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The International Journal of Psychotherapy is a leading professional and academic publication, which aims to inform, to stimulate debate, and to assist the profession of psychotherapy to develop throughout Europe and also internationally. It is properly (double-blind) peer-reviewed.

The Journal raises important issues in the field of European and international psychotherapy practice, professional development, and theory and research for psychotherapy practitioners, related professionals, academics & students. The Journal is published by the European Association for Psychotherapy (EAP), three times per annum. It has been published for 24 years. It is currently working towards obtaining a listing on several different Citation Indices and thus gaining an Impact Factor from each of these.

The focus of the Journal includes:

- Contributions from, and debates between, the different European methods and modalities in psychotherapy, and their respective traditions of theory, practice and research;
- Contemporary issues and new developments for individual, group and psychotherapy in specialist fields and settings;
- Matters related to the work of European professional psychotherapists in public, private and voluntary settings;
- Broad-ranging theoretical perspectives providing informed discussion and debate on a wide range of subjects in this fast expanding field;
- Professional, administrative, training and educational issues that arise from developments in the provision of psychotherapy and related services in European health care settings;
- Contributing to the wider debate about the future of psychotherapy and reflecting the internal dialogue within European psychotherapy and its wider relations with the rest of the world;
- Current research and practice developments – ensuring that new information is brought to the attention of professionals in an informed and clear way;
- Interactions between the psychological and the physical, the philosophical and the political, the theoretical and the practical, the traditional and the developing status of the profession;
- Connections, communications, relationships and association between the related professions of psychotherapy, psychology, psychiatry, counselling and health care;
- Exploration and affirmation of the similarities, uniqueness and differences of psychotherapy in the different European regions and in different areas of the profession;
- Reviews of new publications: highlighting and reviewing books & films of particular importance in this field;
- Comment and discussion on all aspects and important issues related to the clinical practice and provision of services in this profession;
- A dedication to publishing in European 'mother-tongue' languages, as well as in English.

This journal is therefore essential reading for informed psychological and psychotherapeutic academics, trainers, students and practitioners across these disciplines and geographic boundaries, who wish to develop a greater understanding of developments in psychotherapy in Europe and world-wide. We have recently developed several new 'Editorial Policies' that are available on the IJP website, via the 'Ethos' page: **www.ijp.org.uk**

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The IJP Website: www.ijp.org.uk

The IJP website is very comprehensive, with many different pages. It is fairly easy to negotiate using the tabs across the top of the website pages.

You are also able to subscribe to the Journal through the website – and we have several different 'categories' of subscriptions. However, the Journal is now more of an "open-access" journal, so subscriptions are less relevant.

You can also purchase single articles and whole issues as directly downloaded PDF files by using the Catalogue on the IJP website. Payment is by PayPal. We still have some printed copies of most of the Back Issues available for sale.

Furthermore, we believe that **'Book Reviews'** form an essential component to the 'web of science'. We currently have about 60 books available to be reviewed: please consult the relevant pages of the IJP website and ask for the books that you would enjoy reviewing: and – as a reviewer – you would get to keep the book. All previously published Book Reviews are available as free PDF files.

There is also a whole cornucopia of material that is currently freely available on-line (see the top left-hand corner of the website). **Firstly**: there are several "Open Access" books on Psychotherapy available, free-of-charge; **next** there are an increasing number of free "Open Access" articles; **then** there are often a couple of articles available from the forthcoming issue, in advance of publication.

There is also an on-going, online 'Special Issue' on **"Psychotherapy vs. Spirituality"**. This 'Special Issue' is being built up from a number of already published articles and these are available freely on-line, soon after publication.

Finally, there are a number of previously published **Briefing Papers**. There is one on: *"What can Psychotherapy do for Refugees and Migrants in Europe?"*; and one on an important new direction: *"Mapping the ECP into ECTS to gain EQF-7: A Briefing Paper for a new 'forward strategy for the EAP."* Because of a particular interest that we have in what is called by "Intellectual Property", we have included a recent briefing paper: *"Can Psychotherapeutic Methods, Procedures and Techniques" be patented, and/or copyrighted, and/or trademarked? – A Position Paper."* Lastly, as part of the initiative to promote psychotherapy as an independent profession in Europe, we have: *"EAP Statement on the Legal Position of Psychotherapy in Europe"*, which we published in a recent issue.

International Academy of
Mental Health and
Integrative Psychotherapy

11th International Congress of the European Association for Integrative Psychotherapy

Tbilisi, October 6-8, 2023

"Human Rights, Connection and Diversity in the Field of Psychotherapy"

The European Association for Integrative Psychotherapy (EAIP) organizes an annual European Congress on Integrative Psychotherapy, and in October of this last year, 2023, Georgia was the host country of the 11th International Congress. The host organization in Georgia was the International Academy of Mental Health and Integrative Psychotherapy.

The theme of the 2023 congress was *Human Rights, Connection and Diversity in the Field of Psychotherapy*. The main themes of social responsibility, connection, and diversity play an essential role in our current world. As humans, we

face incredible challenges in dealing with significant ecological change, the threat of war, economic issues, and pandemics. We live in a world where people are fleeing violence or financial inequality – a world of fear, loneliness, and social exploitation.

We, as psychotherapists, have an essential task in this field. How can we deal with the social, political, environmental, cultural, and economic contexts that influence our psychotherapeutic work? How can we recognize the impact of these different dimensions on the client-therapist relationship, and how can we develop ideas about how to manage this and integrate them into our therapeutic practice? With these questions and many more, we launched a three-day congress in which we tried to seek for answers, introduce new approaches, and facilitate panels that discuss similar topics from different angles.

The EAIP Congress is an international conference held under the auspices of the European Wide Accreditation Organization, the European Association of Integrative Psychotherapy (EAIP), which is being held in Georgia for the first time. The 2023 congress will be the 11th in a row and will continue the continuous tradition of international conferences hosted in previous years: Greece (2021), Netherlands (2019), Czech Republic (2018), United Kingdom (2017) and many others. Conference participants from different European countries gather every year to learn about the latest achievements and challenges of psychotherapy. The host organizations of the conference are the International Academy of Mental Health and Integrative Psychotherapy and the European Association of Integrative Psychotherapy. The Academy is the only psychotherapeutic institution that holds the EAPTI (European Accredited Psychotherapy Institute) status of higher psychotherapeutic education granted by the European Association of Psychotherapy (EAP).

The 11th European Congress of Integrative Psychotherapy is the first European Wide Accreditation Organization (EWAO) of the EAP to host a scientific event in psychotherapy in Georgia. The website of the International Academy of Mental Health and Integrative Psychotherapy is **www.mentalacademy.ge** and the website of the European Association of Integrative Psychotherapy is **www.euroaip.eu**

We hope that this Special Issue of the EAP's International Journal of Psychotherapy will bring you a flavour of the conference, as well as informing you much more about Integrative Psychotherapy.

International Journal of Psychotherapy

Editorial

Marzena Rusanowska

Editor of this Special Issue

Dear Readers and Fellow Psychotherapists

As an Integrative Psychotherapist and Clinical Psychology researcher, I'm passionate about therapy integration and discussing therapy effectiveness. When I first heard about the European Association of Integrative Psychotherapy (EAIP)'s conference in Tbilisi, Georgia, in October, 2023, I couldn't resist the urge to attend. I wanted to see how psychotherapists in Georgia were building a solid foundation for psychotherapy there, which is already somewhat more established in most other Western European countries. Plus, I was eager to experience the culture and nature of Georgia, which I'd heard so much about.

At the conference, I realized the significant impact that we can still make for our psychotherapeutic community and clients. This realization marked the beginning of this Special Issue on Integrative Psychotherapy.

Collaborating with the IJP Editor, Courtenay Young, we decided to introduce some new formats alongside the usual enriching content on integrative psychotherapy. For the first time in the history of the IJP, we organized a Round Table discussion with leading Integrative Psychotherapists and founders of Integrative Psychotherapy schools, delving into their personal experiences and perspectives on Integrative Psychotherapy. The result was a captivating and sometimes emotional discussion about how Integrative Psychotherapy is a unique professional life story for all of them. We also had the opportunity to learn about their practice and client interactions."

In a world marked by division, Bruno Van den Bosch and Hilde Vleugels champion integration and integrative psychotherapy as antidotes, drawing on Gendlin's experiential approach and Siegel's interpersonal neurobiology.

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Emmy van Deurzen poses existential queries, navigating the chaos to find personal and social liberation.

Oana Maria Popescu's exploration of the Self – from Proto Self to External Self – serves as a vital compass in therapy, stressing the significance of addressing the Proto Self during therapeutic roadblocks stemming from infancy.

Heward Wilkinson sheds light on Integrative Psychotherapy's identity struggle, spotlighting consciousness as interactive dualism influenced by Freud and Kant.

Richard Erskine's moving piece on Countertransference is a must-read, delving into his personal journey with this concept, likely striking a chord with many.

I was also deeply touched by the interview with Maya Begashvili, who demonstrated her dedication to establishing psychotherapy practices in Georgia, even during challenging times.

In Georgia itself, I found myself enveloped in a bond with the rich tapestry of Georgian culture, the breath-taking landscapes, and the delightful sense of humour that permeates the country. Georgia captivated me with its array of cultural treasures, such as the awe-inspiring caves of Vardzia, where ancient communities ingeniously carved homes and tunnels into the mountains for protection. Equally mesmerizing were the majestic peaks of the Kazbegi mountains. Tbilisi alone stands as a destination that beckons exploration, offering a unique ambiance that encapsulates the essence of Georgia. I feel gratitude to the organizers of the conference for their hard work and inspiration.

As an Editor and Integrative Psychotherapist, I am honoured to be part of this issue, finding it not just inspiring, but also a validation of my convictions about the wonderful practice of Integrative Psychotherapy. I invite readers to immerse themselves in this enriching content, hoping it resonates with them as deeply as it has with me. This issue fills me with pride.

Connection in a Torn World: An Integrative Approach in Psychotherapy

Bruno van den Bosch & Hilde Vleugels

Abstract: In an age of fragmentation, polarization and destruction, this article explores integration and Integrative Psychotherapy as a response to the current world situation. We explore the meaning of integration in psychotherapy and deepen and broaden human and world perspectives. Our starting point is the premise that therapeutic approaches enrich each other in dealing with disintegration in a torn world. This premise is applied to Gendlin's experiential approach and Siegel's interpersonal neurobiology. We emphasize the value of integration and an integral view of man and worldview, including applying positive disintegration on a global level. This article contributes to the psychotherapy discourse by unfolding layers of integration and promoting interconnectivity in our rapidly changing and fractured world.

Key Words: Integrative psychotherapy, world fragmentation, therapeutic perspectives, focusing, window of tolerance, integral humanity and worldview, global positive disintegration

In early October 2023, EAIP's 11th Integrative Psychotherapy Congress was held in Georgia at the interface of Eastern Europe and Western Asia. The main themes discussed during the congress were that, 'Human Rights, Connections and Diversities', are essential in our present world and also for mental health. In his opening speech, the association's president spoke about the vital role of integration and the connection in diversity as core values and challenges to be cherished. (Van den Bosch, 6-102023). One day later, war broke out in Israel.

You want it darker
Hineni, hineni
I'm ready, my Lord"

(Leonard Cohen)

In the interplay between the push for integration at the EAIP Congress and the real-

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ity of crisis and war, the need for integrative approaches is stressed all the more. *'Hineni, Hineni'* [1] – Here we are, ready to go deep into one of the essential foundations of mental health amid disintegration and destruction.

Clarifying the concept of integration: Distinguishing and connecting

The term 'integration' is often linked with migrants or refugees, which seems to imply assimilation. However, what is actually unilateral adaptation is not integration. Just as in a choir, when distinctive voices are singing, they come together in harmony without losing their individuality. The process of being included in a larger whole also requires mutual alignment and connection between different elements. In other words, differentiation and integration go hand-in-hand, and the connected whole is greater than the sum of its parts, as is illustrated by the example of a choir.

Nevertheless, what do we mean when we talk about Integrative Psychotherapy? What does the concept of integration mean in the context of mental health care? What distinguishable elements call for connection?

Let us begin with the central figure: the client. When a person is integrated, this is reflected in a natural vitality, a healthy adaptation and coherence – like a smooth singing of different aspects of life. However, seeking psychological help often implies a degree of disintegration. There is a restlessness or emptiness where thoughts and feelings do not merge seamlessly; desires, wills and actions do not merge vividly. Relationships with others, with the world around, or with life itself, are complicated. Body, mind and environment are not well aligned. Integration, in this context, means seeking renewed alignment, connection, and balance with the inner self, others, and the flow of life; it is a pursuit of wholeness, meaningfulness, and connection.

Neuroscientist and psychotherapist, Daniel Siegel, uses the metaphor of the 'River of Integration' – a flow on the 'edge of chaos'. The stream moves between rigid order and chaotic randomness, blending the familiar and unfamiliar in an ever-evolving stream of differentiation and connection (Siegel, 2022, p. 130). Examples of states beyond the 'River of Integration' include outbursts of anger or fear and being overpowered by a sense of paralysis or emptiness (Siegel, 2010, p. 263).

On a global scale, events such as floods, pandemics, and wars, reflect the chaos of disintegration. On the opposite side, increasing hardening, rigidity, and apathy, manifest themselves. These events reflect a world fluctuating between the extremes of chaos and rigidity, where striving for integration and a renewed balance is crucial for global well-being.

We are in an existential crisis. Emmy van Deurzen, philosopher and existential therapist, spoke about it at the EAIP Congress (see next article). The turmoil and disasters in the world affect all our lives and potentially endanger them. Connections and meaning are simultaneously destroyed at many levels. It comes down to finding new connections and new actions to survive and feel of value in this world, argues van Deurzen. We need a total transformation, new resilience, and a broader human horizon (Van Deurzen, 07-10-2023).

1. **Editor's Note**: *'Hineni'* is Hebrew for *"Here. I am"* and is the response that Abraham gave when God called on him to sacrifice his son Isaac. It is also the name of a prayer of preparation and humility, as chanted by the cantor on Rosh Hashanah.

We need a broad perspective. This brings us to yet another context in which we use the word integration in psychotherapy: the therapeutic approach. Depending on the school that the therapist belongs to, the person coming into counselling is helped according to a particular method: analytical, behavioural, cognitive, experiential, existential, contextual, systemic, etc. However, integrative therapists combine these different views and utilise methods from several therapeutic perspectives. This allows them to apply a 'flexible' therapy, tailored to the client's world. This integrative nature promotes a holistic approach, and offers a treasure chest of opportunities, so as to effectively respond to the complexity of human experiences and challenges.

In conclusion, whether addressing the intrapsychic, relational, or transpersonal wholeness of an individual, the healing of the world, or the interaction of various therapeutic approaches, integration involves the alignment, interplay, and connection of different parts, nurturing diversity and coherence. In essence, integration is shaped through interaction, where the harmonious flow of the 'River of Integration' can serve as a metaphor for both personal growth and global well-being. In a world undergoing existential crisis, and oscillating between chaos and rigidity, the pursuit of integration and the discovery of new meaningful connections remain crucial – a necessity for survival and for the restoration of a healthy balance and well-being. Integrative Psychotherapy may play a crucial role in this transformative process.

How the lens we look through influences the creation of our world

Now that we have explored the concept of integration, we can turn our gaze to the different lenses through which we view the world. We can explore how the lens that we look through shapes our perception and how Integrative Psychotherapy can be a valuable tool for embracing diverse perspectives in this complex world.

A worldview acts as a lens through which we see everything, often without being fully aware of it, argues author and integrator Jeremy Lent in his book, *'The Web of Meaning: Integrating Science and Traditional Wisdom to Find Our Place in the Universe'* (2021). A worldview affects the way we act. When we believe that all living things are family, we will treat them differently than when the natural world is a resource to be exploited. We often do not realise that we observe the world around us a lens or window, and it is through dialogue with others that we can broaden our viewpoint. In encounters with others, we become more aware of the invisible window through which we look, allowing us to take a different perspective. Watching through a particular lens adjusts our perception, which can change the meaning that we assign to events and to what we desire, want, and do. A different perspective can then bring movement to a stalled story, or calm to too much chaos. It affects how we *'shape our reality in interaction'* and influences a person's integration with self in relation to others and the present world. As integrative thinkers, we have brought together the interaction between perceiving, wanting and acting, in the 'I.V. Triangle', in total, the Triangle of Conceptual Interaction (Vleugels & van den Bosch, 2008). More about this in the section, *'The Basic Frameworks'* (below). We also emphasise that individuals' perceptions, desires and actions are partly determined by social constructions and shared meanings in their environment. Social constructivism (Berger-Luckmann, 1966) puts this interaction between individual and collective aspects at the very centre: especially of subjective cultural aspects, such as human and worldviews. The prevailing worl-

dview affects each of us. However, this also applies the other way around. As Jeremy Lent aptly noted:

> *Once we shift our worldview,*
> *another world becomes possible."*
>
> (Jeremy Lent, 2021, p. 12)

The Bifocal Glasses: Multiple perspectives

> *"It is widely acknowledged and empirically supported that the client's role is pivotal for the success of psychotherapy, closely followed by the significance of the therapeutic relationship"* (Norcross, 2002).

These two elements form the cornerstone of our integrative approach. To articulate our vision and methodology, we employ a metaphor: the glasses with bifocal lenses, glasses with lenses that are different from each other. Without alignment with the client, this becomes a cold tool for use. However, with the right essential attitude of the therapist and, in collaboration with the client, it is a tool that brings movement and foster integration.

The metaphor of the lenses of bifocal glasses creates two different areas of vision: one for distant and one for closer observation. The glasses symbolise a therapy where we can alternate between taking a broader viewpoint and deepening up close: for example: *"How do you personally experience this situation?"* (individual); *"Do you know any other people who suffers from this?"* (collective). We can also see the glasses' lenses as a more subjective or objective view. In other words, we can shift from an inner perspective to the measurable or visible outside, and *vice versa*: for example: *"What do you experience more deeply emotionally when you think about it?"* (inside experience); and *"What do you usually do when you worry?"* (outside behaviour). We can also shift to an inner perspective of a family or culture: for example: *"Are there certain expectations or norms from your culture that influence how you deal with these emotions?"* (inner / collective culture). Additionally, we can explore the visible and measurable collective exterior, in other words, the influence of the client's living environment and surrounding systems: for example: *"In what ways do news and the political situation affect you personally in these stressful global times?"* (systems: outer / collective culture).

Philosopher, Ken Wilber (2000, 2017) encapsulated these perspectives or domains into a meta-model: the 'Four Quadrants', a framework comprising four interacting windows. These Four Quadrants assist us in comprehending how individuals, collectives, internal experiences, and external circumstances interact and are interconnected. More on this will be discussed shortly with our basic frameworks.

The Basic Frameworks

The variety of therapeutic perspectives makes integrative therapy flexible and versatile. However, interventions or techniques are not used arbitrarily. Alignment with the client and the therapeutic relationship is the absolute basis, and the theoretical frameworks, or conceptual models, surround these basic attitudes. We mostly limit ourselves to the I.V. Triangle, the Four Quadrants, and the Layers of Depth.

- ***The I.V. Triangle***, in full: The Triangle of Interaction (Vleugels & Van den Bosch, 2008; Vleugels, 2021) maps the complex interaction between person and environment, and between perceiving, wanting and acting: the points of an isosceles triangle. The sides of the triangle symbolise a processual, semantic and behavioural track in counselling clients. The triangle as a whole symbolises a path between taking control and following what an-

nounces itself. The I.V. triangle focuses on the person as a whole with all its named components. Finding an entry with one component will also affect the strongly interconnected other components. The triangle becoming a tetrahedron (a pyramid with the triangle as its base) indicates the transpersonal nature of integration:

> *When we succeed in meeting the other person with an open mind and open heart, when there is a mutual resonance and trust in the shared process, the person's identity expands. As the self merges into something else, it expands itself.*
> (Vleugels, 2021, p. 114-115).

- ***The Four Quadrants***, as proposed by Ken Wilber (2000, 2017), offer an integral perspective on human experience and development. There are two axes: one axis goes from individual to collective, and the other goes from internal to external (subjective/objective). The four quadrants help in understanding different aspects of a complex reality.

  1. **I** *(Individual Subjective)*: This quadrant deals with an individual's inner experiences, such as thoughts, emotions and consciousness. For psychotherapists, this can refer to exploring client's inner world, including their subjective experiences and psychological processes.
  2. **THE** [singular] *(Individual Objective)*: This quadrant deals with the objective exterior of an individual. It focuses on the physical body, the brain and observable behaviour. The influence of nutrition and medication is also part of this quadrant.
  3. **WE** *(Collective Subjective)* refers to shared values, cultural beliefs, relationships and subjective experiences within groups. For psychotherapists, this means understanding the influence of family, social and cultural contexts on the individual psychological well-being of the clients.
  4. **THE** [plural] *(Collective Objective)*: This quadrant deals with the influence of the broader social and institutional context within which families and individuals function and the dynamics, roles, hierarchies, communication styles and patterns within a family or group.

Each of the four perspectives in this framework has its validity and form of truth. They complement each other, and there is coherence and interaction between them: for example, our inner feeling world (internal/individual), our worldview (internal/collective), our brain (external/individual), and our environment (external/collective) influence each other and our well-being. Consciousness, the cultural, physical, systemic world, and natural habitat are distinct areas that can interact. This integral model recognises the interconnectedness of these various aspects and the mutual influence in human experience and development. A striking example of mutual influence can be seen during the COVID-19 pandemic, which demonstrated how a worldwide health crisis can profoundly impact various aspects of individuals' lives. From individual emotional experience to social, economic, and political dynamics, the pandemic has shown how feelings of social isolation can lead to an increase in loneliness and anxiety, which can then affect both mental and physical health. In addition, economic uncertainty and unemployment can cause significant stress and tension, impacting people's mental and physical well-being and brain functionality, resulting in global repercussions. On the other hand, positive forces such as solidarity, flexibility in working from home, and growing environmental awareness

can benefit the individual psyche and global well-being. Personal well-being contributes to a balanced world and vice versa.

In *Layers of Depth* (van den Bosch, 2012), the starting point is our human stratification. We can tune into a biological, behavioural, cognitive, existential, systemic and archetypal layer. All these layers can provide information about the person and the problem. They offer various potential entry points to more integration: for example, tuning into the cognitive layer can help to look at the client's thinking. What kind of beliefs and values does the person hold, and how do these affect their problem? A systemic key can examine the client's interactions with others. Tuning into this layer can help understand how family and social systems affect the person.

Problems or psychological symptoms often arise or worsen through the interplay of interdependent and complementary biological, psychological and social factors. Starting from alignment with the client, it comes down to giving space to all human dimensions: for example: asking about possible spiritual beliefs and rituals that can provide purpose and direction in challenging times invites talking about the spiritual and religious dimensions often neglected in therapy; asking how someone wants to be addressed and probing what masculine and feminine mean to someone can be an invitation to talk about gender. In an integrative approach, human beings belong in all their layers.

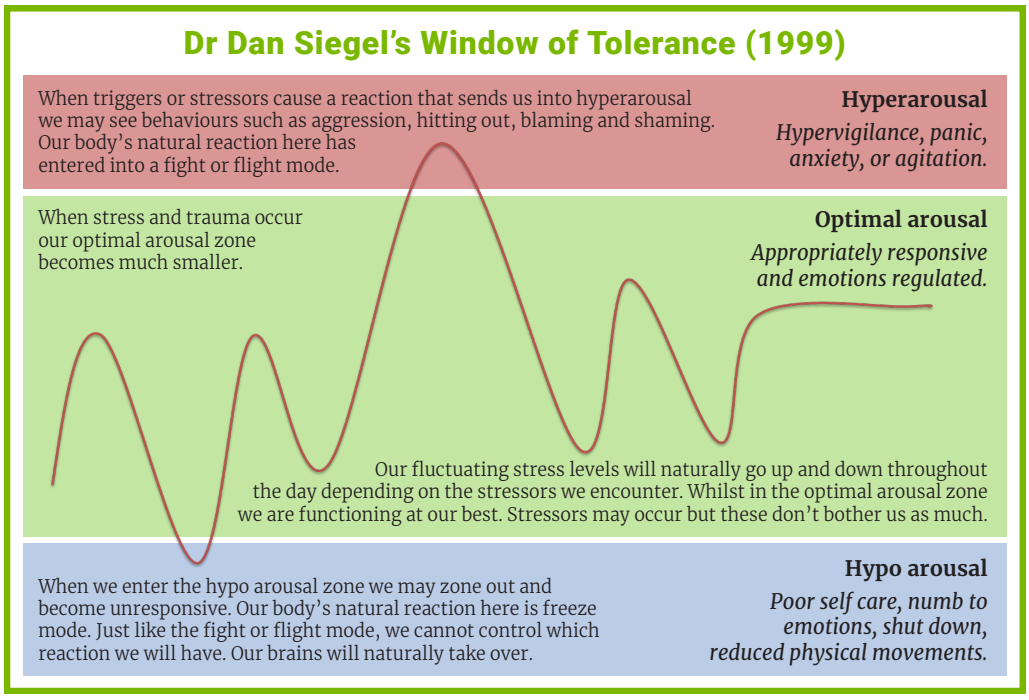
All these frameworks offer guidance in finding openings, symbolic keyholes and the corresponding key, which can open doors to greater integration. They also help us to become aware of the perspective, the lens through which we look at the client, and the problem when using an intervention or technique. They provide a framework to monitor the whole person and the bigger picture. The aim of all this is not utopian perfection, but expansion, deepening and integration as a function of the client's well-being and the world, with respect for their limits and limitations, and an eye for qualities and possibilities. The frameworks focus on a holistic/integral approach to people and the world. Furthermore, the realisation is that we are all inter-connected:

> *A wider perspective, revealed in new views of contemporary science and echoed by the wisdom of generations of indigenous and contemplative traditions, unveils that who we are, our deeper reality may actually be something more than isolated individuals interacting with one another.*
>
> (Siegel, 2022, p. 4)

An Example of Therapy Integration: The Synergy between Focusing and Window of Tolerance

The complexity and disintegration of the world demands a lot from our nervous system and quickly puts us on the bank of destructive chaos, or rigidity. People's destructive and flattened behaviours are not immediately conducive to global balance. How do we break this vicious cycle? What can Integrative Psychotherapy do? An essential task for the therapist is to deal with the psychological imbalance and promote integration in the client by using various therapeutic perspectives and methods. By combining different approaches, inner, relational, and systemic aspects can be integrated, promoting a more connected world.

To illustrate how therapeutic approaches and associated techniques enrich each other in addressing clients' emotional dysregulations, let us connect Eugene Gendlin's experiential view and his focusing process (2003), with Daniel Siegel's 'Interpersonal Neurobiology' and his 'Window of Tolerance' (2010, 2012), utilizing



Ken Wilber's 'Four Quadrants' as an overarching framework (2017).

Eugene Gendlin's experiential approach focuses on exploring inner experiences and cultivating awareness of the body. The value of Gendlin and his approach, which should not be underestimated, is in making it clear that in addition to the healing therapeutic relationship, fostering the client's good relationship with themselves is essential. Despite the therapist's receptive and non-judgemental basic attitude, the client sometimes fails to engage mindfully with himself, thus failing to establish a inner healing relationship and integration. Gendlin describes the healing inner relationship as a psychological state with a proper distance from the self to the inner flow of experience (emotions, body sensations, images, live situation). That proper distance means getting in touch with our experience without coinciding with it or being cut off. To this end, he developed 'Focusing', which involves making contact with inner physical signals in a gentle and non-judgemental way. More than a strict method, focusing is a therapeutic process in which a series of – not necessarily linear – steps are followed, so as to promote a deeper understanding and acceptance of inner experiences. The first focusing steps involve making space for the inner self and finding the proper distance between self and experience. (Gendlin, 2003; Leijssen, 1995).

