration becomes a process that "is more vital, alive and interesting in its verb form – *integrating*" (Clarkson 1995a, p.xi). They also encourage an inclusive view of epistemological difference, such that the four foundational schools can be seen as complementary and enriching, rather than incompatible and contradictory.

The following two articles present complicit integration by showing how Clarkson's framework can be used firstly, to deepen the understanding of Kleinian psychotherapy, and secondly, to elucidate the process of brief dynamic therapy in conjunction with Fairbairnian theory and transactional analysis. These are supported by the article *The Rosarium Philosophorum as a Universal Relational Psychology* (Nuttall 2000b), reviewed in the previous chapter, which also illustrates the higher-order nature of Clarkson's framework and the *Rosarium*. Jung believed the *Rosarium* offered the most lucid representation, albeit symbolic and overtly sexual, of the psychic experiences the alchemists projected on to the chemical transmutation they were seeking. For Jung, the alchemical opus symbolised the archetype of relationship, of the inherent affinity between opposites, which, when synthesised, become more than the mere combination of parts; a process in principle similar to complicity. The *Rosarium* contains a series of pictures and associated text, which ostensibly describe the dubious marriage of a king and queen whose copulation

mysteriously produces a hermaphrodite that represents a union of opposites. Thus, as well as being an early form of chemistry, it was a mystical quest for *aurum philosophicum*, a golden state of spirituality, which Jung likened to his concept of the fully individuated self.

Apart from the above article on the *Rosarium*, Clarkson's work is the only example of complicit integration I have examined in the published works. This is partly due to the sampling procedure used, and partly because of the newness of her work, which offers the opportunity for comparative studies to be original, interesting and useful; a view supported by the reviewers and readers of the articles (see appendix II). On the other hand, Prochaska and DiClemente's work, which is described more in my article *Imperatives and Perspectives of Psychotherapy Integration* (Nuttall 2002c), is almost a decade older and has been amply demonstrated as a useful approach in a range of clinical applications, a review of which is offered in Prochaska and Norcross (1999).

### **5.1 Modes of Therapeutic Relationship in Kleinian Psychotherapy.** *British Journal of Psychotherapy*, 17(1), 17-36.

This article explores the nature of the therapeutic relationship in contemporary Kleinian practice by using Clarkson's five-mode framework of therapeutic relationship as a template. Following a review of Kleinian developmental psychology, the five modes are discussed individually to show how each is manifested in the Kleinian approach to psychotherapy. From the Kleinian perspective the working alliance is founded in the patient's positive transference on to the setting of a good or helpful internal object. The transference relationship is omnipresent, as Klein (1952) wrote, "transference operates throughout life and influences all human relations" (p.48), and analysis of both the positive and negative transference is the defining aspect of this relational mode. The reparative relationship is represented by incorporation of a new internal object based on an insightful and understanding therapist who can help the patient repair their damaged internal world and provide a basis for on-going self-reflection when psychotherapy ends. The person-to-person relationship is provided by the analyst being real and congruent, and through interpretation modulating the transference relationship. The transpersonal relationship is manifested in the unconscious communication between

client and therapist and the way the client's psychic reality is modified through the unconscious relationship with the therapist.

As I studied Clarkson, Fairbairn, Jung and Klein the theme of 'psychotherapy as a relational process' emerged. Following my article on the *Rosarium Philosophorum* (Nuttall 2000b), I was prompted to explore whether Clarkson's framework would deepen my understanding of Kleinian therapy and whether these two systems could be integrated. The article is based on a thorough study of Kleinian literature and my experience of such therapy, and demonstrates well the phenomenological method. It was accepted with only a title change, and the journal's editor, summarising the reviews, wrote the article "pulls together the relevant theory to state clearly the present position of Kleinian therapy". John Rowan described the article in personal communication as "profoundly integrative", and the study confirmed for me the higher order nature of Clarkson's framework.

The article was intentionally a reflective theoretical piece and its length (10,000 words) precluded any possibility of case material. It would have been strengthened by clinical example and I hope that a Kleinian psychotherapist might take up this challenge. As a sequel I wrote an article using Clarkson's framework to describe a case of brief dynamic therapy, which is presented below.

## **5.2 Modes of Relationship in Brief Dynamic Therapy – a Case Study.**

*Psychodynamic Practice*, 8(4), 505-23.

In this article I present Clarkson's framework and use it to describe a case of brief dynamic therapy of a gay man with HIV. To show how this approach provides a principle for integration between different systems, the case is also described from the perspectives of Fairbairnian object relations and transactional analysis, and links with other systems are also made where useful. The case shows how each mode of relationship came into focus at different times in the counselling process, and how recognising them permitted a more vibrant sense of, and respect for, the client's way of being and his therapeutic journey. I conclude that this relational framework, although not entirely a clinical system of psychotherapy as Norcross (1990, p.218) defined it, is a way of understanding the client-therapist encounter that provides coherence and simplicity, and brings the quality of the relationship to the fore.



This article is based on a case study I wrote in the final year of my advanced diploma in psychotherapy at PHYSIS, the purpose of which was to show how Clarkson's framework informed my practice. One reviewer expressed concern about the juxtaposing of so many systems, whilst the other wrote, "it made for an interesting and thought provoking extension of the Clarkson work". However, both reviewers accepted it without change, and the journal's editor also personally wrote, "it has identified for me an interesting framework for some of my own work". Clarkson has also requested the article for publication in a companion book to *The Therapeutic Relationship* (1995). Such feedback contributes to the research's reliability, and indicates that others are able to transfer the results to their own work. The presentation of a case study was important in this process, and I included verbatim account and my interpretations of the client's narrative, so that readers could verify my analysis, and the usefulness of Clarkson's framework.

Both the above articles are an expression and an attempted resolution of the tension between theoretical learning and the therapeutic being-with of psychotherapy. They were written at the end of my trainings, and perhaps represent the integration of the beginning and ending of these trainings. At the start of the research programme I had an almost idiographic interest in particular theories and systems (for example, TA then Klein then Fairbairn), whereas towards the end my interest was more centred on the quality of the therapeutic relationship and how it is conceptualised by different systems. I think these articles also symbolise a more mature integration of my two trainings; this time not of pedagogic styles but of training content and curricula. PHYSIS was more concerned with the quality of the therapeutic relationship and clinical pragmatism, whereas Regent's College was more academically oriented towards theory and its clinical application.

The last two chapters have presented integration as a position or a process that represents cohesion within the profession, the therapist or client-therapist dyad. However, for stable development there needs to be processing between internal and external realms, a kind of projective-introjective process that Klein (1940) thought "could be taken as one of the criteria for normality" (p.346). This corresponds with the imperative for psychotherapy to explain our experience of the world at large, and to integrate with other explanatory systems of human behaviour. I have called this process contiguous integration, which is the subject of the next chapter.

## Chapter 6

### Contiguous Integration - As Above, So Below

Contiguous integration develops the concept of integration as a process, and is not about synthesis within the profession, or about finding higher order systems of therapy. It characterises the use of psychotherapy not only as a meta-psychology of the individual, but also of the group, organisation and society. It relates to the way these different scales engage along their boundaries, and constitutes a synthesising process that parallels and informs the constructive and complicit dimensions. It may correspond to the fourth route to integration discussed by Norcross and Arkowitz (1992, p.6), which seeks ways in which psychotherapy can be integrated with, or corroborated by, other disciplines, such as sociology, anthropology and neuroscience, to enhance understanding of human behaviour and change. In formulating an integrative approach such contiguity or internal-external correspondence might be a useful test of the approach's robustness and efficacy.

Contiguous integration seems to have been important historically for philosophers and psychologists as it validated and added meaning to their conceptualisations. According to Samuels (1995), modern psychotherapy has had "an ambition to give therapy to the world". The principle of interrelatedness underlying this dimension of integration can probably be traced back as far as Heraclitus who wrote, "from all things one and from one thing all". The principle is apparent in later philosophies exemplified by the Hermetic adage, "as above, so below" (Marshall 2001, p.251) or the Kabbalistic aphorism "so too does the lower sphere affect the upper" (Hoffman 1996, p.167). Plato's *Republic* may have been the first treatise attempting to reconcile human nature and social organisation, but in modern psychology, Freud probably first demonstrated this integrating process with *Totem and Taboo* (1913), and more concretely in *Group Psychology and the Analysis of the Ego* (1922), which followed two other contemporary works on social interaction by Le Bon (1920) and McDougall (1920). Similarly, Freud's *Project for a Scientific Psychology* (1895) was an early attempt at integration of psychoanalysis with the more recognised biological sciences, and this particular synthesis is also

apparent in the work of Bowlby (Mitchell & Black 1995) and, more recently, Schore (2001). Schore, in particular, makes some compelling links between psychoanalysis and neurobiology. For example, he suggests that transference-countertransference represents reciprocal right hemisphere communication between the subjects' brains. (p.315). A postmodern view might see this connecting of neuroscience with psychoanalysis as a good example of two meta-narratives forging links in order to preserve their ideologies. However, it is a demonstrative example of contiguous integration that can be linked with psychotherapy's earliest Freudian roots (Freud 1895).

Menzies Lyth (1986) writes, "psychoanalysts have been interested in society and its institutions since ever there were psychoanalysts" (p.284), and it was Freud (1922) who first postulated that unconscious psychic processes were at the core of group cohesion and collusion. He wrote that groups consist of "a number of individuals who have substituted one and the same object for their ego-ideal and have consequently identified with one another in their ego" (p.60). Contributions from Klein and the object relations school describe how the processes of introjection and projection, from infancy, build an internal phantasy world corresponding to its analogue in the external world, which affects later adult relationships and interaction (Klein 1940). Following Freud and Klein, it was Bion (1961) who probably developed the first comprehensive psychoanalytic theory of group and organisational behaviour (de Board 1995).

Klein's and Bion's theories are now well-accepted explanatory paradigms for group and organisational behaviour (Jacques 1955; Menzies Lyth 1986), and these have been elaborated by more contemporary writers (Kets de Vries and Associates 1991). At the political level, Moses (1987) shows how the above relational dynamics affect, and often hinder, the political process of international conflict reconciliation, such as that underway in the Middle East. More recently, as Scharff and Scharff (1998) point out, object relations theory, "the relational paradigm first described by Fairbairn, Klein and Winnicott has become the organising set of ideas in modern psychoanalysis, and has influenced literature, philosophy, and organisational development" (p.63).

From the humanistic school, Eric Berne's theories of ego states and transactional analysis have been used to understand organisational dynamics (1963), group treatment (1966), and interpersonal games (1968). Numerous management

consultancies have used transactional analysis in management training, and in the article *Intrapersonal and Interpersonal Relations in Management Organisations* (Nuttall 2000e), discussed earlier, I show how transactional analysis can be used to explain management behaviour.