Gendlin's approach and Wilber's quadrants complement each other by promoting a holistic understanding of the human experience. Gendlin's focus on individual inner experience offers a deep understanding of Wilber's first quadrant, which encompasses subjective experience. Gendlin contributes to a deeper understanding of individual perspectives and subjective reality by paying attention to perceptible inner knowing. Wilber's quadrants,

in turn, provide a framework for understanding the broader context of these experiences, extending to collective, cultural, social and objective aspects. The synergy between Gendlin's focus on the individual and Wilber's broader perspective can result into a more comprehensive approach to human experience, considering both the depth of individual experience and the broader context.

Dr. Daniel Siegel's 'Interpersonal Neurobiology' exemplifies an approach that integrates interactions across multiple quadrants. Inner processes, such as thoughts and consciousness (individual, subjective), are linked to individual neural processes (individual, objective) and interpersonal relationships (collective, subjective, and objective). Siegel underscores the importance of understanding and promoting a healthy interaction between the brain, psyche, and the impact of social relationships on neurobiological functioning. Relationships, psyche, and brain form three mutually influencing aspects of well-being within one energy and information system (The Triangle of Well-being, 2010, p. 24).

The Window of Tolerance, a framework developed by Siegel (2011, p. 56-59), represents the optimal state in which a person can regulate emotions and physical reactions, and also respond to stress and challenges in a balanced and effective way, with room for flexibility and adaptation. When moving to one edge of this area, we approach chaos, whereas moving to the other edge, we are close to rigidity.

There are many similarities between this 'Window of Tolerance' framework and the 'River of Integration'. However, the River is a metaphor, referring to the movement of a system through time, while the Window of Tolerance refers to a particular state at a particular time. In the Window, the middle space is represented as an arousal zone, a tolerance zone within which we function well. It is an integrated state with a connection between the sympathetic and parasympathetic nervous systems. Outside that zone, in arousal terms, we go into hyperarousal (nervous system overactivity, chaos) and hypoarousal (underactivity, rigidity). We are no longer integrated and we do not longer function in an adaptive and harmonious way. The aim is to keep or bring clients (and ourselves as therapists!) within healthy and workable boundaries. (Siegel, 2010, 2012).

Hyperarousal, where a person is overwhelmed by emotions or physical reactions, is similar to what Eugene Gendlin describes in 'Focusing' as being too close to the inner flow of experience. Hypoarousal, where someone feels disconnected or cut off, corresponds to what Gendlin calls the 'too-large distance'. What is called in Focusing 'searching for the right distance', Siegel calls 'widening the zone of tolerance'. The added value lies in understanding the interplay between physiological arousal, inner experience, and interpersonal relationships, allowing for integrated interventions and techniques to address physiological, relational, and inner aspects of self-regulation."

Tools to Promote Integration

How can both Siegel's and Gendlin's ideas be supportive in promoting a client's integration, and how can their principles and interventions be jointly used to support the recovery process of person and world?

The Window of Tolerance serves as a structured framework for understanding emotional regulation and provides clients with valuable insights into physiological and emotional aspects of stress reactions, linking them to underlying problems. It contributes to a better understanding of people's reactions when they lose an appropriate distance from their experiences. Moreover, it contributes to insight and meaning (semantic line of the I.V. Triangle). By learning how to stay within The Window of

Tolerance, people can increase their ability to deal with the challenges of political and cultural factors, without becoming overwhelmed (behavioural line). Focusing, representing the active steps of this process, involves observing what is happening internally (process line), allowing a bodily-felt meaning (semantic line) to gradually emerge. This unfolding reveals incremental steps toward focused behaviour. The intrapsychic alignment and deepening facilitated by focusing contribute to emotional regulation, self-insight, personal growth, and integration.

Siegel, as a contemporary neuroscientist, highlights the positive impact of intrapsychic attunement or interoception on the brain and stimulates interpersonal alignment and empathy:

> *"The more we focus our attention towards bodily sensations within our subjective experience in awareness, the more we activate the physical correlate of insula activation and subsequent growth. (...) The more interoception and insula activation, the more capacity we'll have for attuning to others and being empathic toward their experience."*
>
> (Siegel, 2010, p. 46).

So, Focusing indeed promotes, not only intrapsychic, but also relational and neural integration! For both Gendlin and Siegel, cultivating a friendly, non-judgemental attitude and awareness of thoughts, emotions, and bodily sensations, form the basis for self-regulation and integration. Both state that 'safety', both in terms of the client's connection with themselves, and in their relationship with the therapist, is highlighted as a crucial step towards self-regulation. The therapist acts as a co-regulator; an external regulatory mechanism through which the client can better understand and regulate his emotional state. Therapists are skilled in being openly present with their bodies, and in regulating their emotions. By doing so, they create a support system for their client. To this end, Siegel recommends that therapists regularly carry out 'body scans', sometimes with the help of a tape where the speaker gently guides the client through a gentle exploration of all their different body parts.

From both the experiential approach and interpersonal neurobiology, various strategies are provided to address hyper-arousal (too small a distance) and hypo-arousal (too large distance). To regulate hyper-arousal (and too small a distance to experience), any safe steps that increase distance to experience can help. For example, ask the client to shift attention outside: listen to sounds in the street, or observe objects in the room. This allows the client to return within the Window of Tolerance, or the appropriate distance from the experience. The reassuring presence of the therapist, plus simple grounding breathing and relaxation exercises, can thus help to regulate hyper-arousal. Placing the problem at more of a distance in the therapy room creates an essential space for the client.

With hypo-arousal (and an excessive distance from the client's inner self), every safe step that reduces the distance from the experience can help, such as eye-contact, encouraging one to be present in the moment, and to move actively and consciously in physical activities, such as gardening and creative or artistic work, also helps to reconnect with the body and one's emotions (Leijssen, 1995; Weiser & Cornell, 1996; Siegel, 2010).

It is thus crucial to tailor interventions to individual client needs and limits, when applying these many integration techniques. Additionally, adjusting the intervention technique based on whether calming or stimulation is required is important. For instance, visualisation of a peaceful and relaxing environment may serve to calm, while suggesting an activ-

ity in that environment may provide stimulation. This flexibility ensures that the therapeutic approach is attuned to the unique needs and preferences of each client

In conclusion, integrating Gendlin's focus on 'inner experience' and Siegel's Interpersonal Neurobiology creates a powerful approach with which to give therapy. Promoting a kind attitude and mindful awareness aligned with the Window of Tolerance creates a holistic framework. Focusing promotes the deepening of the therapeutic process, while the Window of Tolerance primarily provides a structure that strengthens the recovery process, together with relational aspects and informational facts about the brain's structure and systems. Practically, these include interventions that adjust the distance to inner experiences, depending on the level of arousal. Both advocate the flexible application of various techniques.

Linking an experiential approach with Interpersonal Neurobiology is one of the many possible combinations that can be made in Integrative Psychotherapy to promote wholeness and connectedness. And the world needs it!

The Value of Integration and an Integral Worldview in our time

In today's world, with all its complexity, integration is increasingly essential. It requires a thoughtful balance between taking direction and reacting to what happens to us, where interaction between perception, desires, and action can lead to emotional well-being, meaningful choices, and humane action. (Vleugels & van den Bosch, 2008; Vleugels, 2021). We are a "self-in-relationship", where personal integration and relational and social connectedness are crucial. Bruno emphasised at the EAIP congress (6-10-2023) that integration is not about tolerance; it's much more than that, as diversity and connectedness add colour and richness to our existence.

Daniel Siegel teaches us that an integrative interpersonal relationship stimulates integrative tissue growth in the brain. This means that we are not our brain, but – until very old age – human beings are able to develop their mind, especially in relationships with others. This message is hopeful for the world, and particularly relevant for therapists, educators, parents and all those who care for others (Geuzinge, 2014). These days, it is important not to cling to excessive individualism, but to contribute actively to the well-being of others. As Dirk De Wachter (2022) emphasises, connectedness with others provides support, meaning, and comfort. Awareness of interdependence between people is a powerful driver for a more integrated and empathetic society. Interconnectedness, on various – possibly even spiritual levels – underlines the importance of our engagement with the world, as advocated by authors such as Siegel (2022) and Lent (2021). The existential crisis of Western man challenges us to self-reflect profoundly, and to develop a deeper understanding of our role in the world (Vanhooren, 2023). Emmy van Deurzen (7-10-2023) also stressed the importance of this, at this conference in Georgia:

> *"We need to remember who we are and where we belong, with a map of the landscape around us: a sense of direction and a compass to find our way. A broad perspective."*

The need for personal, relational, and transpersonal integration is becoming more urgent than ever before. An integrated humanity and a new worldview is emerging, anchored in a philosophical movement that seeks to integrate all human wisdom. It connects new insights from contemporary science with the ancient wisdom of indigenous and contemplative traditions. We are challenged to forge

new, meaningful connections, and to create a new narrative, aimed at connecting and integrating. This integral humanity and worldview focusses on a humane society, where diversity and healthy competition do not come at the expense of the greater good, but contribute to the well-being of the whole community. The aim is to strive for a society where everyone can flourish, mainly because of the fact that the greater whole is flourishing, and vice versa, as Jeremy Lent stresses (2021). Every action creates a ripple and triggers change.

Positive Disintegration on a Global Scale?

"Positive disintegration on a global scale? Creativity and innovation often emerge at the edge of chaos." According to the philosopher of science, Ervin Laszlo (2005), complex dynamic systems are most creative at the crossroads of collapse and breakthrough. The idea that current fragmentation and disintegration, both at the individual and global levels, can eventually lead to positive change offers a hopeful perspective.

The theory of positive disintegration, developed by Kazimierz Dabrowski, suggests that personal growth and development often stem from inner conflicts and tensions. Dabrowski (2017) argued that these conflicts can lead to a 'positive disintegration,' in which individuals redefine themselves, and achieve higher levels of psychological development, by overcoming personal crises and cultivating their unique potential personality. This process includes re-evaluating all of their values, moral growth, and pursuing of higher ideals.

Daniel Siegel argues that if we always stayed in the centre of the Zone of Tolerance, we would **not** enable change within our systems, because we would not provide an opportunity for the required 'controlled disorganization and reorganization'. Moving with the client into and out of these precarious transition zones brings new possibilities (Siegel, 2011, pp. 57-58). But, how do we do this at the global level?

Conflicts, tensions, and crises in society, and between nations, lead towards a collective disintegration. It is a positive thought that this process can contribute to social change and new opportunities. Moving on the borders of chaos, and from there towards a transformation, requires 'controlled uncontrollability,' a handling of what comes to us; a creativity where knowledge and experience are connected to a state of 'not-knowing' that expands the field of our vision (Wings, 2021, pp. 181-182). It requires collaboration and courage – the courage not to get entangled, or disengage ourselves from the destructive extremes of chaos and rigidity.

We will have to rethink our societal values, promote moral growth, strive for higher ideals, and develop new systems and structures that better meet the needs of society as a whole. Positive disintegration at the global level is much more complex and challenging than at the personal level, because of the many factors and stakeholders involved. It requires alignment, dialogue, and commitment from individuals, communities – and nations – to pursue positive global transformation jointly: this is complicated and vital., but not insurmountable. A first small step can be to realize deeply, that we can be both fragmented and whole, individually and globally. As the author and poet, Ramsey Nasr writes:

> *"I cherish the havoc in my soul. There is room to be broken as well as whole."*

Mother Georgia

From our sixth-floor hotel room, we gaze over Tbilisi, Georgia's capital, discussing the challenges facing the world and psychotherapy today. Then, there she is, visible on a hill

overlooking the city: Kartlis Deda, the Mother of Georgia – a monumental statue of a woman holding a bowl in her left hand and a sword in her right.

The bowl and the sword: an ancient symbol of the integration of opposites – two forces working together to achieve greater balance and harmony. The bowl symbolises receptive, giving, and peaceful qualities, while the sword represents strength, combativeness, and protection. Their cooperation helps us navigate conflict and enhances our capacity for love.

However, an imbalance – too much bowl without the sword, or vice versa – leads to adverse outcomes. When there is too much bowl and the sword is missing, the bowl does not provide security and care, but suffocation or boundlessness. On the other hand, when there is too much sword and the bowl is missing, the sword offers destruction and chaos, not protection or adventure. The cooperation and balance between these opposites are crucial for a healthy society and for greater well-being and harmony.

Working with polarities and integrating opposites is fundamental to Integrative Psychotherapy. Therefore, the image of Kartlis Deda, the Mother with a bowl **and** a sword, serves as an apt symbol with which to conclude this article.

Conclusion

In an era dominated by fragmentation and destruction, the concept of integration (and of Integrative Psychotherapy) offers a promising response to the contemporary world situation. We have delved into the meaning of integration in psychotherapy, revealing how deepening and broadening human perspectives can serve as powerful tools. This enrichment of therapeutic approaches, exemplified by Gendlin's experiential approach and Siegel's interpersonal neurobiology, serves to counterbalance disintegration in our torn world.

The layers of integration are highlighted, from the I.V. Triangle to the Four Quadrants. This conference, '*Connection in a Torn World: An Integrative Approach in Psychotherapy*' contributes to the psychotherapy discourse by unfolding layers of integration in a society, amidst chaos but yearning for cohesion. This article emphasises the crucial role of integration and invites a deeper understanding of an integral worldview, where positive disintegration can bridge apparent contradictions. This work argues for the union of opposites – a much-needed message in our time.

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The Development of the Self: The Integrative Strategic Model

Oana Maria Popescu

Abstract: The Integrative Strategic Model postulates the existence of four components of the self: the Proto Self, the Core Self, the Plastic Self, and the External Self. The Proto Self contains fundamental needs, associated affects, "proto cognitions" and primary emotions and is formed under the influence of pre-verbal social interactions. The Core Self consists of activated internal working models and core beliefs, emotions, and emotional states, as well as complex psychodynamic patterns and develops as a result of verbal and pre-verbal interactions with the others. The Plastic Self maintains the stability of the Core Self by filtering information from the environment, and the External Self is the interface between the inner and outer world. In psychotherapy, we need to address the Proto Self each time progress is too slow, or we get "stuck". Many times, our clients' problems have a non-verbal determinant, which can be traced back to infancy.

Key Words: integrative strategic psychotherapy, self, proto cognitions, internal working models

When we are born, we have certain genetical traits, but our Self develops through social interactions. The Self is a representation of individual identity, a coherent whole, containing the conscious and unconscious mind, the central element of any experience (Gallagher, 2013). We cannot conceive psychotherapy outside the concept of "Self", as we strive to help the individual lead a more fulfilling life.

The Integrative Strategic Model of the Self postulates the existence of four components of the self: the Proto Self, the Core Self, the Plastic Self, and the External Self (Popescu & Vîșcu, 2016). The Proto Self consists of brain structures formed in infancy at a non-verbal or pre-verbal level. The Core Self is the part of the Self that processes verbal and non-verbal information, developing during childhood and containing a series of mental models or representations, namely activated internal working models. The Plastic Self refers to internal causality or maintenance mechanisms: once the

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mental models in the Core Self are established, the individual can maintain these mental models through internal feedback loops – the Plastic Self stabilizes the Core Self by filtering information from the environment and making efforts to maintain psychological stability. The External Self is the interface between the individual and the surrounding environment. The brain creates a here-and-now experience of the Self, as the result of the impact of various stimuli from the external and internal world.

The firstly formed component of the self, the Proto Self, evolves as the result of non-verbal stimulation from the environment. It has two facets: a biological level and a psychological level. From a biological standpoint, we are all born with: (a) A genetic configuration – the genome and epigenome, which determine our genetic vulnerabilities or our genetic resilience; (b) Neural circuits encoding our body schema, our fundamental needs, associated affect and derived behaviours; and (c) A neural network encoding temperamental traits and the capacity to learn from the environment (Popescu, 2021).

As we know, before birth and in the first three years of life, humans have a genetically driven over-production of neurons – an early form of development called "experience-expectant" process (Schore, 2001). But for establishing synapses, the child needs stimulation from the environment and various experiences. If children are raised in the dark, their eyes cannot develop as they should, and the children will not have normal eyesight. Similarly, children will not develop adequately if they do not interact with the people around them. And it is these interactions that shape a child's mind (Siegel, 2012). Neural synapses are in competition with one another and those synapses that best encode the information from the environment will be selected to become permanent. Therefore, the first months of our life will have a strong impact on our brain.

The evolution of the human brain can be traced from the first inborn needs to the development of ever more complex neural maps. Our needs, the accompanying primary affects and behaviours are genetically encoded. The first experiences of a child are connected to the fundamental needs regarding self-preservation, including physiological and emotional needs. If our needs are not met, the result is distress and the attempt to compensate. In addition, if one of our needs is not met, we may become overwhelmed by this lack, and it will almost entirely organize our behaviour (Kenrick *et al.*, 2010). For instance, if children do not feel safe, their entire behaviour will be dominated by the attempt to seek safety.

The fundamental (or primary) needs determine the child's first pre-symbolic perception and analysis regarding the Self and their environment. These first evaluations are called 'proto-cognitions': they are pre-symbolic and primitive thoughts, accompanied by emotions of the black-and-white, good-and-bad type. The needs that a child has, and the way these needs are met, lead to the formation of mental representations of significant people from their environment and the environment itself; representations that are engraved in the child's memory and include knowledge and beliefs about significant individuals, and about emotions, motivations, and typical behavioural tendencies, as experienced in the relationship with these individuals (Andersen *et al.*, 2000).

The Proto Self

As mentioned above, we are born with a variety of physiological and psychological needs, accompanied by an affective system, which signals the degree to which the needs are met. An 'affect' is an automatic response to a stimulus and includes a "good or bad" evaluation of the stimulus. Affects appear as reflexes to

stimuli and do not involve cognitive processing (for instance, the sudden fright and startle when we hear a loud noise is an affective response). In other words, the primary affect, in a somehow rudimentary form, is perceived as a pleasant or discomforting sensation regarding the need it is attached to. Let's look at an example: as infants, in our cribs, we get hungry, and we need food. This is called a primary need. The fact that we are hungry creates a discomfort, meaning an associated primary affect. This is a pre-symbolic emotional signalling system, telling us we feel bad about being hungry (Coicici & Popescu, 2017). So, here we have a first sequence of events:

$$N_p + Af_p$$

where N_p = primary need; Af_p = primary affect.

What happens next is that the child starts crying: this is called a primary behaviour (B_p), with the aim of seeking to find a solution. Crying is the only behaviour babies have at their disposal in trying to communicate to the world what their needs are. When babies are hungry (primary need), they feel bad (primary affect) and start crying (primary behaviour):

$$N_p + Af_p + B_p$$

where N_p = primary need; Af_p = primary affect; and B_p = primary behaviour.

If we are fed (an external stimulus / S), then we start eating (Assimilative Behaviour = B_a) and everything is fine. But what if we don't get food, or if we don't even have the chance to start crying because we have an over-protective mother? Or we do not get the love and care we need? In these cases, a different behaviour occurs, either a Resignation Behaviour (B_r) or an Escalating Behaviour (B_e): children either stop crying, because crying has no purpose, or cry for a long time, in the hope they will be fed / loved / cared for, after all. This is the result of a first rudimentary / primary analysis of the sequence of events: Is the need going to be met or not? Is crying purposeful or not?

The Assimilative, Resignation or Escalating Behaviour is accompanied by a primary emotion, either positive (for the assimilative behaviour), or negative (for the resignation or escalating behaviour). In other words, if I have a need that is met by the environment (mother, primary attachment figure), then I have a general "feeling good" emotion, but if my need is not met (I am not fed, hugged, picked up, etc.), then a "bad" emotion accompanies my pre-symbolic decision to continue or stop crying (Coicici & Popescu, 2017). These primary emotions are changes in the brain resulted from an initial orientation in the environment (Baylis, 2006). This initial orientation is a signal for the growth of brain activity, like "Pay attention, something important is happening now".

The primary analysis is a very rudimentary one of a polar nature – good or bad – with the purpose of ensuring the individual's survival, so that the most effective strategy for meeting the need is found. Therefore, babies reach a rudimentary or so-called primary conclusion (Co_p) regarding the best course of action (cry or stop crying for instance). This is a pre-symbolic, non-verbal assessment, which is going to be stored at an unconscious level, alongside all pre-symbolic assessments from the "pre-verbal age", in what is called implicit memory.

$$\frac{[(N_p + Af_p) + B_p] \pm S_{nv}}{An_p} \overset{\Rightarrow}{\underset{\Delta}{}}$$
$$(B_a \text{ or } B_r \text{ or } B_e) + Co_p + Em_p$$

where N_p = primary need; Af_p = primary affect; B_p = primary behaviour; S_{nv} = non-verbal stimulus; An_p = primary analysis; leads to ($\overset{\Rightarrow}{\Delta}$) B_a = assimilative behaviour; B_r = resignation behaviour; B_e = escalating behaviour; Co_p = primary conclusion; Em_p = primary emotion.

If this sequence of events is repeated enough times (meaning that when I cry, nobody comes to comfort me, or I consistently have an over-protective parent), then I will start learning something about my Self (the Self) and the world around me. This learning occurs because of a series of Primary Analyses (An_p), meaning a first pre-symbolic interpretation for the consistent sequence of events. The fact that a child is ignored once or twice has no significant impact on development, but neglect (a series of instances in which the child is ignored or mistreated) leads to important changes in the way the child perceives the world and its own Self (Popescu, 2021). The child's brain creates a multi-sensory image of the non-verbal signals received from own parents (primary attachment figures) (Siegel, 2001) and a primitive cognitive map, based on the first conclusions, or proto-cognitions, resulted from the primary analyses.

As mentioned above, the child reaches a rudimentary conclusion about own behaviour, their surrounding environment, and the Self. Children may reach the conclusion that they do not cry efficiently, and that is the reason why their needs are not met: *"I keep crying and nobody comes to comfort me. It must mean I do not cry well enough"* (of course, this is an adult translation of the pre-symbolic conclusion formed in the child's mind). On the other hand, if the child's needs are met, the child may reach the conclusion that crying is effective in obtaining what one needs (a precursor of high self-efficiency for instance). Anyway, in this situation, the analysis is based on the efficiency of its own behaviour and the result is a first behavioural conclusion (Co_b).

At the same time, the child may reach a negative (or positive) conclusion about the environment (Co_e): *"I am crying, and nobody is coming to see what's wrong with me, therefore the world around me is unwelcoming and perhaps dangerous"*. In this case, the analysis is based on the stimulus (environment): Co_e.

Last but not least, a child may reach a certain conclusion about its Self, namely whether their needs and primary affects are valid or not. If my needs are constantly ignored, I may believe that there is something wrong with my needs (that I shouldn't feel hungry or feel the need to be loved), or I may think that perhaps the fact that I feel "bad" when my need is not met is wrong. These are rudimentary conclusions about the Self (Co_s).

$$\sum \frac{[(N_p + Af_p) + B_p] \pm S_{nv}}{An_p} \overset{\Rightarrow}{\underset{\Delta}{}}$$
$$(B_a \text{ or } B_r \text{ or } B_e) + (Co_b \pm Co_e \pm Co_s) + Em_p$$

where the sum of N_p = primary need;
Af_p = primary affect; B_p = primary behaviour;
S_{nv} = non-verbal stimulus;
over the An_p = primary analysis; leads to ($\overset{\Rightarrow}{\Delta}$)
B_a = assimilative behaviour; or B_r = resignation behaviour; or B_e = escalating behaviour;
with Co_b = behavioural conclusion;
Co_e = environmental conclusion;
Co_s = conclusion about the self;
Em_p = primary emotion.

As we can see from the formula, the behavioural, environmental, and self-oriented conclusions are not mutually exclusive. Contradictorily, all of them coexist in the same individual. The fact that my needs are or are not met, that I can or cannot obtain what I want, and that I feel good or bad, can lead to conclusions about the safety of the surrounding environment, the efficiency of my own behaviour, and the validity of my own needs and emotions. The pre-symbolic and rudimentary conclusions, called 'proto-cognitions', are the result of the primary analysis, which takes place at a pre-verbal level, in the Proto Self. These psychological mechanisms translate into the activation of neural clusters in the brain, leading to the preferential use of certain

neural activation patterns (Popescu & Drobot, 2012). The individual learns, at a pre-verbal level, that the world and the Self are in a certain way, and these patterns are encoded in the implicit memory and remembered only at a somatic level.

The Core Self

What happens next? Children may already know that there is something wrong with their behaviour, or the surrounding world, and therefore the foundation for their core beliefs, emotional disposition, and attachment patterns has already been laid. As children grow older, verbal interactions start shaping their brain, in addition to the pre-verbal / non-verbal interactions, characteristic of the Proto Self stage. The conclusions about their environment, own behaviour and Self become more elaborate and develop into verbal representations, called 'beliefs' – about the Self and others / the world. The sum of emotional states become more refined and if repeated, may turn into emotional dispositions. Behaviours become more stable and constant (behavioural patterns – *BP*).

$$\sum (B_a + B_r + B_e) + \sum S_v \underset{\Delta}{\Rightarrow} BP$$

where the sum of B_a = assimilative behaviour;
B_r = resignation behaviour,
B_e = escalating behaviour;
plus the sum of S_v = verbal stimulus;
leads to ($\underset{\Delta}{\Rightarrow}$) *BP* = behavioural pattern.

$$\sum (Co_b \pm Co_e \pm Co_s) + \sum S_v \underset{\Delta}{\Rightarrow} Be$$

where the sum of Co_b = behavioural conclusion; Co_e = environmental conclusion;
Co_s = conclusion about the self;
plus the sum of S_v = verbal stimulus;
leads to ($\underset{\Delta}{\Rightarrow}$) *Be* = beliefs.

$$\sum Em_p + \sum S_v \underset{\Delta}{\Rightarrow} Emd$$

where the sum of Em_p = primary emotion;
plus the sum of S_v = verbal stimulus;
leads to ($\underset{\Delta}{\Rightarrow}$) *Emd* = emotional disposition.

Any combination of conclusions, behaviours and emotions is possible, leading to the creation of complex patterns. In other words, various internal working models are activated, namely mental representations about the self, others, and the general environment. For instance, attachment styles result from the combination of positive or negative models of the Self with positive or negative models of the others and an attached resignation or escalating behaviour. An avoidant attachment pattern for instance is characterized by a resignation behaviour (avoidant), a positive belief about Self, and a negative belief about others (others are likely to abandon the individual) (Pietromonaco & Barett, 2000). But working models are not confined to attachment: they apply to all representative models of the world (Petters & Watters, 2020). Given that we have a high number of variables (beliefs about the environment, the Self and own behaviour), emotional dispositions and emotions, and various behaviours, there is also a high number of possible combinations, although this is a finite number. In other words, there is a high but finite number of possible representations about the Self and the surrounding world.

$$Be_n + Emd_n + BP_n \underset{\Delta}{\Rightarrow} IWM$$

where Be_n = belief about Self / others / behaviour; Emd_n = emotional disposition (positive / negative); BP_n = behavioural pattern;
leads to ($\underset{\Delta}{\Rightarrow}$) *IWM* = internal working model.