Jung offers one of the most extensive elaborations of internal-external correspondence in the recent history of psychotherapy. This view is supported by Hawke (2000) who argues that Jung's concept of the psyche addresses the gap between collective norms and values on the one hand and individual beliefs and desires on the other. He refers to Jung as a cultural theorist (p.1) who recognised the limits and heritage that modern culture imposes, but whose analytical method offers a form of critique of such impositions through attention to the unconscious, especially the collective unconscious. Hawke draws similarities between Jung's ideas and postmodern critique and science, but does not convincingly reposition Jung as anything other than a sceptical realist slightly ahead of his time (Jung 1963).

Jung studied the curious way in which symbols and myths parallel each other, even across cultural and historical divides. He postulated a collective unconscious of archetypes, images, which according to Stein (1998) "constitute the ultimate source of psychic symbols, which attract energy, structure it, and lead ultimately to the creation of civilizations and culture" (p.85). Jung believed that social phenomena such as alchemy, religions and churches represented a collective identification with one or more archetypes. He also recognised how such psychic content could be externalised, as in the building of his tower at Bollingen (Jung 1963).

The above are examples of how psychotherapy has been used to explain group, organisation or social behaviour and attitudes. The articles I present below are novel contributions on how psychotherapy can be used to understand a range of different social phenomena, such as the social structure of minorities, management behaviour, and urban development. On a personal level they probably symbolise the struggle to reconcile my interests in psychotherapy with other important areas of my life, such as my social being, professional career and aspirations. These are areas where my internal and external worlds merge, producing hopefully an ever-developing balance between psychological needs and existential givens. This is a process Jung called individuation, in which unconscious (archetypal) imagery and symbolism is valued and explored. It may have been the underlying process at work in two articles I present here, which explore the archetypal symbolism of the Canary Wharf

development. I believe this kind of internal-external synthesis, and the reflexive and reflective process associated with it, is crucial in the development of personal psychotherapy integration, and is a way of testing the robustness and value of the theories and systems being considered.

**6.1 Fairbairnian Object Relations as an Intra-social Paradigm: the Gay Community's Response to HIV.** *The European Journal of Psychotherapy, Counselling and Health*, 3(2), 213-27.

Fairbairn's theory of object relations offers a lucid explanation of how the infant psychically manages its relationship with an unsatisfactory caregiver or 'bad object', and how this is characterised in adult functioning. In this article I demonstrate how the endopsychic world postulated by Fairbairn might be emulated on the social scale by the effect of the unconscious identification and communication processes described by Freud and Klein. This is illustrated by a case study of the British gay community's ambivalent relations with society at large. In this, the arrival of HIV and AIDS is seen as peculiarly evocative for gay men in that it symbolically represents the uncontrolled return of the bad object, which is then externalised and experienced as social ostracism. The gay community's response, in the form of the different activist and self-help groups that developed, may therefore represent the collective equivalent of the psychic defences Fairbairn called transitional techniques. The article presents examples of these, which should not be viewed as pathological, but as paradigmatic response to the real challenges that minority sub-cultures face in modern society.

This study is a result of my deep engagement with Fairbairn's theories and my work as a counsellor for a well-known HIV charity, and followed reflection on my earlier article, *Fairbairnian Object Relations: The Challenge to the Moral Defence in Gay Men with HIV* (Nuttall 1998). After studying several texts on 'gay history', and combining this with my insider's experience, I developed the view that Fairbairn's concepts could explain the gay subculture's social response to HIV. I consider this to be a particularly useful contribution to psychoanalytic social theory, although the article does not discuss alternative explanations offered by other sociological theories. This could be the subject of further study, and one that might affirm the dimension of contiguous integration. Together, these two articles demonstrate

contiguous integration by using the same system to explain corresponding individual and social phenomena.

## **6.2 Psychodynamics and Intersubjectivity in Management Organisations.**

*Journal of Change Management*, 1(3), 229-241.

This reviews the contribution that Klein and Bion's ideas have made to organisation theory, and makes some interesting comparisons with the existential phenomenological view of group behaviour. I illustrate how the Kleinian approach can be used to explain everyday management interactions with vignettes from my own experience. A further management case study is then presented in which the organisational dynamics I experienced as the consultant are elucidated by Kleinian theory. These dynamics are also described from an existentialist perspective, and tentative links are made between the concepts of projective identification and intersubjectivity. I conclude that an understanding of the deep nature of individual anxiety is important if sustainable organisational change is to be achieved.

This article offers a different view of the case study used in the article *Intrapersonal and Interpersonal Relations in Management Organisations* (Nuttall 2000e). It demonstrates my reflexive process as researcher, and the phenomenological method of adopting the perspective of a system in order to understand its explanatory value. Indeed, contiguous integration is a process by which the explanatory value of different systems can be compared, and it can be illuminating to consider a single case study from the perspective of different systems. This reflective process also helped me to develop an understanding of the integration process in general, and contributed to my conceptualisation of this dimension of integration. Combined, these two articles reinforce the view that no one system of psychotherapy can claim to be the truth. They also demonstrate how constructive and contiguous integration may run in parallel.

## **6.3 Archetypes and Architecture: The Coniunctio of Canary Wharf.**

*Psychodynamic Practice*, 8(1), 33-53.

This article shows how group process might evoke or be influenced by unconscious content that Jung called archetypes, which may then be manifested in

socio-cultural phenomena such as urban development and architectural design. In his study of alchemy, Jung came across a sixteenth century alchemical text called the *Rosarium Philosophorum*, which, he considered, symbolised the archetype of relationship and rebirth the alchemists referred to as the *mysterium coniunctionis*. This article presents evidence of this archetype's expression in the design and landscaping of Canary Wharf in London. It shows how the socio-economic aims of this development, coupled with the region's geographic characteristics, seems to have evoked this archetype in the team of architects and developers concerned. Thus, certain design features of Canary Wharf appear to parallel those of the *Rosarium* woodcuts, and examples of this are presented. They both seem curiously similar creative manifestations of the same archetype. This article developed from my earlier work, *The Rosarium Philosophorum as a Universal Relational Psychology* (Nuttall 2000b), and together they show how the same system of psychotherapy can be involved in both constructive and contiguous integration.

The article may be considered one sided in that it presents my interpretation of Canary Wharf without direct input from the designers and developers involved. However, as such archetypal influences are unconscious it is unlikely that the individuals concerned would acknowledge their influence. Encouraged by the reviewers' comments, I undertook further research into the broader socio-political context of the development and considered the published views of social commentators and the architects involved. This resulted in the following article.

#### **6.4 On the Nature of the Psyche – and Canary Wharf, London. *Harvest*** *Journal of Jungian Studies*, 48(2), 7-29.

This article explains more fully how groups may be influenced by both the unconscious content of archetypes and the unconscious process Jung called participation mystique. I show how Canary Wharf's design features emulate the *Rosarium*, but also how the phases of its economic and socio-political development correspond with the stages of the alchemical opus. The article presents the history of, and some contemporaneous commentary on, the socio-political influences on the Canary Wharf development. It describes how the rise, collapse and re-birth of Canary Wharf's economic fortunes, as well as its physical design, show a curious resemblance to the alchemical cycle and symbolism expressed in the *Rosarium*.

This journal's reviewers requested a more rigorous test of my interpretations in relation to the economic and socio-political background of the Canary Wharf development. This resulted in a significantly different paper that allowed both journals to publish the respective versions. The journal's editor, Renos Papadopoulos, wrote in a personal communication, "your paper was well received. It is a refreshingly original contribution". The Canary Wharf Group PR office helped with the research, and I sent the article to them and Skidmore, Owings & Merrill, the project's master plan designers, for their views. The key designers have since moved on, but the marketing director of SOM said that she found the article "fascinating" and agreed that such unconscious influences were probably at work in most architectural developments of this magnitude.

**6.5 Book Review: *The Revealing Image: Analytical Art Psychotherapy in Theory and Practice*, Joy Schaverien, London: Jessica Kingsley 1999. *The European Journal of Psychotherapy, Counselling and Health*, 4(1), 145-49.**

This book shows how Jung's ideas on symbolism, transference, and alchemy can be used to elucidate the role of the picture in art psychotherapy. The author introduces some interesting new ideas about what the picture symbolises for the client, and its use as a scapegoat, token or talisman that might be endowed with the magical powers of the client's internal world. In the second half of the book Schaverien presents a case study of thirty-two pictures, which correspond in a remarkable way with the sequence of woodcuts in the *Rosarium Philosophorum*, and it was this that attracted me to the book. The case study shows how internal content can be symbolised in pictures, supporting the principle of contiguous integration. In presenting the pictures' parallels with the *Rosarium*, the book demonstrates, and gives support to, the particular archetypal influence I discerned in Canary Wharf.

In parts one and two I have explored the background to, and the trends in, psychotherapy integration and have enumerated three dimensions to integration that I consider mutually encompassing and concurrently active. In the final chapter, I present my concluding article and summarise how these three dimensions create a new vehicle, an organising framework, for understanding the process of psychotherapy integration.



### Part Three

#### Contribution to Knowledge and the Case for a PhD.

*The gods did not reveal from the beginning all things to us;  
But in the course of time through seeking we may learn,  
And know things better.*

*But as for certain Truth, no man has known it,  
Nor will he know it;  
Neither of the gods,  
Nor yet of all the things of which I speak.  
And even if by chance he were to utter  
The Final Truth, he would himself not know it;  
For all is but a woven web of guesses.*

Xenophanes

## Chapter 7

### A New Perspective on Psychotherapy Integration

The last 25 years have seen the meta-narratives of the major foundational schools of psychotherapy lose their dogmatic influence through an integration and mixing of their ideas that has been driven by a range of professional, social and economic factors. As Safran and Messer (1997) confirmed “the last two decades have witnessed the beginning of an important shift away from the prevailing factionalism and parochialism among psychotherapies towards one of dialogue and rapprochement” (p.140). Rather than this trend resulting in consolidation of the number of psychotherapy systems, it seems to have led to further proliferation (Fear & Woolfe 2000, p.337) and the promulgation of the view that integration should be considered as both an industry-wide quest and a personal development (Horton 2000; Clarkson 2003), which needs to be contextual and pluralistic (Safran & Messer 1997). Safran and Messer promote dialogue as a way of reconciling and engaging with the multiple perspectives presented by the major schools. Their hope is that this will lead to a critical weeding out of poor systems and the continuing development of more robust integrative approaches. However, there is a danger that such dialogue may lead to a lack of professional conviction and an anarchic relativism that may further exacerbate the proliferation of approaches. Another major factor encouraging integration is that empirical studies suggest variation in technical approach has little to do with variation in therapeutic outcome. It seems to be the quality of the therapeutic relationship *per se* that “has consistently emerged as one of the major determinants of psychotherapy success” (Prochaska and Norcross 1999, p.8).

It is within the above professional flux that I began this programme of heuristic research. Using the methods described, and gradually building the creative synthesis in the form of published works, I came to a point in the heuristic process where I began to discern a pattern in the works, and what their overall meaning was for me. This reflexivity, which constituted a further stage of the illumination and explication phases, resulted in the formulation of the three dimensions I have described and illustrated in this thesis. As I then reviewed and engaged with the literature on

psychotherapy integration I was able to recognise the presence of these three dimensions within the integration movement overall. This led to a further creative synthesis in the form of the article presented below about psychotherapy integration *per se*. The article is the forerunner of this context statement, which gives a fuller exposition of these dimensions and the organising framework they form.