Internal working models are unconscious representations, ranging from the way the individual perceives family roles to the formation of life scripts. The Core Self is a repository

of such representations, which combine into complex psychodynamic patterns.

The Plastic Self

The Plastic Self stabilizes the Core Self. The individual starts to selectively pick from the environment those elements that fit the mental representations in the Core Self. Information is processed in a biased manner, to maintain the stability of the system. For instance, if I am constantly neglected as a child, I will reach the general conclusion that, no matter what I do, bad things will happen. Then I will perhaps activate an internal working model of the type, *"I'm not ok; You are ok,"* (or any other), and a core belief (*"I am stupid"*), and I will maintain this core belief by interpreting clues from the environment that lead to the formation of beliefs such as *"I can't learn English"*, or *"I am bad with computers"*, therefore maintaining my core belief – that I am stupid. The advantage of the Plastic Self is that I maintain the stability of all my neural networks. If, on the other hand, I can learn English, it means I am not so stupid and I need to re-evaluate the active internal working model, and then subsequently re-evaluate all my experiences since infancy. In addition, I don't even have an explicit memory for my experiences when I was 2 months old, so I probably have a general feeling that I am not ok, with a generally depressed mood – and I don't even know why, so accessing the unconscious conclusions in the Proto Self is not an easy job. It is much more adaptive to just maintain the existing structure with this plasticity.

The External Self

The brain creates a here-and-now experience of the Self, because of the impact of various stimuli from the inner and outer environment. This here-and-now experience of the Self is called an External Self. The brain constantly tries to maintain its stability, and this stability depends on the activated internal working models. The External Self becomes, as a result, an interface between the individual and the rest of the world. Behaviours and emotions are observable at this level, as well as our conscious thoughts, beliefs, and attitudes.

Using the Integrative Strategic Model in clinical practice

From a theoretical stance, the integrative strategic model works with different levels of the human psyche, correspondent to the activated internal working models, giving conclusions regarding own behaviour, the environment and the Self, and with any p revalent emotions. From a practitioner's point of view, an effective approach is to start from the External Self and progress in therapy towards the psychological structures in the Proto Self. For instance, automatic thoughts are manifested at the External Self level; intermediary beliefs that maintain the individual's cognitive maps are situated in the Plastic Self; the Core Self contains core beliefs; and these core beliefs may be based on proto-cognitions. If the individual's core beliefs are difficult to change, there is a high probablity older proto-cognitions should be accesed.

In other words, the client has a symptom, and the symptom is the interface with the world – the External Self level. The symptom in maintained due to the internal feed-back loops in the Plastic Self, so I have to ask my Self as a psychotherapist: *"What is it that my client does not see?"* What information does the client filter from the environment, so that the symptom can be maintained? What are the internal working models that are being protected? What are the core beliefs?

Therefore, we have to identify the patterns in the Core Self and work with those patterns. If change does not take place, we need to look at the Proto Self: *"What are the client's general basic conclusions about the world and the Self?"* And in order to do this, we must investigate all possible aspects: cognitions, emotions, existential concerns, psychodynamic patterns, inter-generational scripts, and so on. In order to work with the proto-cognitions, that are stored in the implicit memory, we can use body work, hypnotherapy, and dream work.

We need to remember that, when we work with our clients, we must go back in time and trace the origin of the presenting problem – something that is not new for psychotherapists. But sometimes, in spite our efforts and the client's desire to change, psychotherapeutic change does not occur. In such instances, we might need to go as far back in time as infancy, in order to work with the client's first models of the world and their Self.

Another important aspect is that we work towards the change in neural pathways. What we are trying to do in psychotherapy is change the client's preferential way of neuron firing, which means that many times we need to go over sequences in a repeated manner, in order for the change to take place. The neural model of the Self is to be remembered each time that a client annoys us, because she simply does not seem to process what is going on in the psychotherapy sessions.

And last but not least, we need to remember the power of words and of non-verbal language. In some instances, our clients' problems have a non-verbal determinant which can be traced back to the first few months of life.

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Personal and Social Freedom and Responsibility in a Changing World

Emmy van Deurzen

Abstract: This article explores the need for a better understanding of the human condition, in light of the current levels of threat and disharmony in the world. There is a great deal to be learnt from the tragedies that humanity is facing, whether these are crises of an ecological, political, interpersonal, personal or spiritual nature. As psychotherapists we have a role to play in communicating more clearly about the impact of global problems on the intimate lives of individuals. We could also make a contribution in defining the desirable and necessary changes that need to be made to effectively address the existential issues facing the world.

Key Words: Crisis, Disaster, Existential threat, Global Events, Breakdown, Trauma, Safety, Post-Traumatic Growth, Ethics, Meaning

Introduction

How do we make sense of human existence in a world that often seems nonsensical? How do we find both personal and social freedom whilst taking responsibility for our lives? Where are we going in this dystopic post-modern world with its plethora of catastrophes and calamities? This paper will argue that the time has come for an existential turn in the world so that we can learn to understand human existence – as it is evolving, rather than drifting from calamity to calamity. Only a broader philosophical investigation can provide us with the broad perspective and in-depth grasp of what is happening. Considering the current threats in the world, it has become imperative to approach our problems in a more creative, dynamic and reflective manner. This is the only way in which we can prepare ourselves to engage and act in the world in a decisive and ethical way to redress the balance and harmony that have been lost. For this to be possible, it is necessary to start facing the reality of what is happening to human existence and find new moral courage to tackle the many issues threatening the future of humanity. Only if we dare to stand strong in affirming the universal values of responsibility, decency, fairness, clarity, sincerity, care, love, humanity, truth, justice and openness, will we succeed

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in guaranteeing that freedom will figure in our future.

Facing Crisis, War and Disaster

Freedom is the absence of necessity, constraint, and coercion, giving rise to a sensation of space, autonomy, possibility and agency. We know all too well that man-made wars and natural disasters impact on human beings catastrophically, by plunging everything and everyone into threat and destruction and restricting freedom severely. With wars, conflicts, violence and natural disasters on the increase around the world, it has become more urgent to understand how we can help prevent and overcome these. This requires us to learn more about the things that upset us and push us into the abyss (Deurzen, 2021).

It has become common place for politicians to speak about existential crisis as the ultimate threat. They use it to refer to any event or situation that could cause the kind of total upheaval or disaster that would lead to the terminal melt-down and extinction of a nation. They like to talk about existential threats to a society, to a way of life, or even to a state. Those who are researching and tackling global warming and loss of biodiversity are aware of the existential threats to the planet as well.

As psychotherapists we are more used to dealing with clients who are experiencing an existential crisis in their personal life. And this is not always an acute or sudden phenomenon. We often work with people who have been plunged into existential crisis after existential crisis, so that it has becomes like a chronic condition of their lives, which is gradually wearing them down (Deurzen, 2021). There are many people who live with the kinds of existential crises that are rooted in adverse childhood events and such early year traumas will affect and potentially endanger their life for many years to come (DuPlock, 2010). As psychotherapists we know a lot about these situations, with their familial, relational and personal losses and pressures that create such enormous tensions and burdens. We work to alleviate these experiences, but we don't always fully appreciate and value what people learn about life at the edges of these difficult experiences (Boaz, 2022).

There is even less wisdom about what happens to people when they are exposed to dangers that arise from more global adverse events, though there are many studies about the impact of specific events, such as the Holocaust (Hübl, 2020; Danieli, 2016; Cohn & Morrison, 2017; Lehrner & Jehuda, 2018; Arendt, 1964, 2018), the Vietnam War (Harmand *et al.*, 1993), or the Falklands War (Iverson *et al.*, 2005, Iacovou, 2015). People who are severely traumatized by such experiences often feel crushed by their encounter with these disasters. Such trauma truly creates long term and lasting difficulties for them (van der Kolk, 2014).

The difference between being crushed by life events or being exposed to chronic existential crisis or stress, by – for instance – living with droughts or floods, or with deep seated family conflict, is significant (Maté, 2019). There are many situations that can trigger chronic existential crisis that are less visible and obvious, such as being a parent who lives in poverty, looking after a family of several children under five. Such situations may not lead to terminal distress, or the total breakdown of infrastructures, but will nevertheless take a huge toll on a person's safety, and on their capacity for joy, peace and sleep. An existential crisis is something that shakes you to the foundations, and if you keep being shaken, this can become intolerable and deeply damaging (Deurzen 2021). When we go through an acute and temporary existential crisis such as the loss of a job, or of a relationship, we also feel shaken to the core, but we can do something about it and find a

solution, because not all of our life is threatened. If we still have enough of a foundation to stand on, and we still have choices and solutions available to us, we can turn an existential crisis into a moment of break-through rather than breakdown (Laing, 1959, 1961, 1967). In such a situation, existential crisis can become a transformative event that breaks the safe and well-established connections and meanings in a person's life and provides the opportunity to reorganize existence at many levels, physical, social, personal, and spiritual. This is when change and growth become possible after fractures and fissures are repaired. This is often referred to as post-traumatic growth (Calhoun & Tedeschi, 2013).

Facing Existential Crisis

When an existential crisis hits your life, you may be baffled to begin with and you may become very anxious, feeling the urgency of the situation whilst not knowing how to solve your problems. This will give way to a growing feeling that your life has been pushed out of its equilibrium (Deurzen *et al.*, 2019). The most pressing task is to reestablish a minimal sense of safety, taking actions that will secure your survival and comfort and that will make you feel life is possible again and that you can once again take charge of it. However, if several layers of your existence have been affected, it may take a lot more than that. If you have lost your home, your family, or your country, for instance, it could take quite a while before you can repair your basic connections to the world. Such an experience inevitably leads to a total transformation of your life, as everything is in flux, and nothing is certain. In this situation, people are forced to reconsider everything that they used to take for granted and have to learn to adapt to the new circumstances as quickly as possible. Doing so successfully can lead to a renewal of energy, understanding and meaning and it may build your resilience and creativity. But if it doesn't work out, the situation will sap your energy and it may feel as if it is destroying your confidence in life and in your own abilities. This is very well described in the award-winning novel *The Beekeeper of Aleppo* (Lefteri, 2020).

It is interesting to observe how refugees from major dramas, or those who are traumatized by war, tend to withdraw from the turmoil, by minimizing or even denying the experience, shoring up what's left of their existence. Those who suffer less extensive impacts may be more able and inclined to focus on their problems, or even magnify them. Anecdotal experience from my own practice with Holocaust survivors, refugees, and those who have been through major tragedies, tells me that people in such dire situations tend to shake off the idea of their trauma, desperately wishing to make something good of their retrieved lives by establishing an illusion of normality. Edith Eger, who as a young girl lived through the Holocaust in a concentration camp, confirmed this observation in her book *The Choice* (Eger, 2017), which she only felt able to write after many decades.

However important it is for people to create a new life, it is not always possible. Service personnel, who have been exposed to active combat and who have seen their mates dying around them, may find it hard to reestablish safety and meaning when they return to civilian society, after dealing with post-traumatic stress (Iverson *et al.*, 2005; Harmand *et al.*, 1993). Nevertheless, they often initially deny that they are traumatized. As Bessel van der Kolk said in his book, *The Body Keeps the Score*:

> *Traumatised people are terrified to feel deeply. They are afraid to experience their emotions, because emotions lead to loss of control … The essence of trauma is feeling godforsaken, cut off from the human race.* (van der Kolk, 2014: 335).

My colleague Susan Iacovou did a groundbreaking qualitative study with veterans of the Falklands' War, as part of her doctoral research (Iacovou, 2015). She interviewed men who had been exposed to active combat, specifically those who had survived the sinking of HMS Sheffield, and she found that, though they had physically survived, their lives had been forever altered. Most of them had divorced their spouses within a decade after the war, and they reported feeling unable to communicate with their family and friends about their experiences, as they sensed that they were different to other people and had become deeply emotionally isolated and cut off. It seemed hopeless to fully understand what had happened to them and it was impossible to convey it to others. She concluded that:

> *Combat doesn't cause trauma symptoms, combat causes individuals to question all that they think they know about the world, everything that they value, all their actions and priorities to date and for the future and, in doing so, creates an existential crisis in which they have to cope with a sudden vacuum of meaning.* (Iacovou, 2015: 186)

When you can no longer believe in the meaning of life, it becomes hard to live with other people, or to even want to invest in the future, or make efforts to improve the world (Deurzen, 2021). It is hard for a person to accept that life can be so easily disturbed and completely ruined by external circumstances, and that our usual ways of keeping ourselves in balance can be so perturbed that we no longer have our usual comfort zone and its well-known structures and connections to rely on. When life is wrecked in this way, we withdraw our energy and refuse to commit or take responsibility. When a person's home is jeopardized by floods, droughts, bombs, or invasions, their inner safety is also ruined and the work of re-establishing new safe spaces, new structures and connections becomes a critical matter. When the very core of our trust in human nature or life on earth has been dismantled, we find it impossible to reconnect to the structures of meaning that keep us motivated. This was evident too for those working with Ukrainian citizens who fled to other countries after the invasion of Ukraine by Russia in February 2022. The extent to which they could find safe places to recreate a space for themselves with adequate connections to family and friends, made a big difference to their mental health (Vitruk, 2023).

Surpassing the Crisis

Human beings feel best when they can hold everything together, when they can intertwine all the various aspects of their existence, and their relationships with the other people in their life, in a coherent and cohesive way. When you can weave all the threads of life into a continuing and consistent, harmonious pattern that creates a picture of the totality, this provides a feeling of control and mastery. It gives you a sense that you have a capacity for living that is stronger than any tension, because any new coloured threads, or broken threads will be integrated into the pattern. Life is your oyster, and the world is your playground, and you have a feeling that it is up to you to have adventures from a base line of safety and inner confidence and a sense of familiarity, predictability, ease, and comfort. At times when such things are no longer possible, it becomes essential to align yourself with those natural and supernatural forces that still appear to be reliable. It is impossible to feel in charge of a world that is falling apart, so – at moments of catastrophe – we turn towards the seasons, or the phases of the moon, or the stars, or the gods, to give us guidance and a sense of stability and orientation. We appeal to the ultimate powers to do right by us and relent, to give us peace and a chance to rebuild our lives.

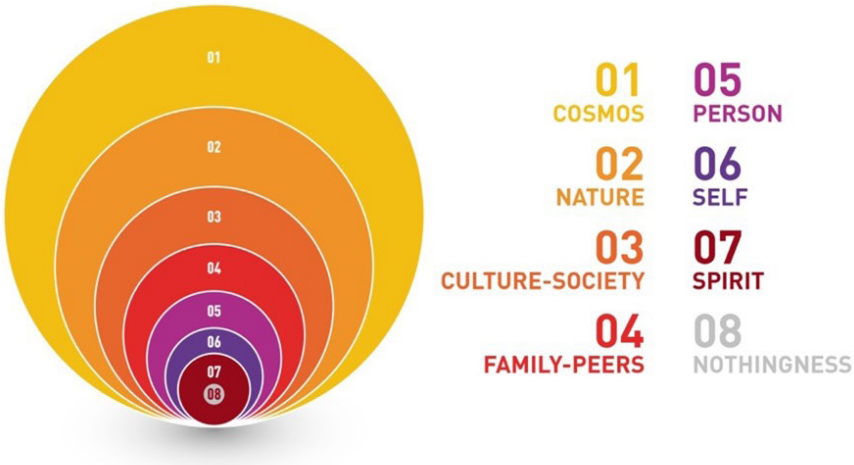

Figure 1. *Person and World*, © Emmy van Deurzen

This is why it becomes so important for a person in an existential crisis to stand above the destruction and get an overview of what is going on, to make some kind of sense of the lay of the land, and to see how fractures may be mended. Physical safety is paramount, so that the body can heal. New connections with the community might be able to secure a safe structure of kinship and mutual support. And most likely, the person's sense of identity will change as it encompasses the new challenges. But as Viktor Frankl pointed out in his work (Frankl, 1978, 1984, 1986), what matters most of all is whether we can recreate a framework of meaning. Frankl's work was rooted in his experience of living in concentration camps during the Holocaust, and he carefully observed how different people dealt with the situation. He said:

> *In the concentration camps for example, in this living laboratory and on this testing ground, we watched and witnessed some of our comrades behave like swine while others behaved like saints. Man has both potentialities within himself; which one is actualized depends on decisions but not on conditions"* (Frankl, 1984, part II).

Vitruk (2023) noted that Ukrainian refugees often desperately needed to re-establish the practice of their religion and a sense of community around them in order to resettle in safety.

Getting a Sense of Perspective

It is easy to lose a sense of perspective when you have become removed from the life you once knew and, in such circumstances, it can help to have an image of what and who you are in a more abstract sense, so that you can see where the web of your life is broken, and how you may be able to mend it again. To have faith in life and in the human capacity to create new meaning, no matter what the circumstances, is a very difficult thing to do, especially for those who do not have a religious framework to contain and reassure them.

This existential representation of the person in their connectivity and interrelationship with the world, is therefore an important instrument. It provides a map for understanding the various layers of a person's network of connections and can help making sense of

where and how a person is situated (Deurzen, 2010, 2012).

Right at the core of our inner sense of who we are, we often feel an **emptiness**, that many people are afraid to topple into (08). Some people avoid looking into it all together. It is the nothingness at the core of being that Sartre spoke about (Sartre, 1938, 1939,1943), which can become the deepest source of despair and fear. It can also become the eye of our consciousness, the space through which the light comes into our lives, the openness that lets us breathe and be and transform ourselves. It is how we connect to all that is around us, and it gives us elasticity and adaptability and an endless capacity for new learning and understanding. This inner space, like the pupil of the eye, can become focused and narrow, or unfocused and enlarged, depending on the situation. It appears to be surrounded by a layer of spiritual muscle, rather like the iris of the eye surrounding the pupil. Some people think of this inner structure, with its pupil and iris, as their soul, or their **spirit** (07). Others experience this muscle as their existential courage (Tillich, 1952). It is the source and home of our creativity, our understanding, our inspiration, our love and our healing. Around this fragile and sensitive structure, most people create a harder shell, which they think of as their **self** (06), or perhaps their 'true' or 'inner' self, which consists of all the memories and thoughts and ideas and hopes and wishes and fears and self-images that we have adopted. But around this inner self there is an outer self, which is our **personality** (05), the persona, made up of our body image, the way we are perceived by others and act in the world, through our embodied existence. It is about the manner and way in which we appear in the world of other people. This is often referred to as the ego and some believe this to be an essential strength that is needed for survival, whereas others would prefer to lessen its stranglehold and power, or advocate to get rid of it all together. We relate to others and engage with the things in the world that need doing through this ego. Without this instrument of adaptation, and without this channel for survival, we would not be able to achieve much in the world. At the same time, our existence can easily be taken over by this superficial and external projection of our selves. It needs to remain transparent and flexible for optimal functioning. Around this self-presentation, are the many layered aspects of our **relationships** with family and peers (04), the intertwined existence that matters so much to us and that determines our sense of social value. These interactions shape and mould who we become and this external sense of who we are directly interacts with our internal world. Some people, especially after a crisis, can become perfunctory about how they respond to the world, cutting off, either from the external world or from all internal experience or at worst, from both at the same time. Around this ring of very personal interactions, is an outer ring of less personal interactions with our wider **culture and society** (03), which also exerts pressure on us, but which can support and sustain us as well as taking its toll and exact its pound of flesh. We can influence it in turn, if we engage with it in profound and powerful ways, for instance by political action or work for social change. Usually this is only possible by allying ourselves with powerful peers or with companions, who will be prepared to collaborate in an effort to change the world we find ourselves in. Around culture and society, there is **nature** (02), an even more powerful force, whose laws cannot be altered or messed with at all, lest we are prepared to pay an enormous price and put our very survival in the balance. Unfortunately, though human beings are part of nature, they have acted as if they are the masters of it, thus no longer being aligned with it, with destructive and catastrophic consequences. Around nature, lies

the global space of the **cosmos** (01), much of it still unknown to humanity, but nevertheless the source of greater forces than anything we can imagine. The simplest ones being the energy of the sun, which is responsible for all life on earth, and the forces of gravity to keep it all together.

It is to these forces many people will turn their minds, when the world of their society, their family and their self has been broken, especially if their physical and natural world has also been contaminated or compromised by the destruction. Each of the world religions provides a body of mythology to explain how everything that exists fits together and how we must therefore conduct ourselves to abide by the laws that transcend and surpass us. People also turn to science, for instance to medical science to heal their bodies, to mechanical science to fix their vehicles or dwellings, and to economic sciences to help them sort out their situation in monetary terms.

The sciences have investigated all the material things in this world, and we count on this knowledge to lead our lives more effectively. But the fact that the hard sciences have entirely focused on the things that can be seen and touched in the physical world, means that the natural world has ended up being exploited, and that human beings have lost track of the other dimensions of existence, which are every bit as important. When we do look at human existence in the round, we soon see that much is out of synch in our lives, beyond the eco crisis in the natural world.

General Existential Malaise

Organizations, institutions, industries, and governments often work with poor values, as they are based in competition, short term interests and profit making. This makes the people working in them materialistic and competitive and they often feel profoundly undervalued and disenchanted. The mentality of dominance puts emphasis on hierarchies, superiority, and privilege, which leads to disdain for those who are doing less well in the human race for survival. Dwight Turner has described this very well in his book *Imperium: The Psychology of Supremacy* (Turner, 2023).

Individuals, couples, and families also get lost amongst the pressures of contemporary society. They are not as good at facing and solving conflicts as they might be, and do not always have each other's backs. In other words, the way our civilisation has prioritised the material world and a philosophy of consumption, exploitation and profiteering has not just messed up our physical environment. Human existence and human relations are frequently destructive and toxic too. Therapy is not about making people accept and adapt to the things in the world that are wrong and destructive. It does not push people to adjust to something that is not good for them. Therapists need to raise their awareness about worldviews and societal pressures, so that their clients can think in terms of liberation and change, rather than just in terms of normality and fitting into the status quo.

Simone de Beauvoir in her highly auto-biographical novel *The Mandarins* (Beauvoir, 1982), said wisely:

> *You can't lead a proper life in a society which isn't proper. Whichever way you turn, you are always caught … You can't draw a straight line in a curved space.* (Beauvoir, 1982: 625)

Her intellectual companion Jean Paul Sartre, said in his *Notebooks for an Ethics* (Sartre, 1983) that learning to live is always a moral and ontic struggle, because we are having to adjust to the world as we find it, and – at the same time – try to improve it. Because of this: *'There is no abstract ethics. There is only an ethics in a situation and therefore it is concrete.'* (Sartre, 1983: 17).

The challenge for people in today's world is ever greater. Unless we begin to think in terms of ethical being, we may all go into the abyss together. Our planet will survive, and some animal species will undoubtedly survive also, but humanity may find that it has succeeded in making the planet uninhabitable for human beings in the longer term. Few people are aware of the seriousness of the situation we find ourselves in. The United Nations created the UN environment program (UN, 2023), which lists the damning facts of our biosphere crisis, which are much more daunting than we might conclude, judging by the dearth of information we get from the press about climate and biodiversity change.

The decline of the planet caused by humans is startling. Here are some of the facts:

- We are using the equivalent of 1.6 Earths to maintain our current way of life, and ecosystems cannot keep up.
- One million of the world's estimated 8 million species of plants and animals are threatened with extinction. (IPBES)
- 75 percent of the Earth's land surface has been significantly altered by human actions, including 85 percent of wetland areas. (IPBES)
- 66 percent of ocean area is impacted by human activities, including from fisheries and pollution. (IPBES)
- Close to 90% of the world's marine fish stocks are fully exploited, overexploited, or depleted. (UNCTAD)
- Our global food system is the primary driver of biodiversity loss with agriculture alone being the identified threat 24,000 of the 28,000 species at risk of extinction. (Chatham House and UNEP) (UN, 2023; IPBES, 2019)

And those are just some of the facts of what human beings have done to the environment and are continuing to do. Is it any wonder that human beings also suffer greatly in terms of the societal environments they have created, and that this leads us to suffer from anxiety and depression in ways that are also quite far reaching and baffling?

Here are some of the facts about the situation in relation to mental health:

- The number of antidepressants prescribed per year has more than tripled over the past two decades, from 18.4 million in 1998 to 70.9 million in 2018 in the UK alone.
- Antidepressant prescriptions more than tripled from 377 items per 1000 population to 1266 per 1000.

These are findings from the longitudinal study on the trends and variation in antidepressant prescribing in English primary care by Bogowicz *at al*. (2021).

There are 60,000 deaths by suicide in the EU alone, and it is estimated that 40 million Americans are affected by anxiety each year. The World Health Organization reports that there are approximately 280 million people in the world who suffer with depression (WHO, 2023a). Key facts quoted by the World Health Organization include the fact that 1 in 8 people around the world is afflicted with a mental health disorder (WHO, 2023b). This means that 970 million people are struggling with anxiety and or depression at any one time.

What does this tell us, as psychotherapists? At the very least we need to completely rethink what is going on. There is more to this alarming mental health disaster than meets the eye. What is really going on here? How can people learn to live in ways that are less distressing? It is not going to help us to medicalize the situation. What we are witnessing is evidence that

tells us that human beings have pushed their lives out of balance and harmony and are not in the best position to thrive. We are not so much 'mentally ill' as deeply alienated and plunged into despair. We have lost track of how to live a good life (Deurzen, 2009, 2015).

What is a Good Life?

It is probably useful to turn to the longitudinal study at Harvard University, which has investigated adult development for over eighty years, with the purpose of understanding human happiness (Waldinger & Schulz, 2023). This study has followed two generations of people, since 1938. These people were divided into two groups: Sophomores at Harvard, and boys from Boston's poorest neighbourhoods. Their wives and children have also been included and followed up. Their health and mental health have been scrutinised regularly, and many conclusions are now being drawn from the study by Waldinger and Schulz.

They found that material possessions do not matter very much to how people fare over a lifetime. Meaning is what matters, and meaning is generated from meaningful relationships. Good relationships keep us happier and healthier. Robert Waldinger likes to say that the study shows that loneliness kills. Family, friends, and community connections are most important to how well a person does in life and how long they will live. Yet, they point out that 1 in 5 Americans is currently lonely (Waldinger & Schulz, 2023).

Living a good life is about quality, not quantity. It is not about seeking happiness, wealth, or fame, but about pursuing other values in life, such as love, friendship, meaning and truth (Deurzen, 2009). Conflict is bad for your mental health. Loyalty and belonging are good for you. The good life is built with good relationships and a sense of having a safe place in the world (Diener & Suh, 2000).

These are important findings that chime in with the Happy Planet index, which found that wealthy societies don't fare quite as well in the 'well-being' stakes as was initially claimed, when we include a nation's ecological footprint in the picture (Happy Planet Index, 2023). It is smaller countries, like Bhutan, where emotional well-being is considered a priority, that are foregrounding broader definitions of welfare that appear to have a better scope of positive options to offer their citizens.

The Organization for Economic Co-operation and Development (OECD), which is an international organisation that works to build better policies for better lives around the world now uses a range of indicators for a nation's well-being on 12 Dimensions (OECD, 2023), all of which are important to create a stable society:

> 1. Income; 2. Jobs; 3. Housing; 4. Health; 5. Education and skills; 6. Environmental quality; 7. Personal security; 8. Civic engagement and governance; 9. Accessibility of services; 10. Social Connections; 11. Work/Life balance; 12. Subjective Well-Being.