**7.1 Imperatives and Perspectives of Psychotherapy Integration.** *International Journal of Psychotherapy*, 7(3), 249-64.

This describes the current state of psychotherapy integration and discusses the proliferation of systems that has developed in the profession over the past 25 years. A number of socio-economic, philosophical and professional factors have driven the integration trend, and I identify three perspectives that bring definition to developments in the field. The article enumerates a number of integrative systems that illustrate these perspectives, and shows how my published works contribute to this three dimensional view. I conclude that these three dimensions form a new organising framework for professional reflection and reflexivity that can be used by therapists in the development of a personal integrative approach.

My experience and the research constituted by the preceding articles formed the major input for this article. As part of my reflexive process I realised my published works symbolised my personal quest for psychotherapy integration. This quest, however, may also have been symbolic of a very personal parallel journey. It involved the integration of my different trainings, the teaching styles and personalities of my tutors, and my old and new career interests. Throughout there was a sense of my assimilating different systems and yet separating from them as I tested them against my own experience and perception of the world. This article therefore represents my personal development expressed through psychotherapy integration, and is an attempt to bring some coherence to the processes involved.

After further research of the literature on psychotherapy integration, I recognised that my published works constituted a framework that also explained developments in the integration movement generally. To elucidate this, the article included over a hundred references and the views of leading thinkers on integration, constituting what the journal's editor described as a "rich and subtle exploration" that

“offers one of the fullest surveys one could wish to find of the major models of integration available” (Wilkinson 2000, p.183). However, the article does not place these models (systems) into their historical context, and does not elaborate the diversity of views and issues that psychotherapy integration involves. These matters are covered more fully in this dissertation. Nevertheless, the article formulates an approach to psychotherapy integration that is “simultaneously ambitious and modest, and is essentially pluralistic” (p.183). It is an approach not hitherto articulated, and an advance in the field that may help others understand and tolerate the ambivalence that accompanies the integration process.

## **7.2 The Case for a PhD**

I started work on the first article in the winter of 1997, and the subsequent research programme spanned exactly six and a half years. The resulting published works combined with this context statement form over a 110,000 word thesis, which in this sense is equal to a PhD by the usual research route. Overall reference is made to about 400 books and articles to demonstrate and substantiate a high degree of engagement with the research material. It is this engagement with the research material as student, client, clinician and researcher, along with its analysis and illustration using the four methods discussed, a strategy I consider to be heuristic research, that makes this thesis equate to that of a research doctorate. Each article represents a contribution to knowledge in its own particular field, and collectively they bring a new perspective to psychotherapy integration.

The thesis therefore fulfils the objectives specified in the introduction. The articles, with feedback from reviewers and others, demonstrate a deep knowledge of a number of systems of psychotherapy, and how aspects of these systems might be usefully integrated. Finally, this context statement and the above article generate and formulate a new way of understanding the process of integration that may help others in their search for personal psychotherapy integration, and in section 2.1 I have outlined a format for its use in the training of integrative therapists. On a personal level the research has resulted in a change in my conception of psychotherapy integration, from it being a search for an ideal system to my understanding of it as a continuous process with an internal locus, something that occurs within the therapist or therapeutic relationship.

The product of this new formulation constitutes an organising framework that is an advance on current conceptualisations of the integrative quest. My articles illustrate the various dimensions of this framework, and examine aspects of psychotherapy integration not hitherto explored in the literature. Their originality and contribution is affirmed by comments from the journals' 24 reviewers, along with other correspondents, and the journals' acceptance of the articles with little or no revision (appendix II presents comments from the reviewers and well-known professionals and academics). Writing and publication provided both personal interest and incentive, as my aim was to identify links that would inform both my own integration process, and the profession at large. It was a way of introducing rigour and critical feedback from the start, and I have continued this programme in two recent articles that support this thesis (Nuttall 2003, 2004).

A number of the articles are particularly novel, illustrating links between ostensibly quite different concepts as games and projective identification, object relations and alchemy, the meta-psychologies of Clarkson and Klein, and Fairbairn and organisation theory. In ten of the twelve articles originality is also provided by the presentation of clinical and other case study material from my own experience. However, I think the following articles make especially significant and innovative contributions. Firstly, *Modes of Therapeutic Relationship in Brief Dynamic Therapy* (Nuttall 2002a) presents the first published case study using this framework in comparison with other systems. Secondly, *Fairbairnian Object Relations as an Intra-social Paradigm* (2000a) breaks new ground in explaining the social structures of ostracised sub-cultures, and thirdly, *On the Nature of the Psyche and Canary Wharf* (Nuttall 2002b) offers a creative and detailed account of this particular urban development's parallels with alchemy and archetypal symbolism.

Collectively the published works and this context statement form a coherent and significant contribution to the integration debate. They demonstrate psychotherapy integration as a multi-level developmental process consisting of three dimensions. These form a new organising framework, an innovative tool, which I hope will help others develop their personal approach to integration and bear the uncertainty that accompanies the process. The formulation of this organising framework, derived from heuristic research, is an advance on current thinking in the field of integrative studies in psychotherapy.

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## Appendix I

### An Outline of Four Foundational Schools of Psychotherapy

In 1962 Maslow (1962) coined the phrase “third force psychology” (p.iii) to describe a number of developments in psychology that did not originate from the two prevailing ‘forces’ of psychoanalysis and cognitive-behaviourism. This third force became known as humanistic psychology. Thus three foundational schools were recognised, and a number of contemporary thinkers have affirmed this as a generally accepted classification for psychotherapy (Boorstein 1996; Clarkson 1992a; Nelson-Jones 2001). In 1972 Maslow helped to establish a fourth force with the formation of the Association of Transpersonal Psychology in the USA. Confirming this Walsh and Vaughan (1996) write, “transpersonal psychology has emerged as the fourth force of Western psychology alongside psychoanalysis, behaviourism and humanistic psychology” (p.16).

Psychoanalysis is based on Freud’s conceptualisation of the mind as having unconscious internal dynamics that affect the emotional stability of the individual and influence interaction with others. His theories were augmented by Adler, Jung, Reich and others, but since the Second World War the theories of Klein, Fairbairn, Winnicott and others of the object relations school have become the organising set of ideas in modern psychoanalysis (Scharff & Scharff 1998, p.63). Mitchell and Black (1995) argue that, “contemporary psychoanalysis has become quite complex and varied” and does not represent “an integrated homogeneous point of view” (p.206). It forms the basis of what some refer to generally as the ‘psychodynamic approach’ (Nelson-Jones 2001; Dryden 1992) to counselling and psychotherapy. The generally accepted purpose of this approach is to gain insight and raise awareness of unconscious material, and “the deeper the layer of the unconscious reached, the richer and the more stable will be the therapeutic result” (Segal 1981, p.70).

The second school derives its theoretical base from the work of Pavlov, and then of Watson, Skinner and Wolpe, who developed the behaviourist view that an individual’s manifest personality is a response to the cumulative conditioning imposed by their environment. This view was amplified by the cognitive schools of

Bandura, Beck and Ellis, who argued that such conditioning also leads to distorted thinking and emotional disturbance. The combination of these views is now known as the cognitive-behavioural school in which the therapeutic aim is to “relieve emotional disturbance by helping people change their maladaptive beliefs and behaviours” (Scott & Dryden 1996, p.156).

The third school is not determined by psychological theories but by a set of philosophical values about Nature and the nature of being human. It represents a range of theoretical approaches that Maslow (1962) called “third force psychology”, which came together in the USA as the Association of Humanistic Psychology in 1965 (Moss 1999; Rowan 2001). Its values are rooted in the humanistic existential tradition, which in Clarkson’s view (1992a), places the individual “choosing, self-determining and responsible, in the centre of the therapeutic process” (p.9). As a basis for a therapeutic system it probably originates with Moreno (Rowan 1992, p.73) the pioneer of psychodrama, but was more extensively promulgated by Rogers and person-centred therapy from the 1940s onwards (Thorne 1992). Other systems, with different psychological bases, but similar philosophical values, are also considered part of this third force, such as gestalt therapy, transactional analysis, existential therapy, and personal construct therapy.

More recent developments have identified transpersonal psychology as a fourth emerging force in Western psychology (Walsh & Vaughan 1996; Hastings 1999). Boorstein (1996) gives some background to the use of the term transpersonal in psychology, quoting a letter from Maslow to Grof in which it is defined as “beyond individuality, beyond the development of the individual person into something which is more elusive than the individual person, or which is bigger than he is” (p.2). Within this, a number of different systems of transpersonal psychotherapy have developed, which have been based on a number of leading practitioners and writers in the field, such as Jung, Assagioli, Wilber, and Grof. Each of these systems has its particular understanding of what constitutes the transpersonal (Rowan 1996). Some incorporate the spiritual and meditation traditions of the Orient, Africa and Native America, whilst others emphasise the therapeutic usefulness of non-ordinary states of consciousness (Boorstein 1996).

## Appendix II

### Reviewers' and Others' Comments on the Published Works

#### *Fairbairnian Object Relations: the Challenge to the Moral Defence in Gay Men with HIV*

“The article should be accepted for publication. Has the author in his writing internalised the libidinal and anti-libidinal issues in counselling? It’s no bad thing if he/she has because it has led to further thinking by this reader. My personal thanks to the author for a stimulating and thought provoking paper”

Reviewer One

“The paper is, I believe, an original exploration of psychodynamic work with gay men with HIV in the context of Fairbairn’s theory of object relations. I believe that the subject matter is of importance within the field of psychodynamic counselling and relates to a socially significant area of clinical work. I am less convinced about Fairbairn’s ‘probable’ influence on Transactional Analysis, but the author makes some interesting links between the two. The final paragraph seems unduly pessimistic. The assertions it contains need more research-based evidence than theory-driven reflection on two cases”.

Reviewer Two

*The final point, raised by reviewer two, was addressed by the inclusion of material from, and reference to, clinical studies undertaken by Sheffield University.*

#### *Games: a Behavioural Manifestation of Projective Identification*

“I enjoyed the challenge of reading this thought provoking paper. My thinking is whether it is possible to conflate different theoretical models. One has to make a quantum leap to accommodate the concepts of ego psychology and object relations, so that in a sense, both become refracted into different shapes and bump against each other in a bothersome way.

“I tentatively suggest that the author might introduce the title with a clinical example linked to theory, which could then be excitingly linked to an object relations model”

“Lastly let me say that some TA and object relations clinicians have attempted dialogue, and have long awaited someone with the courage to dare make a comparison between the two. Congratulations”.

Reviewer

*The suggestion of adding clinical materials was adopted, and I included examples of a number of clinical situations in the final article.*

“I have read your article. . . and it has seemed to me extremely interesting. I think you show in a very clear way the link between the psychoanalytical, phenomenological and behavioural visions implicated in the games concept. I repeat my congratulations and I send you my best wishes”

Professor J L Martorell, University of Madrid (personal written communications 16.6.00)

“I have just read your article in Psychodynamic Counselling. I was pleased to see it, not only for the thesis but also because the more TA is written about elsewhere the better. So well done!”