In a rapidly changing world, personal and social freedoms can only be maintained if societies meet emerging challenges and provide the right infrastructures for people to continue thriving. Technological advancements, globalization, and evolving social norms necessitate a re-evaluation. Striking a balance between personal and social freedom requires ongoing dialogue, understanding, and compromise. It involves recognizing the diverse needs and perspectives of individuals while carefully considering the realities of the planet's needs and limitations.

It may well be that simply prioritising planet and people over profit would create the kind of world we long for. We know in principle how to improve the emotional and personal

well-being of human beings, but have not ever focused on doing so in a deliberate and structured manner. For people to be able to enjoy their lives, experience freedom whilst taking responsibility for living well, we would need to:

1. Create a healthier planet, restoring biodiversity, forests, clean air, and water.
2. Have a tough policy of non-proliferation of fossil fuels (which means to regulate the 100 companies that are most responsible for CO_2 emissions): establishing global renewable energy, and creating safe public transport, and secure cycle lanes for personal transport.
3. Establish small-scale ecological communities where people can grow their own food in communal orchards and allotments, with free public health care, childcare and education for all.
4. Establish a global baseline of secular morality based on fairness, equality, diversity, respect, freedom, dignity, truth, and love, compatible with freedom of religion and pluri-versality of life choices.
5. Eliminate extreme wealth by tax; eliminate extreme poverty by minimum income for all.
6. Global disarmament and more emphasis on solving conflicts peacefully by diplomacy, addressing human issues as well as political ones.
7. Teaching dialogic/dialectical/therapeutic governance through citizens' assemblies.
8. Teach children emotional, moral, relational, and other existential skills.

Addressing the Problem

What we actually find around the world, is that people live with a surplus of injustice, stress, pressure and tension. Children and teenagers feel they have to learn to be tough, and to compete with each other, and often despair of finding a place in the world. Contemporary societal, familial, and communal values are distorted, and many people feel confused and disappointed. They feel that life is treacherous and unjust, and some end up holding nihilistic values and fostering misanthropic feelings because they notice that the world is not going well.

Clients sometimes observe that it seems as if rich and beautiful people always win over sensitive and poor people. They feel that they have been used and abused by those who were in authority over them. They deplore the fact that it seems acceptable that some human beings exploit others, and that unfairness and injustice seem to be condoned by society. They feel that their integrity and creativity are not valued and that, if they don't fit in with the sorts of things expected of them, they will be disadvantaged. They see a world in which everything is driven by the 'top dogs' who are best at winning and gaining rank and position, whilst the underdogs, who silently contribute what they can, are derided for their kindness and generosity. They feel that modesty and commitment do not get valued. They observe that, though many people seek freedom, they are never so keen to deal with the consequences of their choices, or to take on the responsibilities, duties and chores that are required for freedom to continue to be possible. They spend a lot of time overcoming disadvantages they were born with, and see these as obstacles to success, rather than as challenges to inspire them. It seems to them that they were born in the wrong country, class, family, part of town, tone of skin or gender, to do well in the world. They resent this and believe the world is profoundly deceitful about all this and keeps the status quo going, fraudulently. Other people dread losing advantages. They fear poverty,

or conflict or aging. They are aware that once their luck turns, they may not have such a good life anymore. Very few people have faith that life and maturity will bring them greater ease and wisdom. Human beings are suspicious about the way life works. They do not feel they have any authority or power to change their fate.

This is the root cause of their existential dissatisfaction, which may lead them to feel a lack of appetite for life. What people call depression is often their long-suffering sense of having been oppressed, and not seeing a way to turn this around for themselves. They give up trying, become listless, and fall into apathy. This confirms them as patients so that they now embark on the path towards the medicalisation of their dissatisfaction and despair. So many people feel disenfranchised in society and have nowhere to turn to help them find new inspiration.

It does no good to treat people's discontent with their existence as a medical problem, as documented in the recent guidelines for mental, neurological and substance use disorders, published by the World Health Organization, which – for the first time – recommends psychotherapy as the first port of call, before anti-depressants are used (WHO, 2023c). It is much more facilitative to encourage and guide them towards asking bigger questions, that take them beyond their personal predicament and hopelessness. When people start tackling existential questions such as, *"What is the meaning of life?"* or *"What is the best way to act in the world?"*, the scales fall from their eyes. For they realize their depression and anxiety are not symptoms of mental illness. They can see that, for far too long, they have been trapped in a position where they felt helpless or unable to feel or be themselves. When people begin to dialogue about who they are, and what they want to do with their lives, the focus shifts dramatically. Without having to use complex words or concepts, they invariably get excited at being able to ask challenging questions again, objecting to the way things are. Discussing philosophical issues with others who live with similar questions can be encouraging, especially when people begin to realize there is a large body of philosophy that has addressed these issues and that they can learn about and draw on. When a person is lifted beyond their personal predicament into the sphere of critical and creative thinking, a new dimension of life is opened up beyond the place they felt they were stuck for so long. Enabling a person to find their inner authority and freedom of thought in the face of their anxiety is to show them the meaning of existential courage (Tillich, 1952).

Conclusions

Paradoxically, it is often only when a catastrophe happens in a person's life that it becomes possible and necessary for them to start asking vital questions. Crisis shatters us but it also liberates us from old patterns that are no longer viable. A person who feels there is nothing left to lose, will be more eager to start searching for new answers. Crisis gives us freedom to ask the questions that really matter and that will facilitate transformation. Now a person knows for sure what is of value. They begin to get a sense of the fragility of life, and this leads to a strong sense of loving life and wanting another chance to make more of their existence. People also learn from experience that they have the capacity to hold pain until wounds have healed. They are always much stronger and more flexible and adaptable than they thought they were. They learn to sit with anxiety and build new courage, instead of running away.

When death and deprivation are on the horizon, it puts your whole life into new perspective (Yalom, 1980; Deurzen, 2015). It is going to be

the people who have been most oppressed and who have suffered the most in our world, who will ring in the changes. Their search for personal and social freedom will guide us towards the creation of a more progressive, fairer, and more inclusive society that can form the bedrock for a new way of relating to each other and living on the planet in a more responsible way, aligned with nature rather than opposed to it.

Striking a balance between personal and social freedom on the one hand and the viability of our terrestrial future on the other hand will be a challenge that we have to navigate together. It cannot be done in an adversarial way. We are all in this together and cooperation is going to be the only way forward for building a future of collective harmony on a planet that is more respectfully inhabited.

Author

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‘A Bit of a Puzzler’: Integrative Psychotherapy as Paradigm and as Impasse: The Meta-modality of Integration and Psychotherapy

Heward Wilkinson

Abstract: This paper outlines a way of thinking about the potential of Integration. In the first part, starting from Integrative Psychotherapy’s dilemma as to whether it is a modality or not, the paper argues that evidence-based, quantitative, third-person accounts of psychotherapy always fail to take account of the foundational place in psychotherapy of the recognition of dualism, in the form of consciousness as interactive dualism. There are fundamental arguments and considerations that consciousness is irreducible, which, in turn, drives the rather aesthetic nuance of the modalities, which are nevertheless deeply true to elements of human nature. The dilemma between integration and difference therefore remains. In the second part, an account of the two-phase ontological developmental process that we humans undergo, pioneered by Freud and underpinned by Kant, leads on to the indication of the wider recognition of this in philosophical anthropology. This then frees us to envisage a meta-modality of the whole field. This in turn frees Integrative Psychotherapy to identify itself as a modality among modalities, which would, as such, be protected from reductionism by this wider field perspective.

Key Words: Integrative Psychotherapy, Integration, Modality, Meta-Modality, Psychotherapy Field, Process, Interactive Dualism, Reductionism

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A Bit of a Puzzler: Integrative Psychotherapy as Paradigm and as Impasse

> *"But we agreed, "No. There'th nothing comfortable to tell; why unthettle her mind, and make her unhappy?" Tho, whether her father bathely detherted her; or whether he broke hith own heart alone, rather than pull her down along with him; never will be known, now, Thquire, till—no, not till we know how the dogth findth uth out!'*
>
> *'She keeps the bottle that he sent her for, to this hour; and she will believe in his affection to the last moment of her life,' said Mr. Gradgrind.*
>
> *'It theemth to prethent two thingth to a perthon, don't it, Thquire?' said Mr. Sleary, musing as he looked down into the depths of his brandy and water: 'One, that there ith a love in the world, not all Thelf-intereth after all, but thomething very different; t'other, that it hath a way of ith own of calculating or not calculating, whith thomehow or another ith at leatht ath hard to give a name to, ath the wayth of the dogth ith!"* (Charles Dickens, *Hard Times*)

Author's Note: I highlight key concepts and names of movements, etc, with Capitals, at their first introduction. For the sake of elegance, I use lowercase letters thereafter except where the context makes it imperative, but the emphasis is still assumed.

Part One: The Dilemma of Modality as Defining Psychotherapy

Integrative Psychotherapy neatly and uniquely encapsulates, within its dilemmas and difficulties, the major dilemmas, and predicaments of Psychotherapy as a whole. This is both an opportunity and a difficulty. But if we do face the difficulty, both Integrative Psychotherapy, and Psychotherapy as a whole, benefit. Most of us, as Integrative Psychotherapists, do not question the value of Integration(s) and indeed see it as a selling point. (I shall refer to "Integration" and "Integrations" from now on as a kind of shorthand.) This paper is the briefest condensed, and very general, synopsis of the problem and challenge, and so will be, in the interim, dogmatic at certain points.

For Modality-based Psychotherapists may well see it as a problem and as an expression of its lack of genuine identity within the field of psychotherapy. As a striking example, this was precisely the challenge brought by the UK, Governmentally supported, 'Skills For Health' group (led by Professor Peter Fonagy) against the Integrative wing of the Humanistic and Integrative College of UKCP (United Kingdom Council for Psychotherapy) in 2008. This also reflected a dilemma within the College itself, between its Humanistic wing and its Integrative wing, which had never been resolved. And at that time, basically, the Integrative wing of the College dealt with the threat to its recognition, by defining itself *as a modality*, under the title of *Integrative-Humanistic Psychotherapy*, *IHP* (Scott, 2008).

Everyone, including all of us at that time involved in that discussion, took for granted that 'Modality' constituted the criterion. This is also exemplified by the frequency with which synoptic (common factor) integrations are identified as modalities, for instance, Gestalt, TA, and NLP. Arguably, indeed, the forging house of the modality psychotherapies resides in the integrative *tendency*.

The Core Traditions

We might say, in a somewhat drastically oversimplified way, that there are two, or perhaps three, major fountainheads of psychotherapy. (The third would be the tradition of Hyp-

no-Psychotherapy from Charcot and Bernheim, from which Freud and Janet broke off, represented today especially by Milton Erickson's influence.) These are, on the one hand, the Analytic traditions stemming from Freud, and to a lesser extent Janet and Jung, to which I link the Humanistic, Body, Constructivist, Systemic, Existential, and Transpersonal traditions. In short, these are all the Process Psychotherapies, one and all based in process, as I shall assume dogmatically for the moment. On the other hand, there is the Behavioural tradition, stemming most emphatically from John B. Watson, and nowadays represented by Cognitive-Behavioural and Rational-Emotive Therapies (associated with Aaron Beck and Albert Ellis). The political advocacy of the latter has tied them into the belief systems of Natural or Positive Science, to the world of Bentham and Utilitarianism, self-interest, interest-motivation, and materialism. Currently, they seem to be winning the propaganda argument.

In the light of this, what is the difficulty with modality? The underlying difficulty is that modality *cannot be adequately defined by any positivist, empirical, evidence-based criterion, as such. This is because it lacks the delicate nuance to define the deep and subtle but genuine conceptual differences.*

The 'process' psychotherapies believe, by default, explicitly or implicitly, in the primacy of consciousness and its differentiation from the material world as such. The analysis of modality, like that of psychotherapy itself, as a total type of system of intervention, has to be based, rather than on any 'material' evidence-based quantitative system, upon Interactive Dualism. Nearly all modern psychotherapy recoils from this. The tendency in psychotherapy towards Monistic Actualism is another sign of the same desire to be evidentially watertight. Actualism is an appeal to conceptually self-sufficient unity in the present or one tense of time. This avoids the overflow and indeterminacy of possibilities and potentialities, and the triple aspect of time. Interactive dualism, then, is a modified version of Descartes' dualism (Descartes, Ed. Cottingham, 2017). Many, if not most, psychotherapists, believe Descartes' position in this is simply a dead duck, following Antonio Damasio (Damasio, 2006).

We shall come to the philosophical grounds for dualism in a moment, and which, I argue, also cannot but apply to the psychotherapies, even those in the Behavioural tradition. The impact of neuro-psychology, in this context, also is a troublesome factor, or a rogue elephant here. This is because it is, as blatantly as can be, absolutely dependent, logically, upon a dualistic analysis of consciousness, otherwise there would be no evidence for what is happening in the brain at all. Yet, its almost exclusive appeal to the language of the brain makes it *appear* that it has *direct knowledge* of the material basis of consciousness. This, however, is a logical impossibility. But nevertheless, in linguistic culture, we endlessly now use 'brain' forms of words instead of mind ones, for instance: *"I am brain dead."*, *"Racking my brain"*, *"I can't get it out of my head"*, and so on and on.

Three Grounds for Dualism

The basis of a dualistic understanding of consciousness involves three fundamental conceptual recognitions, which are the stumbling blocks to any materialistic reduction of consciousness. There is an engaging – and somewhat naughty! – presentation of many of the issues in David Lodge's novel, *Thinks*: (Lodge, 2001). The three recognitions are entwined:

1. My experience of the world, and *the world itself* – including my own body and brain (in third person or the pure factual) as part of the world – are two radically different things. Here what we are referring to is the subjectivity of conscious experience, and that subjectivity, opposed to

commonsense, is not obvious. The best beginning account of this is still Bertrand Russell's *The Problems of Philosophy* (Russell, 2004). There is an irrevocable separation between consciousness and the material world. The world, in so far as it relates to the worldly status of matter, is categorially (ontologically, conceptually, philosophically) other than consciousness. I later appeal to Immanuel Kant's analysis of this fundamental aspect of our existence, along with Freud's variations on this theme, and on how human beings get there.

Our actual experience, of course, is that there is constant interaction between them, between consciousness and world. Whether or not we can prove the conceptual or philosophical comprehensibility of such interaction, it is a fact of experience. My partly un-Cartesian appeal to it is based on the recognition that Descartes could make no sense of this vital aspect of experience, their mutual interaction.

2. Secondly, my relation to *other consciousness*, including animal consciousness, as well as to the world, is in an *asymmetrical* relation to my sense of the relation of any other consciousnesses to each other, and to objectivity. I have a relation to my consciousness which no one else can have, not even by telepathy. And this applies to all of us.

   Whilst I am aware that this is a universal predicament, I also know that my own relation to it is unique, like none other. This is even though there is much overlap between myself and others. I am also aware that my relation to the total culture and its history remains utterly idiosyncratic.

These first two recognitions taken together also mean that, as regards the content of my experience, there is, in some sense, a recognition of qualities which belong to the object or state of affairs (it is red, hot and a certain size, and so on, leaving out consideration here of the subjectivity of perception). But, beyond this, there is an implication of the second recognition, which has another qualitative dimension.

That is, that it is *mine* and has the quality, so to speak, of *mine-ness*. A particular place or landscape with strong special personal associations inextricably part of it, is a familiar type of example (the cottage where I spent the most vivid part of my childhood, in my case). This means that identity is qualitative in a way with which we are all, if we choose, familiar. But it can – paradoxically – only be evoked *indirectly* by such examples as these, of remembering of associations. Also, if our death is annihilation, then *this* particular *mine-ness* ceases, without the world ceasing. Mineness also applies to *ourness*; thus, historical epochs also have their own collective 'mine-ness' or 'ourness'. We can wonder what it was (or would be) like, to live in a world without (and without knowledge or anticipation of) electricity, electronic media, railways, motor vehicles, and air transport. This historical dimension, as well as other dimensions, together are just the tip of a very large iceberg of possible examples!!

3. The recognition of the above two insights also implies that there is a radical capacity, associated within them, to categorise, and thereby perceive, these indices of absolute individuality, as universals or concepts, conceptual or ontological categories, essentially embodying repetition. Therefore, they radically blur the differentiation between particular item and universal or conceptual essence. However, they do not do so with the "third person" positive clarity, or freedom from family resemblances, supposed to belong to mathematical and quantitative concepts.

This, of course, is where the door opens to post-modernism and deconstruction, to everything Freud called "psychic reality" and likewise "repetition". It includes, as well, the whole dimension of *simulation and rehearsal* at the core of our work, since meaning is constantly, by each of us, being created-recreated, This is the nature of what we psychotherapists call "process". Therefore, a person, as such, is much more analogous to the replicability of a work of art, than we might like to think (Strawson, 2008). The near infinite reach of media nowadays illustrates this. Our uniqueness, whilst radical, is *conceptually*, *ontologically*, *categorially* grounded.

Philosophers have based radical scepticism on these three arguments and related ones or have defended common-sense in defiance of them. Without dismissing them, for reasons of space, I must now leave all those arguments to one side, and simply note the reality we experience. These recognitions, also, may be relativised in part by appeal to such actual and possible phenomena as: shared consciousness; dissociation, loss of memory, and split-identity; cultural relativity; and similar factors.

I am, again, not going to argue the cases here, but my overall stance on this is that these factors actually deepen – even more – the realisations with which I am concerned, rather than alleviating their irrevocability.

The Implications for Modality

These three irrevocable factors have decisive implications for modality. Within the wide cluster of approaches that I have labelled the 'process psychotherapies', we have the cross-connections that I shall now outline.

1. Because of the intrinsic idiosyncrasy, and the 'mineness', of human experience, the generalisations which are possible in modality psychotherapy, have an essential indeterminacy and opaqueness. Along with the conceptual implications, they embody radical recognitions of the ***non-generalisability*** of experience.

2. Because of this difficulty, philosophers, psychotherapists, novelists, and poets, resort to a kind of myth. In our generalisations about them, they have a creatively *mythic* quality, which characterises the modalities to a considerable extent, starting with Freud and Jung, and which connects with non-linear thinking about causality. I shall come back to this. However, here, for the moment, is a provisional definition of myth in this context: the mythic formulations with which we shall be concerned are defined as: *representations of generic features of human moexistence, expressed in metaphoric transitions and narratives, taking place between* paradigm phases *of human experience.*

   Illustrations of this rather abstract formulation will be forthcoming shortly, but briefly consider – as an example – the gradual passage from Autocracy to Social Contract in human institutions from European Feudalism to the rise of Democracy. This generates, and is named, but of course massively condensed, in Rousseau's famous mythic formula: *"Man is born free but is everywhere in chains."*

3. Human experience, upon which modality draws profoundly, is both highly variable and highly repetitious – in *combination*. The generalisations from experience in psychotherapy in modality are often idiosyncratic and individually patterned, in the way that art, music, and literature are individually patterned. The radical way in which repetition, rehearsal, and code-ability enters in is nevertheless embodied within uniqueness and indeterminacy. Consequently, the scientific and

> quantitative ways of generalising within psychotherapy, including neuroscience, whilst extremely valuable, have a secondary standing, and cannot themselves define 'modality'. But mostly the process modalities have succumbed to browbeating by the evidence-based and neuroscientific movements, and have not adequately defended, on the proper grounds, their distinctiveness.

I shall try to bring this implication of modality into view more vividly by re-using an example of 'enactive process' from Daniel Stern. This example itself has an emphatic, mythic quality, which was no doubt partly why he chose it, in the sense of 'mythic' previously defined, and in which we see the mythic element in modality (Stern, 2004). I used this in my doctoral commentary (Wilkinson, 2011) on *The Muse as Therapist* (Wilkinson, 2009). (It is worth thinking deeply about the almost musical implications of how this example plays with *time*.)

"So, then, here is the first – and classic – illustration of this in Stern's book, where he is introducing the idea of 'present moments' and 'a world in a grain of sand'. He writes (p. xi) of how the idea of present moments came to him when he began to study film and video of mother-infant interactions and observations, and realised how much happens, and how richly it happens, in mere seconds:

> I began to think of these moments as the basic building blocks of experience. Once I got the hang of these techniques (e.g., freeze frame, slow motion, segment repeats), I could even use them, unsystematically, in real time, for very short stretches, to see my psychotherapy patients differently. I was just beginning as a therapist.
>
> Certain moments in therapy began to reveal aspects of the therapeutic process different from those I was trained to see. My notes from a meeting with a patient in 1969 illustrate this: 'She enters my office and sits in the chair. She drops into it from high up. The chair cushion deflates rapidly, then takes another five seconds to stop accommodating itself. She clearly waits for that, but just before the cushion lets out its last sigh, she crosses her legs and shifts to the other haunch. The cushion deflates again and re-equilibrates. We wait for it to get done.
>
> Rather, she does, she is listening to it, feeling it. I've been ready since she came in, but now I'm waiting, too. It's hard to know when the cushion has given up all its air. But everything waits. Does she sense she is waiting, or holding time? Everything waits for her readiness. I feel restrained from moving until it's done. Almost as if I should hold my breath to hasten it along, to better judge when the still point is reached, and the session can 'start'.
>
> When I finally think that her body and the cushion have reached their readiness, that the sound and the feel of settling has stopped, I begin to shift my chair, in anticipation breathing more freely. But she is still hearing the sound recede and is not quite ready. My shift is arrested in mid-flow by her still waiting. I feel like I have been caught in a game of 'statue'. It is ridiculous. And I can sense my annoyance building in me to have my rhythms so disrupted and controlled. Should I let it go on? Should I bring it up? *She wouldn't dream that we had already played out the main themes of the session, and an important theme in her life.* [my italics – HW]. Before my experience with the micro-momentary world of implicit happenings, all this would never have jumped to the foreground. I would have passed it over, waiting for her to speak. (Wilkinson, 2011)

In short, what he previously saw as preparatory 'noise', he now sees as *process*, and 'the present moment' suddenly brings us right up to a core insight of Freud's in *The Interpretation of Dreams*. It becomes a variation and development upon Freud's "Holy Writ", a textuality of experience which includes every scrap of *process* in its considerations:

> "And even when it happened that the text of the dream as we had it was meaningless and inadequate – as though the effort to give a correct account of it had been unsuccessful - we have taken this defect into account as well. *In short, we have regarded as Holy Writ what previous writers have regarded as an arbitrary improvisation* [my italics – HW], hurriedly patched together in the embarrassment of the moment." (Freud, 1958)

Let us consider this in relation to Modality. If we were thinking in Gestalt terms (Stern had a very close relationship particularly with the Sicilian Gestalt community), we might consider awareness-raising *noticing of the process* of the Gestalt Present. If we were thinking in Transactional Analysis terms, we might think about *Script Process, and the implicit Script transference*, which is expressed in her physiological 'dance', and then reflected in Stern's own phenomenology of his reaction to her process. Rational Emotive or Cognitive Therapy might invoke *key cognition self-processes*. Body Psychotherapy could easily have a lot to say, and something to do here. And all that might then take us on into psychoanalytic territory (Wilkinson, 2003).

The Blurring of Modality Boundaries

It is all too easy, then, to imagine a very fine-grain discussion of intervention frameworks and their possible modifications, where the differences between the modality frameworks would not be at all cut and dried. In that case, therefore, someone might argue that Gestalt, and TA, and liberal approaches in Psychoanalysis, are all, in varying degrees, 'integrative', and *therefore that the boundary between modality and integration is not a sharp one.*

"What" – they might say – "then, are we fussing about?" We might deplore the tribal character of psychotherapy and dare to risk opening the door to a fusion or homogenisation of psychotherapy, if we were not emphatically protecting modality. However, if – in loyalty to modality – we do not go down that pathway, integration seems still stuck with its dilemma of offering, on the one hand, a total meta-theory of the whole field, or else presenting itself as something like, for example, 'Relational-Integrative Psychotherapy' or 'Integrative-Humanistic Psychotherapy', as a specific modality within a broader clustering. So, where do we go from here?

Part Two: Generic Understanding; Freud, Kant, and Mythic Developmental Dualism

> "The nicest instance of dream interpretation that has come down to us from ancient times is based on a play upon words. It is told by Artemidorus: 'I think too that Aristander gave a most happy interpretation of Alexander of Macedon when he had surrounded Tyre [Tyros] and was besieging it but was feeling uneasy and disturbed because of the length of time the siege was taking. Alexander dreamt he saw a satyr [satyros] dancing on his shield. Aristander happened to be in the neighbourhood of Tyre, in attendance on the king during his Syrian campaign. By dividing the word for satyr into **sa** and **tyros**, he encouraged the king to press home the siege so that he became master of the city [sa tyros = Tyre is thine]." (quoted by Freud in *Interpretation of Dreams*)

Primary and Secondary Process

I am now going to bring into view a two-stage concept of the emergence of consciousness dualism, beginning from the extraordinary discovery that Freud made (Freud, 1958). This discovery, and its analogues in other thinkers, will enable us to understand the positive underwriting 'Interactive Consciousness Dualism' gives us for both modality and psychotherapy. The leap in reasoning here in this part is far-reaching, but also very significant, and I ask for patience in the seeking of understanding.

The epigraph, with its recognition of the dream reduction to imagery, gives us the radical and epochal insight or hypothesis of *The Interpretation of Dreams* in a nutshell (Freud, 1958). Freud argues that there are two fundamental dimensions of significance for us humans; particularly in dreams and psychological disorder, there is a primary layer, which Freud called *primary process*, which in fundamental ways does not obey the rules of ordinary causal reasoning (it is timeless, without linear spatiality, disregards contradictions, negation, and other related things, and is lacking in *language*, and therefore confined to imagery).

A secondary layer, which he called *secondary process* or *secondary revision*, which follows, as far as it can, the rules of ordinary causal reasoning and interpretation (and Freud thought it was very meretricious, slipshod, and deceitful, in the dream context). He is following here (and often mentions, e.g., Freud 1984a) the understanding that is elucidated, and cross-connected phenomenalistically by Immanuel Kant in his axial philosophical work, *Critique of Pure Reason* (Kant, 1864). The scope and implications of Freud's insight, though often implicitly used, have hardly ever been comprehensively theorised, with a dramatic exception of the outlying and little known extraordinary work of the Chilean psychoanalyst, Ignacio Matte-Blanco (Matte Blanco, 2018), and also to a significant extent Wilfred Bion (e.g., Bion, 1970).