Rosemary Napper, CTA, (personal written communication 27.9.99).

### ***Intrapersonal and Interpersonal Relations in Management Organisations***

“I am pleased to tell you that your article . . . has been accepted for publication. No amendments are necessary”

Letter from Tony Tilney, editor of the Transactional Analysis Journal.

### ***Rosarium Philosophorum as a Universal Relational Psychology: Jung and Object Relations***

“I think the ideas are important, and that there is some originality in the linking of Jung, Fairbairn and Clarkson, despite the criticism I have about the way they are juxtaposed. The integration of Fairbairn and Jung’s ideas on RP would have been of interest on its own without bringing in Clarkson’s theories at all. However, on balance, I could see why the author chose to bring the three together. It just made the task more complex”

Reviewer One

“I enjoyed this paper very much and am pleased to read a paper that integrates Jungian ideas with those of object relations. I definitely think it should be published and just have a few thoughts. Overall I think the paper is original and clear. The author’s own sense of risk and adventure about the material as discussed in the last paragraph came across to me. I hope it is published.”

Reviewer Two



“In an illuminating paper, Nuttall explores the ancient woodcuts of the Rosarium, first applied by Jung, to Fairbairn’s theory of object relations, setting them alongside Clarkson’s five dimensional model of therapeutic relationship”.

P Clarkson, (2002a, p. 19)

*Working with Countertransference* (joint authorship).

“I don’t think it adds a great deal to the subject of countertransference, but it is a useful summary of the subject area which would interest the reader if the tone and style could be made more accessible”

Reviewer One

“It is theoretical throughout and does not deal, as promised, with the questions of how to work with countertransference. It then needs, in my view, some clinical illustrations of how the therapist’s understanding can be actually used in practice”.

Reviewer Two

*I substantially revised the structure and tone of the article and added a clinical vignette from my own practice to demonstrate how to work with countertransference.*

“As well as outlining familiar ideas in relation to the concept, the authors add new ones, in particular those of vector, variance and valence. In providing a sweeping overview. . . the authors have written a paper which one could envisage making a particularly useful contribution to the training of psychodynamic practitioners and one to be readily included in reading lists on the subject”.

Jonathan Smith, editorial, *Psychodynamic Counselling* 6(3).

*Modes of the Therapeutic Relationship in Kleinian Psychotherapy*

“Thank you for your paper . . . I enjoyed reading it very much; it is beautifully written and pulls together the relevant theory to state clearly the present position of Kleinian therapy. I would like to publish it in the Journal”.

Letter from Jean Arundale, editor, *British Journal of Psychotherapy*, 17(1).

I don’t think we have met, so this is a bit out of the blue. Just to congratulate you on your article in the BJP on the modes of the therapeutic relationship in Kleinian psychotherapy. I wish there were more article like this from different orientations. It seems to me profoundly integrative, without falsifying anything”.

John Rowan, (personal e-mail 11.1.01).

***Modes of Relationship in Brief Dynamic Therapy: A Case Study***

“Yes, this article is suitable for publishing, with little or no change. There is a rich mixture of theoretical content – perhaps too rich? However, well thought out and clearly and logically presented. The clinical material, the case study, was also well presented. It mentioned Freud, Fairbairn, Clarkson, Jung and Berne. . . although I take the author’s point that Clarkson is not really presenting a new theoretical approach, but rather a framework for making sense of the relationship.

I very much enjoyed the elements of Jung that were present and also enjoyed the discussion of spirituality in the face of Tom’s wish to embrace that aspect of himself”.

Reviewer One

“The author is very clear in their objectives, to present Clarkson’s work and to understand the patient’s material viewed through each of the 5 modes mentioned. I was somewhat less certain of the value of then visiting these through object relations and transactional analysis . . . but it made an interesting and thought provoking extension of the Clarkson work. An excellent article for the journal.”

Reviewer 2

“I must say I liked the article very much – richly textured and complex interweaving of ideas and material. Very enjoyable and it has identified for me an interesting framework for some of my own work as well.”

Yuki Williamson, editor, *Psychodynamic Practice*, in personal email (1.8.03)

***Psychodynamics and Intersubjectivity in Management Organisation***

“John Nuttall’s paper looks at the importance of understanding the nature of anxiety and its influence on interpersonal relations. Important as a conceptual paper it is grounded in case work”.

Professor C Carnall, editorial, *Journal of Change Management*, 1(3).

***Archetypes and Architecture: the Coniunctio of Canary Wharf***

“This is a complex and entertaining paper that provides an education, not only in the archetypes but also in the history of the docklands. What is novel is the rigorous application of the idea (i.e. of collective archetypal influence), coupled with a detailed exposition of Jung’s ideas on alchemy to the site of London’s re-birth as a twenty-first-century financial capital”.

Jane Maitland, editorial, *Psychodynamic Practice*, 8(1).

### ***On the Nature of the Psyche and Canary Wharf***

“Your paper was well received. It is a refreshingly original contribution and it is written in a good and smooth style. Your main thesis is about the similarities between geographical and design features of Canary Wharf and the Coniunctio. Additional discussion would be needed to give more credence to your hypothesis by addressing other issues as well e.g. socio-political, personal and collective aspirations and expressed views of the people involved and written comments by architects and specialists on Canary Wharf.”

“I received your revised paper and I am impressed by the good changes you have made. I am pleased to say that it is now accepted for publication in *Harvest*”.