Freud himself articulated what one might call the material or motivational dimension of this distinction in his remarkable paper on *Negation* (Freud, 1984b):

> "The function of judgement is concerned in the main with two sorts of decisions. It affirms or disaffirms the possession by a thing of a particular attribute; and it asserts or disputes that a presentation has an existence in reality. The attribute to be decided about may originally have been good or bad, useful or harmful. Expressed in the language of the oldest – the oral – instinctual impulses, the judgement is: 'I should like to eat this', or 'I should like to spit it out'; and, put more generally: 'I should like to take this into myself and to keep that out.' That is to say: 'It shall be inside me' or 'it shall be outside me'. As I have shown elsewhere, the original pleasure – "I" wants to introject into itself everything that is good and to eject from itself everything that is bad. What is bad, what is alien to the "I" and what is external are, to begin with, identical." (Freud, 1984b)

This first phase is, or corresponds to, the phase of *primary process*. In the second phase (very Winnicottian!), the ***experience of absence*** becomes possible and is accommodated by the creation or discovery of the symbol of *negation*, and this is the Kantian dimension already mentioned:

> "The other sort of decision made by the function of judgement – as to the real existence of something of which there is a presentation (reality testing) – is a concern of the definitive reality–"I", which develops out of the initial pleasure-"I". It is now no longer a question of whether

> what has been perceived (a thing) shall be taken into the "I" or not, but of whether something which is in the "I" as a presentation can be rediscovered in perception (reality) as well. It is, we see, once more a question of external and internal. What is unreal, merely a presentation and subjective, is only internal; what is real is also there outside. In this stage of development regard for the pleasure principle has been set aside. Experience has shown the subject that it is not only important whether a thing (an object of satisfaction for him) possesses the 'good' attribute and so deserves to be taken into his "I", but also whether it is there in the external world, so that he can get hold of it whenever he needs it. In order to understand this step forward we must recollect that all presentations originate from perceptions and are repetitions of them. Thus, originally the mere existence of a presentation was a guarantee of the reality of what was presented. The antithesis between subjective and objective does not exist from the first. [Primary process phase – HW]. It only comes into being from the fact that thinking possesses the capacity to bring before the mind once more something that has once been perceived, by reproducing it as a presentation without the external object having still to be there [my italics – HW]. The first and immediate aim, therefore, of reality-testing is, not to find an object in real perception which corresponds to the one presented, but to re-find such an object." (Freud, 1984)

I have developed this analysis at more length in my online paper on *Freud, Hegel, and Dialectics* (Wilkinson, 2021)

I cannot develop this argument in full in the space that I have here. But once we grasp the possibility of a *fundamental ontological-developmental shift (radical alteration of consciousness!)* we suddenly may note that we find something like, and parallel to this in many and disparate contexts. These evocations often take a mythic form, in the mentioned sense. We have, for instance:

- Julian Jaynes, mapping the movement from hallucinatory (bicameral) self-instruction to consciousness-based self-instruction/reflection
- Heidegger, the analysis of aboriginal thinking and its alienness from modern causal reasoning, in *Being and Time*
- Buber's reluctant recognition of the *developmental* movement from I-Thou to its *presupposition* of the I-It
- Freud's mythic discussions of the evolution of consciousness, and the historically increasing repression of truth, in the dramas of *Oedipous Tyrranos* and *Hamlet*; and of the emergence of the animate from the inanimate in his meditations on Repetition and Death
- Levi-Strauss's two-epoch differentiation of a sensory and affinity-based model of science, and a causal-inferential one
- Piaget's account of the development of formal operations through from the animistic sensory-motor phase
- Rousseau's account of the arising of Social Contract from primal autonomy
- Iain McGilchrist's explorations of the differentiations and polarities of the Right and Left Hemispheres of the brain in his writings
- In a peculiar way, Orwell's implicitly reversed and appallingly prescient account of the evolution of Newspeak, a language in which truth is and becomes logically impossible (primary process); and
- Hegel's and Sartre's accounts of the development of the difference between the

In-Itself mode of identity and the *For-Itself* (that is, Intentionality!) mode, which corresponds to Descartes' dualistic distinction between extended being (*Res Extensa*) and conscious being (*Res Cogitans*) (Descartes, Ed. Cottingham, 2017).

- There are many others, including Kant himself in a delightfully paradoxical and mythic way, to which we shall come. Here, I shall just quote directly from Levi-Strauss and then Heidegger.

Levi-Strauss (2021) writes in *Wild Thought* (previously translated as *The Savage Mind*, which gave offence) that his concept, which plays with polarities and identities in ways parallel to what Heidegger is here saying but going further and more explicitly, is also absolutely relevant to this two-level model:

> "Neolithic or protohistoric man was thus heir to a long scientific tradition; nonetheless, if the spirit that inspired him, as well as all his predecessors, had been exactly the same as that of modern people, how are we to understand that he came to a stop and that several thousand years of stagnation intervened, like a landing on a stairway, between the Neolithic revolution and contemporary science? This paradox admits only one solution: that there are two distinct modes of scientific thought, each of them a function, not of unequal stages of the development of the human mind, but of two strategic levels at which nature allows itself to be grasped by scientific knowledge – one approximately congruent with perception and imagination, and the other at a remove. It is as though the necessary relations that are the object of all science – whether Neolithic or modern – might be attained by two different paths, one very close to sensory intuition, the other further from it." (Levi-Strauss, 2021)

And then there is Heidegger. Thus, Heidegger, just prior to giving his first indication of *being-in-the-world* in *Being and Time* (H84), which, although he denies it, is almost certainly a form of volitionalism, turns his attention to such modes of thought, in a way which notes them as anomalous in relation to his project, (H82):

> "With regard to the phenomenon of signs, we might give the following interpretation: for primitive people the sign coincides with what it indicates. The sign itself can represent what it indicates not only in the sense of replacing it, but in such a way that the sign itself always is what is indicated. This remarkable coincidence of the sign with what is indicated does not, however, mean that the sign-thing has already undergone a certain 'objectification,' that it has been experienced as a mere thing and been transposed together with its what is signified to the same region of objective presence. The 'coincidence' is not an identification of hitherto isolated things, but rather the sign has not yet become free from that for which it is a sign. This kind of use of signs is still completely absorbed in the being of what is indicated so that a sign as such cannot be detached at all. The coincidence is not based on a first objectification, but rather upon the complete lack of such an objectification. But this means that signs are not at all discovered as useful things, that ultimately what is 'at hand' in the world does not have the kind of being of useful things. Perhaps this ontological guideline (of handiness and useful things), too, can provide nothing for the interpretation of the primitive world, and certainly for an ontology of thinginess." (Heidegger, 2010).

This clearly is very close to the non-linear fusional reality Freud invokes as Primary Process. A deep and ancient faultline is visible

here, and Freud (Wilkinson, 2021) is going to account for it developmentally. This is the total philosophical and ontological situation which enables us to be radical here.

Freud's approach to the transition, between primary and secondary process, as mentioned, presupposes the analysis of common-sense and scientific knowledge developed by Immanuel Kant. But Freud, in the paper on *Negation* (Freud, 1984b), joins up the two phases he invokes, lying behind Kant's analysis.

This is Kant's dazzling, and implicitly mythic, account of the logic-based analysis of *consistent correlated unitary judgement*, the "function of judgement", of Freud's '*Negation*', the foundation of the step into what Freud calls "secondary process" in *The Interpretation of Dreams*.

Kant's delightfully magical model is then startlingly, – once one notices – radically *repetitional* enough. And I also then realised that Kant's implicit *reductio ad absurdem* argument, ironically unbeknownst to himself, corresponds to Freud's *primary process*. Dream-like, it almost delights in the contradictions of rational consistency, though presented as *reductio ad absurdem*, and it runs:

> "If cinnabar were sometimes red, sometimes black, sometimes light, sometimes heavy, if a man changed sometimes into this and sometimes into that animal form, if the country on the longest day were sometimes covered with fruit, sometimes with ice and snow, my empirical imagination would never find opportunity when representing red colour to bring to mind heavy cinnabar. Nor could there be an empirical synthesis of reproduction, if a certain name were sometimes given to this, sometimes to that object, or were one and the same thing named sometimes in one way, sometimes in another, independently of any rule to which appearances are in themselves subject." (Kant, 1964)

This is supplemented by the positive explanation, which appeals to the *function of unification and correlation of phenomena*, which is also central in Freud. The dream function of radical unification is fundamental for him (Freud, 1958). Kant here makes it opaque in the characteristic Kantian fashion. Nevertheless, it makes the core Kantian differentiation between, on the one hand, *the self in its pathway through the world*, and, on the other, *the systemic constructive organisation or constitution of the* ***experience*** *of an objective world*, which presupposes our *consistency of rule-organisation and repeatability* of experience:

> "This transcendental unity of apperception forms out of all possible appearances, which can stand alongside one another in one experience, a connection of all these representations according to laws. For this unity of consciousness would be impossible if the mind in knowledge of the manifold could not become conscious of the identity of function whereby it synthetically combines it in one knowledge. *The original and necessary consciousness of the identity of the self is thus at the same time a consciousness of an equally necessary unity of the synthesis of all appearances according to concepts, that is, according to rules, which not only make them necessarily reproducible but also in so doing determine an object for their intuition, that is, the concept of something wherein they are necessarily interconnected* [my italic – HW]. For the mind could never think its identity in the manifoldness of its representations, and indeed think this identity *a priori*, if it did not have before its eyes the identity of its act, whereby it subordinates all synthesis of apprehension (which is empirical) to a transcendental unity, thereby rendering possible their interconnection according to *a priori* rules." (Kant, 1964)

So, this is Kant's core argument for *how the unity of self-consciousness* is made possible by the possibility of differentiating out a *constructed phenomenal objectivity* in *Critique of Pure Reason*. It clearly implies, by the above *reductio ad absurdem argument*, appealing, in inadvertent ironic Freud-like formulas, to the 'impossible' contradictions, that the objectivity of experience is based upon *reliable repetition*. Now *this* account of objectivity is based upon *the consistency of experience*, out of which (repetition as consistency of experience) it is a construct, that is, in Freud's framework, *secondary process*. This means it is entirely phenomenal, appearance. We do not see or experience 'things in themselves'. We experience a proxy or surrogate, organised in and through consistent experience.

Even in the context of the achievement of reasonableness, Kant here gives a stunning mythic evocation (with an almost Zen-like quality) of one of the most extraordinary transformations of non-linear *primordial causality*. Such a mode of causality is *primordial because it is entirely circular and organises and makes possible experience rather than being inferred from it*. And the psychotherapeutic actualistic paradigms, which implicitly appeal to the inanimate, are also arguably core mythic metaphors and *primary causality* and *primary process*.

Conclusion

Once we have this overall ontological framework, a lot of things fall into place. Freud's (and Lacan's) theorising about deception and deceit comes to life. It is further extended to the whole theory of the destruction of truthfulness pioneered by Orwell (Orwell, 2021) in '*1984*'. This is highly apposite in the turn politics and religion are today taking, abetted by the simulacra of Artificial Intelligence (AI). There is the whole recognition of the contextual indeterminacy of meaning in post-modernism, the evolution of *historical consciousness* in the modern world (Lukacs, 2017), the poetic paradigm of Psychotherapy (Wilkinson, 2011), and very much else.

But the transition between primary and secondary process, for us humans, is so fragile, that it has provided the material for myths of the fall and loss of innocence, and such radical modern myths as Dostoyevsky's parable of the Grand Inquisitor, in his meeting with a Jesus returned, in the time of the Spanish Inquisition (Dostoyevsky, 2003). This is a huge theme which opens up here and must await pursuit elsewhere.

In this wider context, we could explore the dangers of actualistic monism in psychotherapy, as an avoidance of complexity, with a touch of primary process in it. But, more fundamentally, the way is opened for two ways of thinking about Integration: a new and almost outrageous way of thinking about psychotherapy, *alongside* the modality-based paradigm already touched upon.

That way, the genuine ontological development out of Integration, would be the bold attempt at the unification, in the spaciousness of a logically higher meta-level developmental ontology, of the Psychotherapy Field. This would be, then, without homogenisation, or any dissolution, of the vast and rich discovery of differences of human experience constituted by Modalities. The differences, of method and understanding, which the Modalities, including the Modality concept of Integration, – valued, protected, and left intact, – have indeed given us, may be embraced without the danger of reductionisms.

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Countertransference: An Integrative Psychotherapy Perspective

Richard G. Erskine

Abstract: This article provides a presentation of the author's personal experience of countertransference within psychotherapy. A definition of transference is provided that integrates several points of view. Several examples of countertransference in psychotherapy are provided. A distinction is made between *Reactive Countertransference*, which disrupts the psychotherapy and *Responsive Countertransference* which enhances the process of psychotherapy. The article concludes with a discussion of the significance of the psychotherapist's use of "*Presence*" in the process of psychotherapy.

Key Words: Transference, countertransference, reactive, responsive, concordant, complementary, presence, involvement, integrative psychotherapy, relational psychotherapy

Six of us are sitting in a colleague's group therapy room watching a video monitor. The group consists of five psychotherapists with professional experience ranging from one to four years, and me, the supervisor. Each of the participants is a member of a training program in Relationally-focused Integrative Psychotherapy. In an adjacent room is a 30-year-old woman, who is in her second year of institute training after completing her university's master's degree program. She has been professionally working as a psychotherapist for two years. During the past hour, she has been conducting a psychotherapy session with a 23-year-old woman while being videoed; the video is being broadcast to the six of us. In the privacy of our room, while watching the video monitor, the six of us are discussing various possible interventions.

What we see on the video screen is an anxious client who nervously fidgets while her neck and shoulders seem tense, her speech is rapid. The client has sought psychotherapy to resolve her anxiety and constant internal criticism. Throughout the first 20 minutes

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of the session, the client and psychotherapist talk about the client's disappointments with her boyfriend. The psychotherapist asks several factual questions about the client's day-to-day activities and her relationship with the boyfriend. The supervision group members and I notice that the psychotherapist, despite having training in how to use phenomenological and historical inquiry, is not making any inquiry into the client's subjective experience. There is no phenomenological inquiry about the client's affect, body sensations, and physical reactions, or associative memories.

The client's conversation with the psychotherapist alternates between criticizing complaints about her boyfriend and making self-critical remarks. Then the client adds, "Mother constantly criticizes me. She has criticized me all my life". Those of us watching the video monitor notice that when the client makes this significant comment her jaw and hands clench. The psychotherapist neither acknowledges the client's body reactions nor what the client has just said. She does not inquire about the client's internal experience. Instead, the psychotherapist quickly returns to asking factual questions about the client's relationship with her boyfriend.

The six of us in the supervision group notice that the psychotherapist has become animated — she is now making large hand gestures, her speech has become rapid. Some of us in the group wonder what is happening within the psychotherapist that her demeanour has changed. The psychotherapy session continues in a social, conversational way, with the psychotherapist adding "feedback" and suggestions for how the client can communicate with her boyfriend. The supervision group and I look at each other; we shrug our shoulders, and someone says, *"Where is the psychotherapy? This was just like two friends having a conversation over coffee".*

After the psychotherapy session the therapist joins the supervision discussion. She starts talking rapidly with dramatic hand gestures. I ask her to pause for a moment and feel what is occurring within her body. She is reluctant; she seems pleased with her therapeutic work and is in a hurry to describe what she has done. I suggest that we first attend to her emotions and body sensations and that we will provide sufficient time to discuss the psychotherapy session. Her eyes fill with tears as she says, *"I hate supervision. Someone always finds fault with what I have done."*

No one in the supervision group had said anything to her except me, and I simply asked her to attend to what was happening internally. She began to weep and then uttered, *"You are all going to tell me what I did wrong. I hate supervision. I always go away feeling worthless."* The group and I were silent, but fully present, for several minutes. I wondered if we had just witnessed this psychotherapist's reactive countertransference with her client. When the client started to talk about her mother's "criticism", the psychotherapist changed the subject, tensed up, and increased the speed of their conversation. She focused the conversation on events between the client and her boyfriend rather than facilitating the client's talking about how she managed the relationship with her critical mother.

Various group members tried to comfort her while a few attempted to describe what they had observed. I could see that the supervisee was not fully listening. I made the decision to focus on her emotional experience rather than provide any professional information. Over the years, I have found that the best supervision often involves providing immediate, short pieces of therapy for the supervisee. The supervisor is often in the position to observe relational interactions that indicate unresolved conflicts in the supervisee. Such unresolved conflicts may not emerge in the supervisee's

personal psychotherapy; therefore, an essential aspect of supervision is the supervisor's attention to any emotional turmoil or internal conflict that may arise within the supervisee.

> *Supervision involves a complex interpersonal interaction: not only do we provide information about theory and methods; we have the indispensable task of identifying the supervisee's countertransference reactions and providing guidance in the supervisee securing effective psychotherapy* (Erskine, 2023).

I mentioned to the supervisee that she had increased the speed of her communication with the client and quickly returned to talking about the boyfriend just when the client talked about her mother's "criticism". I asked, *"Who has been critical of you?"* She burst into a deep cry; after a couple of minutes she was able to say, *"I could do nothing right. My mother was always the superior one. Criticism, criticism, criticism! That is what I always live with... and I always end up feeling worthless."*

She cried while remembering several examples of her mother's "devastating comments". I asked about her current therapy. She said that she and her previous therapist had decided that she had "done enough" and that they had terminated 9 months ago. The group members and I encouraged her to reengage in psychotherapy for her own sake but also to resolve her countertransference reactions that were interfering with her capacity to inquire about the client's phenomenological experiences.

Two years later, this supervisee told our supervision group that *"following that supervision session, I began weekly psychotherapy with a new relationally-focused psychotherapist"*. She reported that the psychotherapy had been *"intense and painful as I remembered my mother's many caustic comments"*. She said that she was no longer suffering the shame of believing that "I am worthless". In subsequent supervision sessions it was evident that her involvement with her clients was dramatically different: she engaged in consistent phenomenological inquiry; was attuned to her clients' affects; provided moments of reflective silence; and, responded to her clients' body cues. She said, *"Now when I see the pain in my clients, I no longer run away from it"*.

Transference

As a starting point in discussing countertransference, it may be helpful if we use the following definition of transference:

> *Transference is the expression of the universal psychological striving to organize experience and create meaning; as well as the means whereby the patient can demonstrate his or her past, the developmental needs which have been thwarted, and the defences which were erected to compensate"* (Erskine, 1991, p. 73).

Therefore, transference is an unaware enactment of an old story that may include three additional impulses:

1. a reluctance to feel the discomfort of fully remembering;
2. an unaware enactment of earlier relationally disruptive experiences;
3. the desire to achieve resolutions in relationships.

If we emphasize the first part of this definition, then we are all in transference all the time. We cannot escape our own way of organizing a lifetime of experiences. Transference is our distinct way of creating meaning; it is simply the idiosyncratic way we express ourselves. We transfer our unique predisposition into every situation.

When we emphasize the second part of this definition we focus on the relational disruptions, unrequited relational-needs, and how the person has managed to stabilize and reg-

ulate themselves. These stories are revealed, often without awareness, through physical gestures, unaware enactments, snippets of memory, or metaphors (Ch.5, Erskine, 2015). Consequently, the transferences that occur in the process of psychotherapy may be the client's unaware attempt to reveal and heal. This definition asserts that transference is a normal and universal experience.

Countertransference: Integrating Concepts from Psychoanalysis

Is "countertransference" transference? Yes, according to the definitions of transference that I am suggesting, we cannot escape our own internal organization of life experiences: physically, affectively, cognitively, and behaviourally. In a simple definition we can say that *countertransference is composed of the emotional, imaginative, and/or behavioural reactions of the psychotherapist that are stimulated by the client's interpsychic and behavioural processes*.

Sigmund Freud (1905) and other psychoanalysts postulated that countertransference is the analyst's transference of old emotional reactions onto the client and therefore a hindrance in the psychoanalysis. Freud said that countertransference was the *"result of a patient's influence on his unconscious feelings"* (1910, p. 144). In 1950, Paula Heimann extrapolated the concept of countertransference when she stated that countertransference was, *"all the feelings which the analyst experiences towards his patient"* (p. 81). She articulated the idea that the psychoanalyst's total emotional reactions to the client were often an indicator of what was happening within the client's unconscious. Winnicott (1959) went on to distinguish the difference between the psychotherapist's personal reaction to the client and what he called an objective response.

Heinrick Racker (1957) also made a distinction between "concordant countertransference" and "complementary countertransference". In a concordant countertransference, the psychotherapist is emotionally stimulated by the client and responds to them with empathy. In a complementary countertransference the psychotherapist identifies with either the client's "troubled child" or an interjected "other" and responds with either over-nurturance and unnecessary caretaking or with indifference, disdain, or merely a lack of empathy. Otto Kernberg (1976) reiterated Racker's ideas when he described countertransference as being present in any therapy situation because of two factors: the therapist's history of relationships and the feelings induced by the client.

Heinz Kohut (1971) defined the concept of *self-object transference* as an unconscious portrayal of significant others onto the psychotherapist and how such a portrayal mobilized countertransference in the psychotherapist. Kohut proposed that in order to understand the client's intrapsychic process, it is essential that the psychotherapist be introspective about their own feelings and fantasies. And to then use their phenomenological experience to empathically respond to the client's subjective experience.

Earlier, Kurt Lewin (1935), in an attempt to integrate Gestalt psychology with concepts from psychoanalysis, saw countertransference as a dynamic field – countertransference was the interplay of both the client and therapist, as though they were co-creating a story together.

Although the psychotherapist's countertransference is part of the client's unresolved emotional conflicts, it may also reflect what is unresolved in the psychotherapist and therefore warrants psychotherapy for the psychotherapist.

In their discussion of contemporary psychoanalytic theory, Greenberg and Mitchell define the interpersonal field this way:

> *"Countertransference is an inevitable product of the interaction between the patient and the analyst rather than a simple interference stemming from the analyst's own infantile drive-related conflicts."* (1983, p. 389).

This is what Stolorow, Brandschaft, and Atwood (1987) describe as "intersubjective" – the melding together of two unique perspectives.

Sandor Ferenczi (1932, 1949) was the first psychoanalyst to propose that countertransference was the psychotherapist's identification with the client's unconscious communication and, therefore, countertransference constituted an essential component in understanding the client's relational history and inner life. Ferenczi declared that the psychotherapist's feelings of tenderness, patience, and concern were the core of the relationship between therapist and client. However, classical psychoanalysis continued to characterize countertransference as the analyst's transference onto the client (Greenson, 1967).

Ronald Fairbairn (1952) elaborated on Ferenczi's ideas when he called for, "genuine emotional contact" (p. 16) in the practice of psychotherapy – a form of intimacy from the psychotherapist to the client that provides the client with a new, transformative relationship. Harry Guntrip underscored Fairbairn's relational perspective when he said, *"It is the psychotherapist's responsibility to discover what kind of parental relationship the patient needs in order to get better... if the psychiatrist cannot love his clients in that way, he had better give up psychotherapy"*. (Guntrip, cited in Hazel, 1994, pp. 401-402).

Perhaps it is beneficial if we think of *countertransference as the psychotherapist bringing into the therapeutic situation their internal organization of experience and their unique way of creating meaning.* Our professional training, the theories on which we rely, the style of how we transact with our clients, our childhood and school experiences, the joys and sorrows of our love life, the quality of our current family relationships, what we read and the music we enjoy, the things we dislike or avoid – all of these individual proclivities form the unique substance of what we bring to each therapeutic encounter. When we consider this perspective, every moment of the psychotherapy involves the interplay between two people, a co-constructive process (Erskine & Morusund, 2022).

Reactive and Responsive Countertransference

When describing countertransference, I prefer to use the terms *reactive countertransference* and *responsive countertransference* to describe the psychotherapist's various interactions with their client. The term *reactive countertransference* describes the psychotherapist's affects and behaviours that are an expression of their own internal conflicts, often in reaction to their client. This is what has been traditionally thought of as countertransference.

We provide a *responsive countertransference* when we are in attunement with our client's affect, rhythm, and developmental level of making meaning; when we are compassionate with their sadness; when we are angry at the person who abused them; when we are patient and sensitive to their needs; and, when we communicate with respect and choice. In each of these circumstances we may be engaging in a responsive countertransference – attunement to what the client requires in a healing relationship (Erskine, 2022).

We are in a *reactive countertransference* when our transactions with our clients are unconsciously tinged with unresolved anger at someone in our own life; if we are inhibited by our own grief and fears; when we disavow our own emotional history; when we are constrained by remnants of loss or trauma; or,

when we are confined to a specific theory. When there is a reactive countertransference the client-therapist dialogue becomes a manifestation of the psychotherapist's unsatisfied relational-needs; their communication is no longer in the service of the client.

Reactive countertransference is counter-therapeutic, whereas responsive countertransference can promote the client's healing and growth. Each psychotherapist has their own natural inclinations and demeanour – some tend to be quiet while others are more exuberant, some are sensitive to the client's affect while other's attend to how the client is reasoning. It is essential that we psychotherapists remain aware of our own relational-needs and cognizant of how our needs influence our therapeutic dialogue (Stewart, 2010).

Each psychotherapist, even if using the same theories and concepts as others, will conduct their interactions with their clients in a different manner. The central challenge for each psychotherapist is in how to make use of our natural proclivities in providing for our client's welfare. This requires acceptance and appreciation of our own natural inclinations. It requires that we be vigilant as to how our affect and behaviour may influence our clients.

Here are some examples of the type of questions I encourage supervisees to ask themselves in order to distinguish between a reactive countertransference and a responsive countertransference:

- Are my feelings, such as affection, boredom, or disregard, a reactive expression of my own experiences or am I responding with something intrinsic in the client's history?
- Am I in a reactive countertransference or am I genuinely involved with my client when I worry about them at night, when I feel protective of them, or when I feel a love for them like I do for my children?
- Am I in a responsive or reactive countertransference when I feel angry about the physical abuse that my client received as a child.
- If I feel irritated with the client's frequent bragging about their successes, does that mean I have a reactive countertransference, such as envy, or is it a signal to me to focus on the unconscious story the client is revealing through their frequent bragging.
- Am I in a responsive countertransference when I am fully present, in contact with my own affect and motivation, while at the same time being committed to the client's welfare? Is my responsiveness to my client an expression of the intimacy of therapeutic presence and involvement?

An Example of Reactive Countertransference

Martin was an attractive 39-year-old man, who came for psychotherapy because his wife was considering ending the marriage. In our initial sessions he did not seem to understand why she was unhappy in their marriage. Although Martin said that he was content with his wife, she was angry that he was "emotionally distant". He said that his wife also accused him of two things: ignoring their two sons (ages 7 and 9) and using the boys for his own entertainment.

Getting to know and understand Martin was a strenuous process. When I asked about his history, he often changed the subject. When I inquired about his internal experiences, such as feeling, thoughts, or memories, he was evasive. No matter how I tried to understand Martin's subjective experience and early history, he skilfully steered our conversations to his daily life. He frequently bragged about the important job he had as the chief financial

officer in a fast-growing company. He talked about his luxurious vacations, expensive sports cars, and the prime seats he had at professional hockey and basketball games.

Martin was periodically late for sessions and when he did arrive, he managed to outmaneuver my phenomenological inquiry and talk at length about recent sporting events and how he made money betting on various teams. From the beginning of our time together I was physically uncomfortable. I could not sit in my usual relaxed posture. I often found myself leaning forward, captivated by some of his stories but not interested in other stories. In each session I could sense that I was not effective in my attempts to be therapeutic. I was not fully present and involved.

By the time we were into the 4th and 5th months of our psychotherapy, I began to enjoy the 10 or 15 minutes he was late and, when he cancelled some sessions, I felt relieved. I was troubled by my reactions to him. I was certain that I was experiencing a reactive countertransference. In my personal psychotherapy, I described my encounters with Martin because I was worried that my physical and emotional reactions were the result of my being jealous of his wealth and success. My psychotherapist and I explored various possibilities that included jealousy and envy, shameful experiences in my childhood, and unresolved relational conflicts in my current life. In attending to and appreciating my emotional reactions, it became clear to me that I did not desire his financial status, luxury cars, nor the glory of his sporting events. In talking to my psychotherapist two things became apparent. First, I was annoyed that Martin did not respond to my therapeutic inquiry. I wanted to make an impact. Second, it was evident that I did not trust what Martin was saying. I often wondered if he was lying to me.

In some sessions, Martin seemed very distant as he told me how his favourite team had won a game. I commented about his frequent sniffing and runny nose; he described it as an allergy. I specifically asked if he used cocaine. He angrily responded with, "I am not that kind of person." I did not believe him. Now, when he came to each session my internal discomfort increased; I no longer knew what to believe and what not to believe.

I watched for possible lies but I could not find any evidence. I realized that I did not like or trust him. I was at a loss. My attempts to be therapeutic with Martin were to no avail. Then he missed two sessions without phoning to tell me why or to book a makeup session. I called his office twice and got no response to my messages. A week later, I left a third message on his home answering machine saying that I was still available next Wednesday at his usual time.

The following week his wife arrived instead of Martin. She told me that Martin had been arrested and charged with embezzling a large sum of money from his company. When the police searched his office, they found a significant quantity of cocaine. He was facing arraignment on two serious criminal charges. I never heard from Martin again, but I learned a lot about trusting my reactive countertransference.

The ineffectiveness of my therapeutic relationship with Martin was now comprehensible – it was not that I was jealous, envious, and wanted what he had. I realized that my lack of effectiveness, and eventual dislike of Martin, was a countertransference reaction – a reaction to both his constant deceit and how he made my therapeutic inquiry irrelevant. My reactive countertransference, in part, resided in my desire to have a therapeutic influence in Martin's life; and he did not allow me to have any influence. Martin's lies made my body squirm. Throughout all of our sessions, I had a deep visceral sense that Martin was not

authentic with me. In hindsight, I wished that I had given my reactive countertransference more credence because my physical and emotional discomfort is a very useful barometer for assessing what may be going on inside the client.

Theory-induced Countertransference

Often overlooked in training programs, supervision, and in professional publications is a distinctive countertransference that is induced by psychotherapy theory and techniques. Psychotherapists often form allegiances to specific psychotherapy schools, each of which emphasizes distinct theories of personality and preferred therapeutic methods. When we repeatedly rely on a particular concept or therapeutic technique, we increase the possibility that we will not understand what is occurring within the client or in the therapeutic interchange.

An essential advantage in practicing psychotherapy through the perspective of Integrative Psychotherapy resides in the opportunity to understand our client's internal and behavioural processes from a variety of hypotheses and theoretical points of view. Integrative Psychotherapy provides us with a flexible repertoire for working either affectively, cognitively, behaviourally, and/or with our client's physiological sensations – always within the context of relationship (Erskine & Moursund, 2011; Erskine & Moursund, 2022).

I remember the days when I was actively involved in attending Gestalt Therapy training workshops. I watched well-known psychotherapists who valued short, that is 20 or 30 minutes, therapy sessions. These therapist-client encounters often gave prominence to the psychotherapist stimulating immediate and dramatic change. For a while I tried to follow this model of a short, intense piece of therapy. I was captivated by the concept; it was evident that for some clients the fervent work was effective. I was following the theory but my reliance on the concept interfered with the therapeutic involvement that some of my clients needed.

It took me a few years to realize that this rapid and dramatic therapy approach did not work for those clients whose distress and agony were masked by their compliance with my expectations and fast-track pace. My clients may have achieved a very different outcome if I had understood that some individuals may have a greater benefit when the therapist is patient and gracious, focused on their inchoate affect, and engaged in a person-to-person dialogue.

I have also had theory-induced countertransferential reactions when I have conceptualized my client's behaviour from a pathological perspective – a perspective which pervades some psychotherapy literature and dominates the teachings in some psychotherapy training institutes. When I think of my clients in terms of "psychopathology", I overlook the significance of relational-disruptions in forming their personality. When I view someone as pathological, I lose my awareness of the person's unique creative accommodation and their attempt to manage situations of neglect, ridicule, and/or abuse. I also lose a valuable opportunity for interpersonal contact when I mistakenly focus on an individual as a personality disorder, or view people as either passive or manipulative. It is essential that psychotherapists working with clients – no matter how the client may be diagnosed – engage in understanding the client's unique phenomenological experience (Erskine, Moursund & Trautmann, 2023).

Throughout the 1970s confrontation was a frequently used method in Transactional Analysis psychotherapy. Although my original Client-Centred background underscored the

importance of respect and empathy, I joined this trend in Transactional Analysis and used confrontation often with my clients. It was only after I observed the distress and shame my confrontations caused that I realized confrontation was a powerful intervention and should only be used with full awareness of its impact on the relationship between therapist and client. I may periodically use confrontation now, but I use it much like I use cayenne pepper in cooking, sparingly, in order to not overpower the food. When I relied on the concept of confrontation, I created a situation in which my transactions were counter-therapeutic.

The possibility of a theory and method induced countertransference is inherent in any school of psychotherapy, whether it be cognitive-behaviour therapy, sensorimotor or body therapy, psychoanalysis, or even integrative psychotherapy. Each school of psychotherapy faces the potential danger that its practitioners may make a theory or method more important than the psychotherapist's capacity to be fully present and involved.

My Internal Conflict

When Loraine came for her first psychotherapy session, I was repulsed by her. Over the phone, she was pleasant, but when she arrived, I discovered that she was slovenly dressed with unwashed hair that smelled like mould. Her teeth were obviously in need of dental repair. I wished that she had not come to my office. Yet, in our initial session I sensed that she was serious about improving her life; that stimulated me to commit myself to being fully present with her.

During the next several weeks I became fascinated by her intellectual brilliance, her articulate language, and her frequent quotations of literature but, at the same time, I could not escape my sense of repulsion. Listening to her was interesting if I did not look at her. I did not want her to sit close to me. I wished that I could hold my breath for an hour. I certainly did not want her to ask me for a good-bye hug. Disgust may be too strong a word to describe my feelings, but I certainly had a strong urge to turn away from her. Staying in contact with Loraine was a constant struggle. I was committed to doing an effective psychotherapy with her but I was perturbed. Repulsion and tender concern were my conflicting sentiments.

We were many months into the psychotherapy before Loraine allowed me to inquire about her childhood relationship with her mother. When she talked about her childhood she reported stories of perpetual neglect, such as wearing the same clothes for a few weeks at a time and eating the same rice soup every day because her mother *"didn't like to cook"*. She reported that notes were sent home from both kindergarten and elementary school asking that she be bathed, and her hair washed before returning to school. I wondered if my sense of repulsion was only my own proclivity, a reactive countertransference (what Winnicott called "personal countertransference"), or was I sensing and identifying her mother's emotional reactions to her (what Racker called a "complementary countertransference").

In subsequent sessions, she talked about the absence of any conversation with her mother. *"She always watched TV". "There was never any affection."* Loraine said that her mother never wanted to touch her, and certainly not give her a bath. The few times she had a bath, her mother screamed and told her she was making a mess. When she was an adolescent her mother admitted, *"I wish you had never been born"*. I was emotionally impacted by Loraine's recounting of her relationship with her mother – a relationship that was consistently neglectful of Loraine's physical and relational-needs. I had two primary responses. I felt

an intense tenderness for the neglected child, and I felt anger at her mother's disregard for Loraine's welfare.

As she continued to tell me stories of how she was uncared for I thoughtfully examined of my sense of "repulsion". While, at first, I assumed that my feeling of repulsion was my own, I began to wonder if I was picking up on some unconscious communication encoded within her stories. One day, I inquired, *"I wonder if your mother was disgusted by you"*. She immediately responded with, *"That's it. That's the word ... DISGUSTED, that describes my mother ... she was always repulsed by me."*

My sense of repulsion and my subsequent inquiry revealed an integral part of Loraine's childhood experience. My repulsive reaction had provided me with a window into the disdain that Loraine's mother felt about her; it allowed me to come up with the word "disgust". For almost a year, I was non-consciously identifying with Loraine's mother's attitude of "disgust" and assumed that it was mine. Yes, her musty smell remained but what was now most important was my anger at her mother's neglect of Loraine and my desire to be protective and gracious to the child she once was. Our therapy eventually addressed how Loraine replicated her mother's behaviour by neglecting her own appearance, cleanliness, and health.

Identifying with the client

Over the years, I have explored my own countertransference as well as the countertransferential experiences of many supervisees. It is apparent that countertransference begins with our identifying with our client. In facilitating an in-depth psychotherapy, it is essential that the psychotherapist attune to the unintegrated and unaware aspects of the client, such as their physical sensations, affects, stabilizing fantasies, or unrequited needs. We may also identify with some features of an internalized significant other, such as a father's criticism, a mother's lack of tenderness, or a grandmother's harsh expectations. At first, we may mistakenly identify these aspects of the client as our own. The story of Loraine's psychotherapy provides an example of how I was influenced by her unconscious communication of her mother's "disgust". I used this unaware identification – what I experienced as my "repulsion" – to eventually shape my inquiry about her mother's attitude toward Loraine. This changed both the direction and depth of our psychotherapy.

Henry also influenced me, but in different way than Loraine. Henry was a successful actor who in our first session described himself with, *"something is missing within me"*. As I listened to Henry's constant sadness, I resonated with his lament. He touched my heart. I had the sense that his sad expressions were those of a five-year-old boy who longed for the playful companionship of his father. Perhaps I was particularly sensitive to Henry's developmental needs because I too had lived without a father's caring involvement. I envisioned Henry being alone with no emotional support and guidance. I used my internal image to form several inquiries about his life and the quality of relationship with his parents when he was in his early school years.

Henry held back his tears as he told me about never being sure if his father would visit him or not on weekends. *"Sometimes he would take me to meet his friends in a bar, but I hated that; I just wanted him to teach me how to play ball"*. Later on, he talked about his *"absent-minded mother" ... "she was always too busy or too tired to play with me or even help me with schoolwork."* He cried, *"I was in a lot of school plays but neither of them ever seemed interested."* Throughout our psychotherapy I expressed interest not only in his history but in many of the activities of his current life. I inquired about the TV scripts

he was reading and how he made the characters he played come alive. I focused on his relational-need for a shared experience – the companionship that had been missing during his young life. With my consistent involvement, Henry's persistent sadness dissipated. As I think back on the psychotherapy I did with Henry, it is clear that I responded to both his relational-need as a child, and his need as an adult, to have someone who was interested in his activities and who shared in his emotional experiences.

Developmental Image

A significant feature of a responsive countertransference is the psychotherapist's capacity to have a developmental perspective and to use that knowledge to cultivate a *developmental image*. As I attune to my client's affect, rhythm, and manner of thinking, I imagine them as a child, usually at a specific age. I form an impression about the interpersonal crisis in their life; the relational-needs that may have been unrequited and what a child of that specific age needed in a stabilizing and regulating relationship. I keep in mind that my developmental images are only mere impressions, but they are impressions that guide my phenomenological and historical inquiry (Erskine & Moursund, 2022).

In accordance with my image of the child's age, I inquire about the emotionally vulnerable moments in the child's day: breakfast time; bathing activities; going to and coming home from school; play time; and, bedtime rituals. I ask my clients to describe their parents and any other significant adult with whom they interacted during their childhood. I also inquire about who was at the dinner table and particularly about the nature and quality of the communication between the child and other family members.

The details of my inquiry shift as I focus on different ages. The kinds of questions I would ask if I am inquiring about the interpersonal relationships of a nine-year-old are very different from those I may ask if I imagine my client at age two. Most clients will initially answer with, "*I don't remember*". I remind them that they know their parents' personalities and to just imagine how they would have responded to the child's needs at that particular age. Although their responses may not represent an accurate representation, like a photograph might, their answering provides an important outlook on what may have occurred, much like an impressionistic painting. It is through consistent inquiry about the client's developmental experiences that the client's various affects, nascent understandings, and physiological sensations are shaped into a narrative.

Resonating with the Vibes

As Melissa walked into my office the first time, I was shocked by how skinny she was. She walked with her head slumped forward and her chest curved inward. I wondered if she was hiding her breasts. She sat on the sofa and pulled her knees up to her belly as she told me how she needed psychotherapy because of her constant body tension. I was concerned that she was anorexic. Although I did not address her appearance directly, in the first several sessions I made many inquiries about her nutrition, level of exercising, and general health care. As we had those conversations, I began feeling sexually excited. I was both surprised and disconcerted that my body was feeling aroused. I did not find her attractive. She looked more like an emaciated twelve-year old girl than a twenty-eight-year-old schoolteacher.

Over the next several sessions, I continued to be aroused and considered terminating the therapy on the basis of my having an erotic

countertransference. I was worried. Ethically, I was committed to my client's welfare, but my body was reacting to something that I did not understand. I talked about my sexual arousal with a colleague who previously had served as the chairperson of her association's ethics committee. She suggested the possibility that I was picking up some "vibrations" and misidentifying them as emanating within me.

Based on Melissa's waifish appearance and apparent body tension, I formed a developmental image of a preadolescent under stress. I decided to ask about her life when she was twelve years old. Over the next several sessions, she painstakingly told me about her father's sexual abuse of her that began when she was eleven years old and continued until she had her first menstruation at age fourteen. As soon as she told me about her father's sexual abuse of her my sexual arousal stopped. I was then able to attune to and concentrate on her frightening and painful experiences. In hindsight, it became clear that my sexual arousal was in resonance with Melissa's yet untold experience of sexual abuse.

Presence: The Essence of Responsive Countertransference

Presence is fundamental to the process of relationally-focused Integrative Psychotherapy. It is provided through our sustained attunement to the client's verbal and non-verbal communication and through our constant respect for and enhancement of our client's welfare and integrity. Presence includes receptivity to our client's affect, that is, our willingness to be influenced by our client's emotions, to be deeply moved while not becoming emotionally overwhelmed. Presence provides a container for our therapeutic involvement, an interpersonal safety net that supports without constraining and protects without demeaning the client.

More than just verbal communication, presence is the basis of a healing relationship. A sensitive interplay between our self-awareness and de-centering opens the way for what Buber (1958) calls an "I-thou" relationship, an involved relationship between two connected, contactful, self-and-other-aware individuals. The "I-Thou" relationship, in turn, is the primary source of the transformative potential of Relationally-focused Integrative Psychotherapy.

There is a duality to presence that entails our simultaneous attention to our client and to ourself. Presence flourishes when we temporarily de-center from our own needs, feelings, fantasies, or desires and make the client's process our primary focus. But, paradoxically, we must not lose awareness of our own internal process, resonance, and reactions. Our personal history, relational-needs, sensitivities, theories, professional experience, own psychotherapy, and reading interests all shape our unique reactions to every one of our clients – these are the essential parts of therapeutic presence.

Each psychotherapist has a unique set of past experiences, current interests, needs, and wants. We have our preferred theories, concepts, and methods, and we use our experience as a kind of reference library that helps us attune to our clients and to understand how they function. Importantly, presence includes our willingness to be transparent in our uniqueness, willingness to let our clients see who we are and what we are experiencing, willingness to be impacted by that which is significant to our client, and a willingness for that impact, too, to be seen.

From a classic psychoanalytic perspective, the concept of "presence" violates the principal of therapeutic neutrality. For several decades, the task of the psychoanalyst was to remain a blank screen, with evenly-hovering attention

(Freud, 1912; Greenberg, 1986). For the psychoanalyst to provide the client with more than a reflecting mirror was considered to be a therapeutically disruptive countertransference (Poland, 1984). A central premise of a relationally-focused psychotherapy is that *"effective healing of psychological distress and relational neglect occurs through a contactful therapeutic relationship – a relationship in which the psychotherapist values and supports vulnerability, authenticity, and inter-subjective contact"* (Erskine, 2021a, p. 212).

When I am fully present, I am vulnerable; I allow myself to be emotionally touched. I strive to let my caring for the client show by being curious, tender, and respectful. My presence emerges from my commitment to being an active, caring, vulnerable, and authentic participant in the therapeutic process. Our presence is reflected in our acknowledgement, validation, and normalization of what the client presents as well our willingness to be known. Presence is best understood in terms the client's perception: their sense that the therapist is attending to their relational-needs and truly committed to their welfare. Presence has more to do with *being* than *doing* (Erskine, 2021b).

When we psychotherapists identify and resonate with our clients – when we are fully aware of our reactive countertransference and make therapeutic use our responsive countertransference – we create an intersubjective process of two people sharing an intimate experience together. The important aspects of psychotherapy are embedded in the distinctiveness of each interpersonal relationship, not in what we consciously do as a psychotherapist, but in *the quality of how we are in relationship with the other person*. Our attitudes and demeanour, the qualities of our interpersonal relationship, and the authenticity of our intersubjective connections are central in creating an effective psychotherapy. Presence is the essential ingredient of a healing relationship.

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A 'Round Table' Discussion on Integrative Psychotherapy

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OANA MARIA POPESCU: Training Standards Officer of EAIP.
MILENA KARLIŃSKA-NEHREBECKA: Director – Polish Institute of Integrative Psychotherapy
HEWARD WILKINSON: Member of UKCP; Vice-Chair of EAIP; Honorary Member of EAP.
MARZENA RUSANOWSKA: Assistant Editor, IJP; Editor of Special Issue on Integrative Psychotherapy.
COURTENAY YOUNG (*Observer*): Editor, IJP.

Marzena:

I feel excited to be in such a professional environment of specialists in Integrative Psychotherapy. So, I would like to ask you one first thing, which I think is kind of crucial and it poses a dilemma: Is Integrative Psychotherapy eclectic or integrative? What do you actually integrate? What is your 'meta-concept' or your 'philosophy of integration'?

Oana:

So, in my view, integrative psychotherapies are both integrative and eclectic. I think it is integrative, from the point of view that it has its own theory, which integrates more psychotherapeutic approaches and theories from various modalities. And, at the same time, it is based on the Common Factors Theory – those factors that are common in all modalities and that have been proven to work for the efficacy and efficiency of psychotherapy. And, at the same time, we use various interventions and techniques which originally belonged to various modalities. We are using these very flexibly, depending on the client, in various contexts.

Marzena:

Do you think that there is one unifying theory behind Integrative Psychotherapy?

Milena:

I would like to present a different point of view on Integrative Psychotherapy. When we ask whether Integrative Psychotherapy is eclectic, we must acknowledge that it is also eclectic, because in psychotherapy integration, we have two modes of integration. One is creating new approaches, and the second one is translating in "Babylonic Tower" language of modalities from one approach to the other.

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We have several models of integration in Integrative Psychotherapy. First, we have eclectic psychotherapy like Butler's eclecticism. Then we have common factors, assimilative models, theoretical model of integration, and trans-theoretical models of integration, like those of Norcross & Prohaska. So, the answer to whether Integrative Psychotherapy is eclectic is both 'Yes' and 'No'. Not all models in Integrative Psychotherapy are eclectic, and we cannot say that we have a common theory in all these numerous models of Integrative Psychotherapy because they are based on different ingredients. We integrate in psychotherapy when it makes sense, when it is reasonable to bind two components in such a way that one plus one adds up to three. This is the sense of integration, to acquire added value by merging existing elements.

Interestingly, numerous classes of different models has the common name of Integrative Psychotherapies. For me, we don't have a common theory at all. We cannot say that Integrative Psychotherapy is founded on humanistic theories, because we have a lot of integrations which have nothing to do with the humanistic approach. So, we must ask how we define Integrative Psychotherapy. We can say that 'Integrative' is any psychotherapy descending from fusing approaches, theoretical constructs, therapeutic methodologies, or different aspects of psychotherapeutic theories. For instance, we have cognitive-behavioural psychotherapy, which is integrative and has nothing to do with humanistic [theory]. When we think about what we integrate, there are different components, such as parts of theoretical constructs, methodology of intervention, or general view on health and sickness. We can make an opposition of Integrative Psychotherapy being "polytheistic" against "monotheistic" psychotherapies, such as Freudian psychoanalysis. We have "monotheistic" approaches like Ericksonian, Reichian, or Behavioural, but most psychotherapists are *per se* integrative.

Almost every psychotherapist is integrative because we integrate our personal experiences and philosophy, which governs the choice of modality closest to our heart. This choice is not random. Every psychotherapist integrates all his personal and professional experiences, mentors, teachers, personal philosophy, dreams, values, and raptures, and it shapes somehow which approach he or she chooses.

I believe that different psychological or personal attributes lead us to choose Integrative Psychotherapy or monotheistic psychotherapy. Monotheist psychotherapists, as I think, need more safety and certainty. Integrative Psychotherapists seem more willing to put up with uncertainty, some risk, and a lack of reliance on manuals or structures and are less tolerant of significant restrictions on the way psychotherapy is conducted. It is what I find and appreciate in our association.

Heward:

In some of the things that Milena was saying, there are elements which I want to take further because there's a hidden assumption about all this, which is that the ***modalities*** are relatively unified in themselves. I don't think that's true. I think the nature of psychotherapy process is that there are elements in human communication and interaction which can be drawn upon to bring about change. They are elements which have always been known in many respects. And it's always been known. It's known in Shakespeare, it's known in Greek tragedy that way.

For example, a very simple example. If you want to find out what someone thinks, you need to listen to them. And listening to them means being able to be reposeful, not interrupting and so forth. So, that's an element in human nature

which has probably been around since at least the Stone Age. So, that's just one example.

I don't want to go on with too much detail. But the reality is that the so-called modalities are all themselves, syntheses of various insights. Psychoanalysis *in Freudian* terms (and don't forget there are many kinds of psychoanalysis), but in Freudian terms, clearly transference is a very important thing. But transference is combined with a particular understanding of drives. *It's combined* with a particular methodology of the authority of the therapist. It is combined with an understanding of development in terms of primitive reactions in early childhood, and then later reactions of the capacity developing mentalization and cognition. And so, there's a whole cluster of theories, as Milena was indicating, knocking around in psychoanalysis. That is because psychoanalysis – as a modality – is drawing from particular elements in human nature *that* Freud in particular wished to emphasize.

So, the process of integration in my view – and the nature of the creature – is that all the modalities are porous. *They* are clusters of different elements. The disputes that break out within any modality are disputes between the dominance of one element or another, and therefore there is an element of what we're calling integration in all the modalities.

So, the question is, in what way is our integration distinguished from the modality integrations? And I don't think there's a simple answer to that. I think that it is in your sense, Milena, eclectic – or rather pluralistic, in the sense that various Integrative Psychotherapists will combine various strands within the psychotherapy field and will not do so on a 'schoolist' basis.

So, that there's a much greater range of options available to Integrative Psychotherapists, then there is to someone who is locked into a modality. Although, as often has been commented, the nature of the thing is also that modality psychotherapists become more and more integrative as they become more experienced, grow older and so on, because of the necessity ***that*** they're developing their processes and their techniques as they go on.

So, I think the difference is one of degree and mostly what Integrative Psychotherapists do is to incorporate a relational element with some version of a dynamic element, based on (maybe) attachment theory, or drive theory, or Gestalt contact theory, or something of that sort.

And therefore, it seems to me the bulk of Integrative Psychotherapists are broadly speaking Humanistic, Dynamic, Relational therapists. And I think that will apply to all of us here. And I'll stop there.

Marzena:

So, if we are talking about the psychoanalysis, for example, there is already an integration of like subdivisions of thoughts within psychoanalytical school.

Heward:

Yes, and that is demonstrated by the fact that when psychoanalysis moves from drive theory to object relations theory, as for example with *Fairbairn*, and to some extent *Klein* and *Winnicott*, we're moving away from the concept of drive theory on one of Freud's understandings of it – though Freud himself endlessly changed his position through the whole of his life.

But the fact that that kind of fundamental shift is possible demonstrates that the drive theory aspect is only one aspect of a total tapestry, even within something as fairly fixed, if you like, as psychoanalysis.

But actually, psychoanalysis has not been fixed, it's been highly variable, it's actually an

Integrative Psychotherapy, although of course the tribalism of modalities would mean that it wouldn't admit that unless it was very honest.

Marzena:

Okay, so would you say that perhaps we could think that all of therapists are integrative and it's a continuum line of how much integration a therapist is choosing to have.

Heward:

Yes, but I think that the labelling of, for example, Transactional Analysis as a separate modality is fairly arbitrary. Obviously, a development of a certain tradition means that for the *transactional analysts*, they have something to appeal to.

But the nature of the psychotherapies is more like a genre of music. The 18th century classical form admitted an enormous amount of variation. But it changed very fundamentally when Beethoven arrived on the scene. And so, a shift of the centre of gravity can happen, and that can lead to the identification of a modality. But it's more like a school of painters, or a school of musicians, than it is a school in the sense of a single mathematical theory, or something like that.

Marzena:

So Heward:, when you are giving your ideas about Integrative Psychotherapy, I have the vision that perhaps all therapists should call themselves 'Integrative Therapists, Level One' or 'Integrative Therapists Intensity Level 10'.

Heward:

No, because I think what happens is that I think there's something in *that*, but I don't think it's the whole story. Because what happens is that people develop their own integration. I mean, I could talk to you for several hours about what I do in therapy, and it will have a great deal of variety in it.

But I don't work hands-on physically, for example, now. And some Body Psychotherapists will definitely do that. And I don't work immediately in the present, as a classical Gestalt Therapist will do, and so on.

So, I have certain biases in the way that I work. This means I have certain touchstones from the Integrative, and indeed Psychoanalytic and Existential traditions, but I make my own synthesis from them.

And I think that applies more to integrative psychotherapists. If you like, I think there's a greater degree of individualism in Integrative Psychotherapy than there is in most of the other modalities, which are trying at some level not to be heretical.

Most modalities ***penalise*** heresy, in case you haven't noticed. They try to say that certain people shouldn't be psychoanalysts, or so-and-so isn't a real Gestalt Therapist, and so-and-so isn't a genuine Relational Therapist. That's been said about me, and so it goes on.

Bruno:

Okay, well, I was thinking about what integration means. I believe that integration is one of the most challenging concepts in our world. It's not just about adaptation, it's about meeting and merging. When we integrate, we have to give up a part of ourselves, otherwise, true integration cannot occur. We all create a form and identity for ourselves. For example, when I say I'm a Gestalt Therapist, it's a kind of identity. When I say I'm a Psychotherapist, it's a kind of identity. When I say I'm a man with a lot of fear, it's also a kind of identity. It's a form. When we encounter someone with

a different approach, the first thing needed is a dialogue, not a discussion. Integration can only exist when we leave our own form and engage in a dialogue to meet each other. This is what we ask of our clients – to be open for dialogue, not just to engage in discussion.

I was initially educated in Gestalt Therapy and was a strong advocate for it. I did a lot of work with my clients. Later, I pursued training in Systemic Therapy. At that time, there was no connection between the two approaches, and they seemed to conflict with each other. I was a strong believer in the importance of process and awareness in Gestalt Therapy, and I was taken aback when the Systemic approach did not emphasise these aspects. I found it challenging to adapt to this new approach, but I eventually realised that both approaches could be useful for clients, provided there was an openness to integrating them.

When I started my academic career 35 years ago, we adopted an Integrative approach because we observed that while client-centred and Gestalt therapists were doing good work, there was also a high number of divorces and people feeling isolated. People were becoming more assertive, but this led to a lack of genuine connection. I believe that being eclectic is beneficial, because it allows us to learn from different approaches, like different colours and music. This openness is important because it creates space for trust, which is essential for the therapeutic process.

Marzena:

Just to clarify for our readers, I understand that when you mentioned "leaving a part of yourself" at the beginning, you were referring to the process of integrating different schools of thought. So, to integrate another school or approach, you need to be willing to let go of certain aspects.