Professor Renos Papadopoulos, editor, *Harvest Journal of Jungian Studies*. (email summary of reviewers’ comments).

### ***Imperatives and Perspectives of Psychotherapy Integration***

“Your paper on integration is just what the field needs. Let me know when it is published, as I will then include it on the list of references for my students”

Maria Luca, Director of MA in psychotherapy, Regent’s College, (personal communication 11.7.02)

“A rich and subtle exploration. . . it offers us one of the fullest surveys one could wish to find of the major models of integration available. Nuttall then evokes the *juxtaposition* of these approaches in a way which is simultaneously ambitious and modest, and is essentially pluralistic”

Heward Wilkinson, editorial, *International Journal of Psychotherapy*, 7(3).

### ***Script Analysis and Change in the Rosarium Philosophorum*** (Nuttall 2003).

(This article is not in the PhD, but continues the research recommended in section 3.5. The following note indicates the usefulness of the research programme).

“Dear John, Just a brief note to say how much I appreciate your current article in the TAJ. I have long studied Jung but you have really done a superb job of clarifying aspects I didn’t understand and in finding unexpected similarities with TA”.

James Allen MD, Professor of Child Psychiatry, University of Oklahoma, and President of the International Transactional Analysis Association. (Personal written communication 28.10.03).

## Appendix III

### Test of Credibility with Others in the Field

In addition to peer review by the journals, the manuscripts were reviewed by exponents or academics knowledgeable in the field. These readers were:

Sue Brock	Certified Transactional Analyst.
Dr Petruska Clarkson	Professor of Psychotherapy, University of Surrey.
Paul Glyn	Psychotherapist, General Manager, West London Centre for Counselling.
Gottfried Heuer	Jungian Analyst and author, Member of the Society of Analytical Psychology.
Maria Luca	Director of the MA programme at Regent's College.
Chris Mawson	Psychoanalyst, Member of the British Psychoanalytic Society.
Dr Rosalind Permain	Senior Lecturer, Regent's College.
Karen Rowe	Psychoanalytic Psychotherapist, Alumna of Tavistock and Portman Clinics.

A number of the early manuscripts were also presented to seminars at PHYSIS, which frequently included:

Dr Petruska Clarkson	Professor of Psychotherapy, University of Surrey.
Sue Brock	Certified Transactional Analyst.
Dr Jo Fennel	C. Psychol. Lecturer, Southampton University.
Dr Veronica Freeman	C. Psychol. Lecturer, Southampton University.
John Lees	Director of MSc programme at Greenwich University.
Dr Jim Morley	Senior Lecturer in Phenomenological Psychology at the American University in Richmond.
Dr David Purves	C. Psychol., Senior Lecturer at Guildhall University.

## Appendix IV

### List and Index of the Published Works as Presented

<p><b>Fairbairnian Object Relations: The Challenge to the Moral Defence in Gay Men with HIV.</b>  <i>Psychodynamic Counselling</i>, 4(4), 445-62, 1998.</p>	96
<p><b>Games – a Behavioural Manifestation of Projective Identification.</b>  <i>Psychodynamic Counselling</i>, 5(3), 339-56, 1999.</p>	113
<p><b>Intrapersonal and Interpersonal Relations in Management Organisations.</b>  <i>Transactional Analysis Journal</i>, 30(1), 73-82, 2000.</p>	130
<p><b>The Rosarium Philosophorum as a Universal Relational Psychology: Jung and Object Relations.</b>  <i>Psychodynamic Counselling</i>, 6(2), 70-100, 2000.</p>	141
<p><b>Working with Countertransference.</b>  <i>Psychodynamic Counselling</i>, 6(3), 359-80, 2000.</p>	163
<p><b>Review of <i>Contemporary Perspectives on Psychotherapy and Homosexualities</i>.</b>  <i>Psychodynamic Counselling</i>, 6(3), 421-4, 2000.</p>	184
<p><b>Review of <i>Transactional Analysis Approaches to Brief Psychotherapy</i>.</b>  <i>Psychodynamic Practice</i>, 9(4), 598-603, 2003.</p>	189
<p><b>Modes of the Therapeutic Relationship in Kleinian Psychotherapy.</b>  <i>British Journal of Psychotherapy</i>, 17(1), 17-36, 2000.</p>	195
<p><b>Modes of Therapeutic Relationship in Brief Dynamic Therapy – a Case Study.</b>  <i>Psychodynamic Practice</i>, 8(4), 505-23, 2002.</p>	215
<p><b>Fairbairnian Object Relations as an Intra-social Paradigm: The Gay Community’s Response to HIV.</b>  <i>European Journal of Psychotherapy, Counselling and Health</i>, 3(2), 213-27, 2000.</p>	234
<p><b>Psychodynamics and Intersubjectivity in Management Organisations.</b>  <i>Journal of Change Management</i>, 1(3), 229-41, 2001.</p>	249
<p><b>Archetypes and Architecture: The Coniunctio of Canary Wharf.</b>  <i>Psychodynamic Practice</i>, 8(1), 33-53, 2002.</p>	262
<p><b>On the Nature of the Psyche and Canary Wharf, London.</b>  <i>Harvest Journal of Jungian Studies</i>, 48(2), 7-29, 2002</p>	283
<p><b>Review of <i>The Revealing Image: Analytical Art Psychotherapy in Theory and Practice</i>.</b>  <i>European Journal of Psychotherapy, Counselling and Health</i>, 4(1), 145-49, 2001.</p>	306
<p><b>Imperatives and Perspectives of Psychotherapy Integration.</b>  <i>International Journal of Psychotherapy</i>, 7(3), 253-67, 2002.</p>	311