Milena:

Yes, it is a metaphor. When I've been listening to Bruno, I realized that your idea of integration is more or less like the idea of marriage. You need to resign away from your ego to assimilate the different person in his or her uniqueness.

Bruno:

Yeah, but simultaneously, there is a connection between the therapist and the client. We also have to consider the client's broader context. So, when we say that Integrative Psychotherapy is 'eclectic', we mean that it involves choosing the right approach, sometimes for safety and sometimes for adventure. However, it's also 'integrative', creating a broader view that allows us to consider the client, not only as an individual, but also as part of a collective.

Marzena:

Okay, thank you. I love this discussion because we are coming up with the metaphors. To me, they are very interesting. So, we have a metaphor of 'continuum' and 'intensity', of 'marriage', of 'monotheist therapy'. We have the words like 'tribal' and 'heresy' and leaving one's 'form'.

Oana:

I was first trained in Ericksonian Hypnosis, and then in Transactional Analysis. I believe many Integrative Psychotherapists were initially trained in other modalities, often more than one. We all felt that something was missing. Each way of doing therapy reflected certain aspects of the human mind, but none was complete. We strive to do therapy in the most complete way possible, with all our clients.

I recall a book written in 2003 by Fall, Holden and Marquis [1], in which they made a parallel between psychotherapy and a hologram. They said that each psychotherapy modality sees only one slice of the hologram. Therefore, each is correct, but none is complete. This is what Integrative Psychotherapists strive to do – bring all these pieces of the hologram together. Of course, this is a tremendous undertaking, because I don't think we can have a theory that encompasses them all in the near future. But we're all striving in that direction, integrating various theories in psychotherapy to create a better picture of what happens with our clients. We base our work on what we know is working and what we found out in different modalities and in our different trainings. The way we perceive reality as psychotherapists is according to our own mental maps and our own training in psychotherapy, in an integrative manner – I don't like the term 'eclectic'.

We are striving towards a unifying theory, and there are many multi-theoretical trials in this direction. A unifying theory will probably contain the most important elements from various therapeutic orientations, and will exclude redundant elements. Integrative Psychotherapy selects theories and techniques from various approaches. Integrative Psychotherapy aims to put diverse theoretical systems together under a system that would be super-ordinated or metatheoretical. Differentiation is viewed as an important part of the integration. It should offer each patient specifically what they need, according to their symptoms, problems, and personality.

Ultimately, like other psychotherapies, Integrative Therapy offers a powerful and flexible approach to psychotherapy, addressing the unique needs of each client. There are many different, equally valid therapy approaches, and it's a question of how many therapy "tools" the therapist has mastered. The therapist will be flexible and creative in the use of theories and techniques. Many theories and approaches can be used to understand and help with the same issue by offering different perspectives.

Courtenay: ***(Observer)***

I don't know, but what I'm hearing is that there's a problem in trying to define Integrative Psychotherapy as a label, but in fact it's a process.

Heward:

I can go straight into that. Because the word process is key to all this. This connects up with the thinking I've been doing about the meta-modality of the psychotherapies, which I've been thinking about. Whether there are fundamental philosophical frames that apply to *all* the psychotherapies. I think there is what I call "interactive dualism", that I think applies to all the psychotherapies, even though many would disagree. But – *in this light* – I also think that all of the psychotherapists have some variant on process.

And I find myself in the UKCP [2] connection coming up with a metaphor for that. Process is like our harmonic system in terms of music. Our harmonic system enables music to be in classical form, in a modern, fairly dissonant form, in popular 'pop song' forms, in jazz improvisatory. There's an incredible variety of what can be generated from the same harmonic system. Now, I think process is as near

1. Fall, K. A., Holden, J. M., & Marquis, A. (2003). *Theoretical Models of Counselling & Psychotherapy*. Routledge.
2. UKCP: United Kingdom Council for Psychotherapy.

as we get to a fundamental concept of all the psychotherapies, even the programmatic ones like the Cognitive Behavioural approaches and some Hypnotherapy approaches.

But what comes out as process, going back to what Bruno was saying, what process is in Family Systemic theory is incredibly different from what process is in Gestalt therapy. So much so that the person who is leading your Systemic training didn't even recognize Gestalt therapy as a therapy. Though, of course, Gestalt therapy is also one that has a very profound concept of the field in Kurt Lewin's [3] work, and in more recent thinking (I can't remember the name of the writer), the author of *Gestalt Reconsidered.* [4]

The field theory is very powerful in quite a lot of Gestalt thinkers and that's not a million miles away from systems theory. And yet your trainer couldn't recognize Gestalt as a psychotherapy. That's the kind of difference it would, when Joseph Haydn heard Beethoven's Eureka Symphony, he being an 18th century composer said, *"Everything has changed now: the nature of music has radically changed"*. He didn't say it wasn't music, but he knew that it had taken a step into a degree of dissonance and intensity, which wasn't there in the 18th century traditions.

And that is what happens when a new psychotherapy is developed out of thinking about how to work with schizophrenics, as in the case of Object Relations, or thinking about working with the whole issue of abandonment, which led to Bowlby's theorizing about attachment theory, and so on and so forth.

The process is fundamental to all of them, and yet the form it takes and the direction it takes in a particular approach may be radically different, but it nevertheless is all process. And I do think that that is the commonality that we all share.

And therefore, it's not just Integrative Psychotherapy, Courtenay, that uses process, all psychotherapists use process, but that means all psychotherapists in their measure integrative.

Courtenay:

There's an analogy of lots of people standing around a mountain, pointing, and all of them are saying: *"That's The Way Up"*.

Marzena:

What is your initial psychotherapy training?

Milena:

In my journey through various psychotherapeutic modalities, I started with Lowen's 'Bioenergetic Analysis' and Gestalt. It was the initial five years, and then for a decade, I delved into Ericksonian, with some BSFT and NLPt alongside psychodynamic therapy. In the meantime, I explored briefly the family and systemic psychotherapy and EMDR. The last therapeutic approach that I have studied for a decade was Hellingerian systemic. Very significant for me is my Buddhist practice, which influences my way of practising psychotherapy. Ultimately, I have integrated all these approaches into my own unique model of psychotherapy.

3. Kurt Lewin: author of: *A Dynamic Theory of Personality* (1935) and *Principles of Topological Psychology* (1936).
4. Wheeler, G. (1997). *Gestalt Reconsidered: A new approach to contact and resistance*. Gestalt Press.

Bruno:

Okay, I studied Gestalt therapy and Bioenergetic therapy initially. Then, I delved into Psychosynthesis.

Following that, I pursued a four-year training in Systemic therapy. I also received education in Jungian Analytic psychotherapy and Contextual psychotherapy from Nagy. I am a huge fan of Milton Erickson because his Hypnotherapy is very effective. I consider myself a storyteller as well.

Oana:

Well, my initial training was in sex therapy, which was a form of Integrative Psychotherapy focused on sexual disorders. I then received training in Ericksonian hypnosis and Transactional Analysis, and attended short courses in Gestalt, Psychoanalysis, CBT, Psychodrama, Group therapy, Family therapy and Transpersonal psychotherapy. I was seeking for the missing parts in my original training, and eventually, I found a school that offered training in Integrative Psychotherapy. Subsequently, I underwent a four-year training program in Integrative Psychotherapy.

Heward:

I found my way into psychotherapy through philosophy, theology, and literature. My journey began with extensive readings of Jung and Freud, alongside Kantian, Hegelian, and Existential-Phenomenological philosophy. This led to a deep exploration of symbolism within analytic traditions and literary sources, culminating in my doctoral work. As a psychiatric nurse, I sought to introduce psychotherapeutic approaches in psychiatric nursing, which eventually led me to become a nurse tutor. My training encompassed Liberal-Relational, Psychoanalytic and Humanistic Integrative approaches, and I currently employ a broad, flexible approach, drawing from various modalities based on the unique needs of each client. I believe that Integrative Psychotherapy is a complex, nuanced endeavour, and I am open to heresy, doubt, and questioning my own assumptions. I strive to create a space for a different type of work and understanding of the patient, and I am committed to integrating various elements to make a better picture of what happens with our clients.

Marzena:

Is there anything unique in practicing Integrative Psychotherapy?

Heward:

I think that what is specific to Integrative Psychotherapy, I suppose, to other modalities, is that there's nothing that is specific to Integrative Psychotherapy, but there are tendencies within the field of Integrative Psychotherapy, which we've already discussed: Relational, Existential, Psychodynamic, and Field -based or Systemic, and so forth.

So, integration is a broad church, a broader church than most of the other modalities, but it would be perfectly possible, for example, suppose someone had developed a long way of working with Gardening therapy, for example, there would be nothing within an integrative framework to prevent them doing that, but it wouldn't follow that all Integrative Psychotherapists would follow suit. That would be a particular integration of that particular person, but it might work very well for them.

And so, what is unique about Integrative Psychotherapy – in my view – is that there is a much greater scope for individual choice and individual synthesis of what your approach will be. And therefore, I suspect there's more space for heretics within Integrative Psychotherapy than there is in most other approach-

es, precisely because of that: because it is less likely within Integrative Psychotherapy that someone who comes up with what appears to be an eccentric way of working, as long as it's not unethical, it will be tolerated and people will be invited to explore it.

So, what is unique about Integrative Psychotherapy is that there's absolutely nothing that is unique about Integrative Psychotherapy.

Marzena:

You are you throwing the ball very high.

Oana:

I completely disagree with Heward, because I believe that Integrative Psychotherapists need to have knowledge about various modalities in psychotherapy. Older Integrative Psychotherapists like us have been trained in various modalities, while the younger generation is trained [just] in Integrative Psychotherapy. I think they need a little bit of knowledge of various other modalities and a high degree of flexibility in choosing what is appropriate for a certain client, not only in terms of interventions and techniques, but also in terms of what bits of theory apply better and what therapeutic myth is better for a client.

Bruno:

Well, in our academy, the first thing students have to learn is the basic attitude to a client, how to interact with the client, and how to create a therapeutic relationship with the client. That's the first thing we do. We also teach our students many different approaches, so they learn skills to give techniques in various approaches. We aim to provide them with many lenses to look at the client, their story, and their context and teach them how to make hypotheses to create a broader view. At the end of the year, there's always an integrative lesson, where we bring everything together and look at what is happening and what they have learned.

Marzena:

So, would you say that your answer to this question is that the students, the Integrative Psychotherapists, see things wider?

Bruno:

You always have to do two things. You must see things wider, and then you have to make a choice in interaction with the client. Otherwise, you cannot work. You cannot only see wider.

Milena:

I think the specificity of the Integrative modality is to integrate with an open visor. Because all approaches and psychotherapists integrate their *modus operandi* with what they learn, with new research, with other methods, even those observed in the colleagues they work with, and they have to take pains not to violate the boundaries of their approach. The integrative identity means that what would be heresy in a "monotheistic" modality, here will be an expected attitude.

Marzena:

I like think that this is a question to all of you. Do you think that this is something unique for Integrative Psychotherapy or is it, for example, self-therapy, or a meta position, or looking wide and narrow? Isn't this also a characteristic of many other modalities?

Milena:

I think so, but I think that what Heward has said is that we are open to heresy. And heresy is part of our identity, I would say. Heresy –

doubting and being open to question one's own stance, to leave apart our assumptions. Therefore, we need to have some ideas, but we also need to be ready to throw them out when they are not fitted to given patient. So, I agree, that we tailor our approach to this very unique person, our patient, using the broad means we have.

Bruno:

What is very good about Integrative Psychotherapy is that there is always an openness to new experiences and new ideas. For example, before, in our academia, we were working with bodywork, which is more Bioenergetic. But now the world of bodywork is changing with the Polyvagal theory [5], Bessel van der Kolk, Daniel Siegel, and so on. And so, it's essential that we listen to those people and integrate them into the theory. So, in my opinion, in Integrative Psychotherapy, there is more openness for the growing ideas in the world.

Milena:

Yeah, I was thinking about what Bruno: said, and I deeply agree with this. I would say that Integrative Psychotherapy is not like a specific animal, let's say an elephant, but it is more like COVID-19, or some unknown virus. It mutates depending on the geographical conditions, on populations, and even on the culture. It combines previous versions and divides into new options, which develop separately in different regions, only to meet each other at certain moments in time. This openness to new experiences and ideas is an identification mark of Integrative Psychotherapy. It allows for the integration of new concepts and theories that are emerging in the social world. This openness to evolving ideas is a key strength of Integrative Psychotherapy.

Marzena:

What challenges do you identify for Integrative Psychotherapists?

Milena:

The challenges for students in Integrative Psychotherapy are not necessarily connected with their modality, but rather with finding themselves in different tribes or churches. When they find themselves being heretics, there are consequences. This is a general problem for any therapist who leaves their parental church and goes to another, and it also depends on their position in the working environment.

Marzena:

The challenges can be thought of on a few levels. For example, when I say that I'm an Integrative Psychotherapist, many people ask me, what does this mean? So, there is a challenge in explaining my identification. I imagine that there can also be a challenge for a person practicing psychotherapy, as they may feel lost. Therapists who practice in one modality have a set of tools, and if they get lost in a session, they can rely on these tools to get back on track with the patient. For an Integrative Psychotherapist, this is a bit more freestyle and artistic. Can you relate to that?

Milena:

I would rather say that the challenge for Integrative Psychotherapists is not a lack of tools, but rather having an abundance of tools to

5. Porges, S. (2011). *The Polyvagal Theory: Neurophysiological foundations of emotion, attachment, communication and self-regulation*. W.W. Norton & Co.

choose from. This vast array of options requires the therapist to develop heuristics to make informed choices. During the conceptualization process, the therapist must define the problem, consider the background, and evaluate the special circumstances, context, character, and psychotherapeutic alliance. This decision-making process involves weighing the use of established tools against focusing on the therapeutic relationship. The integration of various theoretical models and approaches in psychotherapy is a complex and ongoing process. Therapists must navigate a diverse range of options and make decisions that are in the best interest of their clients. This continuous process of integration and decision-making is a fundamental aspect of the practice of Integrative Psychotherapy.

Marzena:

So, there is a lot of like skill-set and intuition involved.

Heward:

I think from the point of view of other modalities, given that it's less than it was, but given that they are embedded in their – if you like – their tribe and their tradition, which I don't want to challenge as such, I just want people to be open to differences. But the result of that is that – sometimes – Integrative approaches in psychotherapy, both at the trainee level and at the institutional level, are challenged. In effect, people say that Integrative Psychotherapy isn't a modality in its own right, and therefore it has no identity as a psychotherapy. That was the challenge in the Humanistic and Integrative College of UKCP, in 2008, from the University College London, with people like Peter Fonagy, and various others.

And we had to work very hard, and basically, we had to come up with what Tricia Scott identified as 'Integrative Humanistic Psychotherapy' (IHP), and that saved the day at that time. But obviously, I now believe that, if you like, the indeterminacy and openness of Integrative Psychotherapy is a catalyst for the whole community of psychotherapy, and that we need to, as it were, celebrate that. Well, obviously there are commonalities that we have and that we can fall back on, but I think if we just do that, we're going into a defensive position, and we're buying, paradoxically, we're buying into the tribal element of modality more than we need to do.

And as various people are saying, it's of the nature of this process that we have called integration, that it is practicing, or at least it aims to practice, a more radical openness and individuality of approach, without becoming homogenous, the less having its own individualism of vitality by *competing* with other approaches. So, I think that's the challenge for us at the present time. And I think, in the long run, if we grasp the nettle of that, we will progress and we will make an impact.

And we needn't be defensive. But there will be times when we're attacked for it.

Oana:

I'm not sure that there are special challenges for trainees and supervisees in Integrative Psychotherapy. I suppose the same challenges apply to all trainees in all modalities. This includes apprehension regarding whether they are doing things right, feelings of shame, and finding the right interventions for the client. These are common difficulties that we have to deal with in training and supervision. Therefore, I don't think there's anything fundamentally different in Integrative Psychotherapy.

Bruno:

Yeah, well, I was thinking about why Integrative Psychotherapy was created. The ap-

proaches on their own were not enough, which is why a new approach was created in an integrative way. In my opinion, the most important answer to this is related to the diversity of languages that clients speak in a symbolic way. When a client comes, they may express themselves in various ways, such as being more cognitive, experienced, or active, depending on their safety needs. Our students are asked to attune to the client and speak their language, which is challenging. I always tell my students that our academy has failed if they only learn their own language. They must learn the things they don't know and the things in their life's shadows. This is a challenging adventure for our students, as they are required to learn and be open to different aspects of the client's experience. Integrative Psychotherapy demands that therapists are not only focused on safety but are also willing to choose adventure. This means being open to different aspects of the client's experience and willing to learn and integrate new approaches. The most crucial challenge of Integrative Psychotherapy is that therapists must be willing to integrate different aspects of the client's experience into their work, rather than just choosing what is safe. This requires a willingness to be open and to choose adventure over safety.

Marzena:

So, what you are saying is that the challenge is that Integrative Psychotherapists need to adapt to the client and learn their language, get out of their scope, right? And what Milena: also said is about the uncertainty, more doubt, more swimming in the open ocean than to have a manual, this is your road, Yes?

Milena:

I like the thesis of Bruno and I would broaden it. To develop a meaningful shape of psychotherapy, we need to embrace our own shadow, in the Jungian sense. This embracing of shadow takes us into the unknown, and only then do we have the courage to commune with the unknown of our client. And it is an existential dimension, hopefully shared in our approach. We need to integrate all so-called evil aspects of ourselves.

Marzena:

Cruel, aggressive, hateful.

Milena:

Only then can we be a real guide in the patient's difficult journey.

Marzena:

Why would you recommend Integrative Psychotherapy to the patients?

Oana:

I can't imagine recommending anything else but Integrative Psychotherapy. It's such a part of my professional identity to be an Integrative Psychotherapist that I can't imagine anything else. I would recommend it for the flexibility that it offers in approaching the various difficulties and problems that clients present with in therapy, and for being able to adapt interventions to their needs in a flexible manner, and also because it's a modern approach.

Bruno:

When I ask my students why they are coming to this school and this academy, I want to understand what motivates them. I inquire about what draws them to this approach in their first year. I always emphasize that it's easier to focus on just one approach, but it's essential to recognize that there are various ways to address problems and help those who are suffering. I find it challenging to limit myself

to just one approach. It's valuable to explore different perspectives and approaches, as it allows us to see the importance of each and consider alternative views. Sometimes, a linear approach is necessary, while other times, a more flexible and interactive approach is better. There are also times when working with individuals is appropriate and other times when involving the whole family in therapy is the right approach.

Milena:

I feel like I need to say something contradictory. To some clients, I would say, "Don't come here if you don't want to change something". If you just want me to confirm your existing views, which led to your troubles, and you're not ready to change anything, then this isn't the right approach. This place is all about change. Not everyone comes here to change something. Sometimes people come here to confirm that there's no hope for them. I know this, and sometimes with great regret, I tell people that this isn't the right place for them. Maybe they should go back to the type of therapy they are used to, and it would be better for them. It's not a straightforward answer because I value freedom and choice. I can't imagine anything better than our approach, but I respect that not everyone shares my values.

Marzena:

So, we have modern and flexible, interactive and risking the real change.

Bruno:

Yeah, yeah, yeah. Well, I was thinking about resistance. In psychotherapy, we talk a lot about resistance, but in what we are teaching, I always tell my students that resistance doesn't exist. It's something that the therapist and the client create because resistance is a survival strategy, which was very important in the client's life. Attunement with the client in psychotherapy is essential, because it forms the basis for an effective therapeutic relationship. By attuning to the client, the therapist demonstrates understanding, acceptance, and support, helping the client feel safe and understood, which can enhance the effectiveness of therapy.

Resistance is an important way of survival because it often signals deeper emotional or psychological issues that the client finds challenging to confront. Resistance can serve as a protective mechanism to shield vulnerable parts of ourselves. The therapist must understand and respect the client's resistance and work collaboratively with the client to explore and understand its underlying reasons. This process can lead to growth, insight, and change for the client. In psychotherapy, talking with the client in their language is crucial. Sometimes, clients come to therapy because they are terrified. At the beginning of their survival, it is very normal that they are not open to exploration and changes. The first thing that the therapist has to do is create a safe environment. Only when there is safety and trust, and when the client knows that he can say 'No' when needed, can the client open up to the new and genuinely embark on an adventure with the therapist.

Milena:

The issue of the dignity of the patient who is suffering has been important to me recently. Sometimes as therapists, we tend to overvalue emotions and emotional expression. Meanwhile, losing control of one's expression can mean a loss of dignity for the patient, and we need to be sensitive to the patient's real needs in the moment. Disclosing suffering does not always mean inviting interference.

Marzena:

Respect the patient's suffering if they choose to.

Milena:

Yes, and I think this was Rogers' essential postulate, that famous unconditional regard – accepting people as they are. The condition for helping them to change is to accept them as they are and to accept the suffering they are experiencing.

Marzena:

I would like to ask you what tools and ways of work currently are your favourites? Because everyone leans to some approach, right? So, what is yours?

Milena:

I like a process approach. In the beginning, I try to "become" my client. It is not any specific technique, but metaphorically speaking, I try to identify with him or her, and this is a deep experience rooted in the body. To call it 'empathy' would be too shallow. I would say rather that this is that famous 'common' brain, described by neuroscientists. And it brings experiences like "mind-reading", a phenomenon rather closer to hypnotic communication. Another piece is working with the mind in here-and-now. I try to find what are therapeutic needs at any moment and create situations where the patient can experience what is needed. I like to perceive therapeutic dialogue as music performed in a tuned duet, where sometimes a lot of effort has to be put into the process of attunement.

Bruno:

I don't have a favourite. It's bizarre, but when I'm working with clients, yes, the client is there, and then I work with them, but not in a favourite way. I'm always interested in new things and new ideas. Sometimes, it is quite a challenge to look my survival [mechanism] in the eye, and I certainly do not want to claim that all movements we integrate are equally easy to integrate. And I also see with my students that when you learn something new, you want to use it for all your clients, but that's only working for some of your clients.

It's vital to first get in contact with the client and look at what we will do in interaction with the client. And I have a lot of approaches that I can use. And the integrative view is entirely part of who I am.

Marzena:

Okay! Oh my God, another brilliant answer. Thank you so much. Like I have punchlines.

Oana:

I can't say that I have a favourite way of working, but lately, I've been integrating more and more expressive techniques. By this, I mean elements of drama therapy, dance and movement therapy, art, and so on. We've also developed a training program in Integrative Expressive Psychotherapy. In different periods of my professional life, I've integrated various elements, and now it's time for this one. We've also been working lately with drama, I mean with theatre, and we have a small theatre company. It's not psychotherapy, but it has a very therapeutic effect, and we're all very thrilled about it.

Marzena:

Yeah. Thank you! All of you! For me, that was fantastic. I have to say, personally, what you said to me, all of you, was really, really nourishing and, and I feel like it was developing me. That's why I'm hoping that this is going to have an impact on our readers as well.

Interview between Maia (Marine) Begashvili & Marzena Rusanowska

MAIA (MARINE) BEGASHVILI, MD, is a medical doctor specializing in drug and alcohol addictions and a psychotherapist with medical education (National License in Georgia, Multimodal Psychotherapist (ECP), Integrative Psychotherapist (ECIP), who has been practicing psychotherapy for many years. She is the President of the NUO Georgian Federation for Psychotherapy, National Delegate of EAP, the Head of the EAPTI International Academy of Mental Health and Integrative Psychotherapy. In this interview, Maia (Marine) Begashvili shares her insights on the development of psychotherapy in Georgia and her journey towards creating a Georgian school of Integrative Psychotherapy.

MARZENA RUSANOWKSA (Marzena) is currently the IJP Assistant Editor and is the Editor of this Special Issue on Integrative Psychotherapy.

Marzena: *Can you tell us about your background and how you became interested in psychotherapy?*

Maia: During my clinical practice as a medical doctor, in the process of observing patients, it become obvious that they needed additional intervention alongside their (medical) treatment, that's how I came to psychotherapy. According to this observation, treatment in some cases was more effective than in other ones and it was interesting to specify what was the difference between these cases. The reason was a different form of communication and rapport with patients. This made my way to psychotherapy and a motivation to become psychotherapist alongside my medical degree. I started study different modalities of psychotherapy. Then I started implementing psychotherapeutic methods during my work and found that it has very good influence on the patient's health condition, and their families also saw the positive changes. Therapeutic results of the patients were improved by identifying and processing their personal motivation of the treatment.

Marzena: *Psychotherapy has been developing in differenct countries with different pace. How has the practice of psychotherapy in Georgia evolved since the Soviet era, and what challenges and opportunities have emerged in the post-Soviet era?*

Maia: Over many years, psychotherapy was a problematic field in Georgia. It had only a formal meaning and there was no systemic study to fulfil modern educational standards of psychotherapy and that would meet the needs and expectations of the patients. To study psycho-

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therapy, it was necessary to get education in different countries, or to participate in short-term studies in different modalities.

In 2001, a residency program in Psychotherapy started functioning in the Tbilisi State Medical University. In this program, there were lecturers involved from different countries. I was one of the graduates of this program and become a state-licensed psychotherapist. However, the residency program was closed sometime later, and it then became impossible for anyone to become psychotherapist in Georgia. But there were practitioners and organizations, who worked under the name of 'psychotherapist' with different educational backgrounds.

'Dendroni' [1] is a Non-Governmental Organization (NGO) and was founded in 2011, working to develop the field of psychotherapy and organizing psychotherapeutic trainings. We had the aim to promote psychotherapy as an independent profession in Georgia. Back then, because of the lack of the awareness of the patients, and even of many practitioners, psychotherapy was not considered as a separate field. We started organizing a study program in accordance with the EAP's standards, so as to create opportunities to study psychotherapy in a systemic way as an independent profession. Since then, we became connected with the European Association for Psychotherapy (EAP) in order to implement its standards and guidelines in Georgia and created connections with the EAP as a highly qualified European professional society. In 2014, 'Dendroni' become a full EAP member, an ordinary organization of the EAP, and Georgian Federation for Psychotherapy Dendroni has become a National Umbrella Organization (NUO) since 2021.

Marzena: *You established the Integrative Psychotherapy school in Georgia, which is a testament to your dedication and hard work. I can only imagine that the beginning was not easy. Could you please share how you managed to form a psychotherapy school in Georgia, considering the challenges and opportunities that were emerging in Georgia?*

Maia: It was a lot of work, and it required a lot of stamina, motivation, and energy. Integrative Psychotherapy was not known in Georgia: it was something new, and much effort was needed to create this new school and new form of study. We discussed a lot how we imagined the development of psychotherapy in Georgia, not just for the integrated psychotherapy school, but also in general. We wanted to raise awareness about psychotherapy and teach psychotherapy to a high educational and ethical standard and raise awareness amongst society about what psychotherapy is and how it works. We analyzed the problems and found inspiration from different guidelines, European colleagues and other organizations. It was a long journey, but the results that we see among our students makes us think that it was worth it.

Marzena: *So, what were the steps in that journey?*

Maia: We started implementing Integrative Psychotherapy in Georgia in 2012. Elaborating the program that started in accordance with EAP standards, and we had consultations with our European Association for Integrative Psychotherapy (EAIP) colleagues during our different stages of development. The 4-step model of Integration used by our academy was created and developed based on the existing models of integration and considering my personal experience as clinical practitioner.

1. Dendroni – www.dendroni.ge/en/dendroni

This model of Integration was approved and accredited by the EAIP, as a European-Wide Accrediting Organisation (EWAO), and later through the EAP. With the accreditation our institute International Academy of Mental Health and Integrative Psychotherapy, we become the first and only European Accredited Psychotherapy Training Institute (EAPTI) from Georgia.

Within Integrative Psychotherapy, we now have the status of an EAPTI, the International Academy of Mental Health and Integrative Psychotherapy. In psychotherapy in general, we have many motivated students, different psychotherapeutic schools, and with support of the EAP National Umbrella Organizations, the new Georgian Federation for Psychotherapy, 'Dendroni'. I am grateful of all who are now unified under the moto "For Qualified Psychotherapy in Georgia" and to colleagues from the EAP, whose work and support made it all possible.

Marzena: *How did you cope with the ups and downs of creating the Integrative Psychotherapy school?*

Maia: It needs a lot of effort to implement something new and to prepare society for this. Many people were not familiar with psychotherapy. We wanted to give students the best education possible and develop this field in Georgia. It was a long journey, with lots of challenges, including scepticism from some groups of society towards the idea of a united professional society and psychotherapy as an independent profession, but we are glad today of what is accomplished in our country.

Marzena: *I am very curious about the integrative model at your school. We are all learning on how to effectively practice Integrative Psychotherapy. How do you do it in your school?*

Maia: Our model of Integrative Psychotherapy is based on the principle of human and universe unity. We consider human beings as bio-psycho-social creatures that are an open window to the universe. The universe flows in and out of us, and opening and closing this window is a functional, voluntative act in case of healthy, harmonious regulation. However, when there is a disorder in this will or behavioral blocking of the functioning, it requires specific psychotherapeutic intervention, as it manifests as various psychological problems and disorders.

The main principle of our Integrative Psychotherapy is the wholeness of the human being. Human beings are indivisible parts of nature, and every human being is oriented towards developing. The human being is a whole system, and consciousness is also undivided. Our model is based on the integration of eight psychotherapeutic modalities, including humanistic-dynamic approaches, cognitive-behavioral therapy, NLP, short-term strategic therapies, and hypnosis. We focus on the individual's physiological, emotional, cognitive, behavioral, and spiritual domains throughout the psychotherapeutic process.

Our model is based on recovering the emotional, cognitive, behavioral, and physiological functioning and considers the personal spiritual aspect. We use psychodrama therapy and object relations theory, which are well compatible, and many of the gestalt therapy topics and techniques are crossing and compatible with psychodrama therapy. We also integrate the therapeutic process, creating a joint therapeutic system with the patient, considering the processes of empathy and transference/countertransference.

Our Integrative Psychotherapy involves a specific attitude towards practice, with special interest dedicated to supporting the person/patient/client on physiological, emotional,

cognitive, behavioral, and spiritual levels. The aim of this support is to create integrity that improves the quality of life on the levels of psychological, physiological, interpersonal, and social-political functioning. We focus on the therapist's personal integration by personal growth, diversification of knowledge not only in the field of psychotherapy but also in related sciences. It is also essential to integrate with the therapeutic process according to clients' needs and challenges, as it is important for the patient/client to be involved in the whole integrative process.

Marzena: *You mentioned the 4-step model of integration used by your academy. Could you break that down and explain the steps?*

Maia: The Integrative Psychotherapy 4-step model is a synthetic psychotherapy model that integrates 8 recognized psychotherapeutic modalities at the conceptual, methodological, and technical levels. It offers specialists a clear, accurate and systematic assessment tools of a wide range of human challenges and the possibility of psychotherapeutic treatment, considering the bio-psycho-social aspects considering the integrating potential of the individual spirituality. It also includes interdisciplinary integration between psychotherapy, psychology and psychiatry and is based on an existential understanding of human nature.

The goal of Integrative Psychotherapy is the formation of an integrated individual. Such an individual is an authentic person who is fully integrated with both - his inner world and the environment. To fulfil its purpose, Integrative Psychotherapy focuses on the individual's physiological, emotional, cognitive, behavioural, and spiritual domains in the psychotherapy process, both in the assessment, research, and case formulation stages, as well as in the methodological understanding and technical performance of psychotherapy.

Marzena: *Thank you so much. It was a great pleasure.*

Editor's Note:

The description of the Integration Model used by Maya's Academy follows in the next article.

EAPTI
European Accredited Psychotherapy Training Institute

International Academy of Mental Health and Integrative Psychotherapy

The Model of Integration

Marine Begashvili

Flowing out of the principle of human and universe unity, our model of Integrative Psychotherapy considers the human being, a bio-psycho-social creature, as an open window in the universe. The universe both looks out and flows within it. An opening and closing of the window is a functional, voluntary act in the case of healthy, harmonious regulation. Although any disorder in this, or behavioural blocking of the functioning, will require specific psychotherapeutic intervention because it manifests as various psychological problems and disorders.

The main principle of Integrative Psychotherapy is the wholeness of the human being. Wholeness is a trait of nature and the human being is its indivisible part – a human being separately is a unitary creature and, at the same time, it is a part of the nature and creates unity with it. Every human being is oriented towards developing. He/she and his/her consciousness are also undivided, a whole system and not different categories. The wholeness principle offers not only a system (while considering things and events), but it also enables viewing the universe as an undivided unity, which the human being is considered to be a part of.

Humanistic approaches are based on the principle described above. This principle of integration in our program is presented by the personality psychology, developmental psychology, psycho-sexual development and its dysfunctions, and integrative theory of character formation.

In the origins of Integrative Psychotherapy, A.G. Maslow considered Humanistic Psychology to be the third, transitional, pre-operational phase to a higher-level psychology, which is beyond individual needs and interests; and human nature and identity is oriented to transpersonal, transhuman phenomena and universe.

In the nineties, researches of bases for "intense integrative psych technologies", which are oriented to create such skills that will help person to become more integrated, goal-oriented and conflict less, free from fragmented consciousness and behavior, accepts one's own feelings and move them from the problem to the healing level, increasing creative potential and return joy of life.

Our integrative model, as a synthesis of the humanistic and dynamic approaches is based on object-relations theory, developmental psy-

chology, self-psychology and Gestalt theory (transference and countertransference, figure and background). The main understanding of integration is contact, relationship, ego-status, and life scenario. Our integrative model is based on recovering of the emotional, cognitive, behavioral and physiological functioning and considers widely personal spiritual aspect.

Psychodrama therapy and object-relations theory are well compatible: in the process of developing the change in child psychic functioning, internalization process disorder is followed by a number of role-conflicts, which can be easily revealed during psychodrama therapy process. Many of the Gestalt therapy topics and techniques are crossing and compatible with psychodrama therapy. The foundation of the bases of field theory, both of these existential-humanistic modalities became closer to each other. We can also represent psychodrama therapy as a "translation" of the Jungian archetypes on the language of concrete actions.

The Integration model – psychodynamic psychotherapy, gestalt therapy, psychodrama therapy, psychosynthesis – helps to explain consecutively individual needs and challenges, to reveal and elaborate his/her actual needs, and to identify local pathological issues. This is the complex view of the actual needs and challenges of the client/patient, which needs farther elaboration.

The third model of our integration is based on the integration of the systems that influence person's cognition (beliefs, perceptual strategies, information processing, etc.) and behavior. On the methodological level, it means integration of the following psychotherapy modalities: cognitive behavior therapy, NLPt, short-term strategic psychotherapy, and hypnotherapy (classical and Erickson hypnosis). On the technical level, it means an eclectic integration of different instruments (ABC analysis, working with sub-modalities, fantasy of fear, magical question, trance, etc.).

Integrative Psychotherapy, first of all, involves a specific attitude towards practice, special interest is dedicated to support person/patient/client on physiological, emotional, cognitive, behavioral and spiritual levels. The aim of this support is to create integrity that improves quality of life on the levels of psychological, physiological, interpersonal and social-political functioning.

Integration is a process that the therapist needs to dedicate themselves to. Much interest is focused on the therapist's personal integration through personal growth, diversification of the knowledge, not only in the field of psychotherapy, but in related sciences. It is also very important to integrate with therapeutic process according to clients' needs and challenges, because it is really important for the patient/client being involved in the whole integrative process, as a result of this, the therapeutic outcome is reached easier and faster.

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Integrative Psychotherapy: A 4-Step 'Synthetic' Model

Nino Kobakhidze

The Integrative Psychotherapy 4-step model is a 'synthetic' psychotherapy model that integrates eight recognized psychotherapeutic modalities at the conceptual, methodological, and technical levels. It offers specialists a clear, accurate and systematic assessment tools to work with a wide range of human challenges and the possibility of psychotherapeutic treatment, taking into account the bio-psycho-social aspects considering the integrating potential of the individual spirituality. Its author is Marine Begashili, founder and head of the International Academy of Mental Health and Integrated Psychotherapy, president of the National Umbrella Organization, the Georgian Federation of Psychotherapy. It also includes interdisciplinary integration between psychotherapy, psychology and psychiatry and is based on an existential understanding of human nature.

The goal of the Integrative Psychotherapy is the formation of an integrated individual. Such an individual is an authentic person, who is fully integrated with both his inner world and the environment. To fulfill its purpose, Integrative Psychotherapy focuses on the individual's physiological, emotional, cognitive, behavioral, and spiritual domains in the psychotherapy process, both in the assessment, research, and case-formulation stages, as well as in the methodological understanding and technical performance of psychotherapy.

The 4-step model of Integrative Psychotherapy (presented below) is based on three fundamental models of psychotherapy integration: these models are:

1. Humanistic
2. Instrumental – interactive
3. Instrumental – technical.

Our model, at the same time, includes three levels of integration of psychotherapeutic modalities:

1. Conceptual
2. Methodological (methodological paradigms of treatment, intervention)
3. Operational (a set of technics – synthesized, compiled or compiled techniques).

1 **The First Step** – originates from the idea of human and universe unity. It involves multi-dimensional research, understanding and evaluation of the structure and functioning of the human being, as an existential being. The main principle of Integrative Psychotherapy is the integrity of the individual, which is a characteristic of nature: an integral part of which is the person himself. In itself, the individual represents the whole, and at the same time, it appears to us as an inseparable part of the world, with which it creates a whole in unity. The human being, as a whole, is an autonomous, development-oriented being, individual, and his consciousness is also a single indivisible system.

The principle of the unity of the individual with the world offers us not only a systematic approach to things and events, but also enables a unified vision and knowledge of the world. In our conceptual model, a metaphorically individual is a window cut into the universe through which it is moving and, at the same time, through which it becomes visible.

In healthy, harmonious regulation, the opening and closing of a window is a functional behavioral act of an individual based on his will. In a disruption of this fog, behavioral disturbances in the functioning of the psyche, require specific psychotherapeutic interventions, because they manifest themselves in the form of various psychological problems.

The individual is a window cut into the world, the face of the world is visible from him, and we see in him the model of the world reflected from him. The world is just like each individual; he is a kind of micro-model of the world, and the general regularities with which we will study the mechanisms of the functioning of the human psyche should be in line with the regularities useful for studying the world, that is why – when studying the functioning of the individual's psyche and the peculiarities of behavior, we should widely familiarize ourselves with the particular (client/patient) model of world perception, cognition and feedback.

At the conceptual level, this step is presented as a synthesis of developmental and personality psychology, existing research in these fields, regularities and disorders of psychosexual development, and an integrative theory of character formation. It serves as a comprehensive study of the structure and functioning of the psyche, taking into account the physiological, emotional, cognitive, behavioral and spiritual domains. It means getting to know the individual and the model of the world specific to him and relying on it in the process of psychotherapy.

At the methodological level, it includes the assessment and study of the formation of behavior and its violations:

a. taking into account age and gender determinants,
b. considering social and self-concept,
c. by highlighting the basic instincts underlying the behavior,
d. based on the spiritual origin, taking into account the psychology of the person and the "self-concept".

At the operative, therapy level, it offers to study the functioning of the psyche of the patient/client as a universal whole, to outline the peculiarities of his behavior and contact with the environment and adaptation, to determine and take into account the depth and quality of the violation, to build an individual, authentic, adaptive model of unity with the world.

2 **The Second Step** - includes the synthesis of humanistic-dynamic approaches and includes the conceptual integration of object relations theory, self-psychology, theories of personality development, contact theory of Gestalt therapy, figure/background, transference/ countertransference, integrating psych synthetic concepts of ego status and life scenarios, psychodrama role theory, and subpersonalities into understanding a wide range of human challenges, case formulation, treatment methodology planning, and technical performance.

The model integrates: psychodynamic psychotherapy, gestalt therapy, psychodrama therapy and psychosynthesis, which helps us accurately and consistently to explain the challenges and needs of the individual, outline and to process his actual needs.

At the level of methodology, this means the processing of a mental disorder or a psychological problem, which developed as a result

of: psycho-trauma, traumatic memories, role conflicts, or other systemic or non-systemic disorders for the formation of an adaptive models of behavior, taking into account the spiritual origin and the self, based on the theory of objective relations, the specifics of personality formation and development, transference – countertransference, life-scenario processing, integration of the person with social roles, generation of appropriate adaptive role behaviors, etc.

At the level of technical performance, this means, during the therapist's supportive work with the client, the processing of the client's internal objective relations system, in terms of influencing their behavior, the processing of the reflection of archetypes on the forms of behavior, with psychodrama therapeutic approaches: "mirror", "role exchange", "duplication", "Future Projection", "Family Sculpture", etc.

Analysis of the reflection of the client's past experiences on the current life and the behavior patterns by which the patient integrates with the world, the appropriate processing of role conflicts, the embedding/integration of the role into the life scenario and its rationalization, regulation, and the analysis of the role hierarchy.

3 **The Third Step** is the integration of basic systems, which at the technical level involves the integration of methods and techniques focused on cognition (credibility, values, perception strategies, information processing, etc.) and cognitive restructuring and behavior modeling.

At the level of methods, this means the integration of the following psychotherapeutic schools: (cognitive-behavioral therapy and "third wave" therapies), NLPt, short-term strategic therapies (J. Nardone, BSFT, de Shaiser, I. K. Berg), and Erikson's hypnosis.

At the level of technical performance, this means the selective integration of various tools: ABC analysis, work with sub-modality, "fear fantasies" and "magic question", trance, etc.

4 **The Fourth Step** is to integrate the therapeutic process, which involves creating a joint therapeutic system with the patient, using it as a therapeutic tool, taking into account the processes of empathy, and transference/countertransference.

Integrative Psychotherapy primarily involves a special approach to psychotherapeutic practice, with particular attention being paid to supporting a person on emotional, spiritual, cognitive, behavioral and physiological levels.

The goal is to integrate such support in ways that improve quality of life at the levels of mental, physiological, interpersonal, and socio-political functioning. In our model, great attention is paid to the personal integration of the therapist and is carried out by:

- Personal growth,
- Diversity and consolidation of knowledge in psychotherapy,
- Diversity and consolidation of knowledge in various related sciences.

It is important to integrate with the therapeutic process, according to the client's needs and challenges, because it is important for the client/patient to participate in an integrated process, which results in a quick and easy therapeutic effect.

The effectiveness of the presented model is confirmed by many years of clinical practice with people with a wide range of psychological problems, including different types of addictions, psychological trauma and post-traumatic conditions, life crisis, anxiety and mood disorders, personality disorders, sexual dysfunctions, behavioral disorders, etc.

Author

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ADDITIONAL PRESENTATIONS

Alongside the main presentations at such a major conference, there are always a number of additional presentations. These may be in the form of workshops, seminars, poster presentations, etc. We have a difficulty in transposing these – often verbal – or verbal plus PowerPoint presentations into a written format. Many of these presentations were also in parallel (at the same time) or were not recorded, and thus we have to rely on insufficient information.

Please forgive us – the IJP Editorial team – if we have missed someone out, or given incomplete information. There are some presenters who did not send us their material. Maybe, we will see their presentation in an article format, submitted to the Journal at some later date. Where possible, we have given contact information so that readers can ask the presenter for more information directly.

- **Emotional and Physiological Regulation in Psychotherapy Supervision**
  Assist. Prof. Maša Žvelc, Ph.D. [masa.zvelc@institut-ipsa.si]
  Institute for Integrative Psychotherapy and Counselling, Ljubljana University of Primorska, Slovenia: PowerPoint presentation
- **Mental Health in Crisis: The Role of the Psychotherapeutic Training Institute in Building an Interdisciplinary Network of Professionals**: PowerPoint presentation
  Sabina Zijadić-Husić, ***Mirela Badurina*** and ***Azra Arnautović*** [www.bhidapa.ba]
- **Deep Roots of Intuition:** ***Vesna Petrovic***
  This study aims to investigate the presence of intuition and responsiveness in early students and in experienced students and psychotherapists, which is understood as the ability to integrate bodily sensitivity and cognition of what is experienced in the patient.
  Adapted from '*Awakening Clinical Intuition: An Experiential Workbook for Psychotherapists*' by Terry Marks-Tarlow (W.W. Norton & Co., 2014)
- **The derived supervision model of Integrative Systemic Psychotherapy (ISP) as an attempt to increase the effectiveness of supervision in clinical practice**: PowerPoint presentation
  Milena Karlińska-Nehrebecka: Polish Institute for Integrative Psychotherapy
- **Evaluating the Effectiveness of Spiritual Psychotherapy on Attachment to God Among Adolescents with Conduct Disorder: A Randomized Controlled Trial**
  Maryam Salmanian, PhD, Psychiatry & Psychology Research Centre, Tehran University of Medical Studies
- **The Imprint of Cultural Diversity on Expressing and Dealing with Emotions in Music Therapy**: PowerPoint presentation
  Valentina Mihaela Pomazan, Ovidius University, Constanța
- **The Relationship of Parental Personality Disorders with Offspring Eating Disorders at Childhood and Adolescence Age**: PowerPoint presentation
  Parandis Pourdehghan, *MS.*

English-Language Integrative Psychotherapy Book List [1]

Allport, F. H. (1955). ***Theories of personality and the concept of structure***. New York: Wiley.

Assagioli, R. (1965). ***Psychosynthesis***. New York: The Viking Press.

Benjamin, L. S. (1996). ***Interpersonal diagnosis and treatment of personality disorders***. New York: The Guilford Press.

Berg, Insoo Kim, & de Shazer, S. (1993). Making numbers talk: Language in therapy. In: S. Friedman (Ed.), ***The New Language of Change: Constructive collaboration in psychotherapy***. New York: Guilford.

Brooks-Harris, J. (2008). ***Integrative Multi-theoretical Psychotherapy***. Boston: Houghton-Mifflin.

de Shazer, Steve (1988). ***Clues; Investigating Solutions in Brief Therapy***. New York: W.W. Norton & Co.

Erskine, R. & Moursand, J. (1988/1998). ***Integrative Psychotherapy in Action***. Highland, NY: The Gestalt Journal Press.

Fairbairn, W. R. D. (1952). ***An Object-Relations Theory Of the Personality***. New York: Basic Books.

Francesetti, G. (2013). ***Gestalt Therapy in Clinical Practice***. Milan: Franco Angeli.

Greenberg J. R., & Mitchell, S. A. (1983). ***Object Relations in Psychoanalytic Theory***. Cambridge, MA: Harvard University Press.

Grof, S. (1985). ***Beyond the Brain: Birth, Death and Transcendence in Psychotherapy***. New York: State University of New York Press.

Grof, S. (1998). ***The Transpersonal Vision: The healing potential of non-ordinary states of consciousness***. Sounds True Audiobooks.

Holmes, J. (1993). ***John Bowlby & Attachment Theory***. London: Routledge.

Johnson, S. (1994). ***Character Styles***. New York: W.W. Norton & Co.

Kohut, H. (1971). ***The Analysis of the Self***. New York: International Universities Press.

Kohut, H. (1977). ***The Restoration of the Self***. New York: International Universities Press.

Kohut, H. (1984). ***How does analysis cure?*** Chicago: University of Chicago Press.

Maslow, A. (1962). ***Toward a Psychology of Being***. Princeton, NJ: D. Van Nostrand Co.

Moreno, J. L., & Jennings, H. H. (1938). ***Statistics of Social Configurations***. Sociometry.

Moreno, J. L. (1956). ***Sociometry and the Science of Man*** (Ed. J. L. Moreno). Beacon (NY): Beacon House.

Moursand, J. P., & Erskine, R. G. (2004). ***Integrative Psychotherapy. The Art and Science of Relationship. Pacific Grove***, CA: Brooks/Cole-Thomson Learning.

Nardone, G. & Portelli, C. (2005). ***Knowing Through Changing: The Evolution of Brief Strategic Therapy***. Carmarthen, UK: Crown House Publishing.

1. There are no particular recommendations or ordering in this listing (other than alphabetical): compiled by Courtenay Young.

Norcross, J. S., & Goldfried, M. R. (Eds.) (2005). ***The Handbook Of Psychotherapy Integration*** (2nd Ed.). New York: Oxford University Press.

Perls, F. S., Hefferline, R., & Goodman, P. (1951). ***Gestalt Therapy: Excitement and Growth in the Human Personality***. Delta Books.

Polster, E., & Polster, M. (1973). ***Gestalt Therapy*** Integrated**, *Contours Of Theory and Practice***. NY: Brunner/Mazel.

Stern, D. (1985). ***The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology***. Basic Books.

Wilber, K. (1980). ***The Atman Project: A Transpersonal View of Human Developments*** (2nd Ed.). Quest Books.

The Journal of Psychotherapy Integration offers original peer-reviewed papers that move beyond the confines of single-school or single-theory approaches to psychotherapy and behavior change. The journal publishes articles that significantly advance the knowledge of psychotherapy integration and present new data, theory, or clinical techniques relevant to psychotherapy integration.

Coverage includes articles integrating the knowledge of psychotherapy and behavior change with developments in the broader fields of psychology and psychiatry (e.g., cognitive sciences, psychobiology, health psychology, and social psychology).

The JPI is published by the American Psychological Association. Additional information may be found at: www.apa.org/pubs/journals/int

The **European Association for Integrative Psychotherapy** (**EAIP**) was established in 1993.

In 2004, the EAIP Governing Board agreed to create a European Certificate in Integrative Psychotherapy. The first certificates were awarded at an award ceremony in London in March 2006.

EAIP Statement of Philosophy

Integrative psychotherapy embraces first and foremost a particular attitude towards the practice of psychotherapy which affirms the importance of a unifying approach to persons Thus a major focus is on responding appropriately and effectively to the person at the emotional, spiritual, cognitive, behavioural and physiological levels. The aim of this is to facilitate integration such

that the quality of the person's being and functioning in the intrapsychic, interpersonal and socio-political space is maximised with due regard for each individual's own personal limits and external constraints.

Within this framework it is recognised that integration is a process to which therapists also need to commit themselves. Thus, there is a focus on the personal integration of therapists. However, it is recognised that while a focus on personal growth in the therapist is essential there needs also to be a commitment to the pursuit of knowledge in the area of psychotherapy and its related fields. Therefore, the EAIP defines as "Integrative" any methodology and integrative orientation in psychotherapy which exemplifies, or is developing towards, a conceptually coherent, principled, theoretical combination of two or more specific approaches, and/or represents a model of integration in its own right. In this regard there is a particular ethical obligation on integrative psychotherapists to dialogue with colleagues of diverse orientations and to remain informed of developments in the field.

A central tenet of Integrative psychotherapy is that no single form of therapy is best or even adequate in all situations, Integrative psychotherapy therefore promotes flexibility in its approach to problems but also subscribes to the maintenance of a standard of excellence in service to clients, in supervision and in training. Thus, when integrative therapists draw on different strategies, techniques and theoretical constructs when dealing with particular situations, this is not done haphazardly, but in a manner informed both by clinical intuition and a sound knowledge and understanding of the problems at hand and the interventions to be applied.

In the final analysis Integrative Psychotherapy, while affirming the importance of foregrounding particular approaches or combinations of approaches in regard to specific problems, nevertheless places the highest priority on those factors which are common to all psychotherapies, especially the therapeutic relationship in all its modalities. In regard to the therapeutic relationship however, particular emphasis is placed on the maintenance of an attitude of respect, kindness, honesty and equality in regard to the personhood of the client in a manner which affirms the integrity and humanity both of the self and the other. Integrative psychotherapy affirms the importance of providing a holding environment in which growth and healing can take place in an intersubjective space which has been co-created by both client and therapist.

THE SOCIETY FOR THE EXPLORATION OF PSYCHOTHERAPY INTEGRATION (SEPI)

SEPI is an international, interdisciplinary organization. Our aim is to promote the development of psychotherapies that integrate theoretical orientations, clinical practices, and diverse methods of inquiry. SEPI brings practitioners and researchers together to learn from each other to an unprecedented degree. Effective psychotherapies must be rooted in both clinical and empirical exploration and therefore we facilitate collaboration between practitioner and researcher.

www.sepiweb.org

EAIP ORGANISATIONS [2]

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ASSOCIATION OF CHRISTIAN PSYCHOLOGISTS
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2. Adapted from EAIP website: www.euroaip.eu

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European Association of Integrative Psychotherapy, 2024

PROFESSIONAL ISSUES

English-language Book Reviews

We have a large number (about 45+) of review copies of brand new books to do with psychotherapy sent to us by the publishers. We have a whole raft of people "out there" who might be interested in writing a review about one of these books and who would then get to keep the book. Please go to the IJP website: **www.ijp.org.uk** and click on the "Book Reviews" tab in the middle of the top menu bar. Please, just let us know which book you would like to review and we will send it to you.

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Review Process: All manuscript submissions – except for short book reviews – will be anonymised and sent to at least 2 independent referees for 'blind' peer-reviews. Their reviews (also anonymised) will then be submitted back to the author.

Manuscripts (or submissions) should be in the form of: either

- **Long articles**, which should not exceed 5000 words; or
- **Medium articles** (2000-3000 words); or
- **Short reports & reflections** for rapid publication (1000-1500 words); and
- **Book Reviews:** short (600-800 words) not peer-reviewed, or longer (800-1200 words) reviewed;
- **News Items** can be 100-500 words (not peer-reviewed).

In exceptional circumstances, longer articles (or variations on these guidelines) may be considered by the editors, however authors will need a specific approval from the Editors in advance of their submission. (We usually allow a 10%+/– margin of error on word counts.)

References: The author **must** list references alphabetically at the end of the article, or on a separate sheet(s), using a basic Harvard-APA Style. The list of references should refer only to those references that appear in the text e.g. (Fairbairn, 1941) or (Grostein, 1981; Ryle & Cowmeadow, 1992): literature reviews and wider bibliographies are not accepted. Details of the common Harvard-APA style can be sent to you on request, or are available on various websites. In essence, the following format is used, with **exact** capitalisation, italics and punctuation. Here are three basic examples:

(1) For journal / periodical articles (titles of journals should **not** be abbreviated):
FAIRBAIRN, W. R. D. (1941). A revised psychopathology of the psychoses and neuro-psychoses. *International Journal of Psychoanalysis*, Vol. 22, pp. 250-279.

(2) For books:
GROSTEIN, J. (1981). *Splitting and projective identification*. New Jersey: Jason Aronson.

(3) For chapters within multi-authored books:
RYLE, A. & COWMEADOW, P. (1992). Cognitive-analytic Therapy (CAT). In: W. DRYDEN (Ed.), *Integrative and Eclectic Therapy: A Handbook*, (pp. 75-89). Philadelphia: Open University Press.

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