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INTEGRATIVE APPROACHES TO PSYCHOOTHERAPY

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Alas, our theory is too poor for experience. —Albert Einstein

No, no! Experience is too rich for our theory. —Niels Bohr

In contrast to the humility communicated by these two prominent scientists, the field of psychotherapy has tended to operate on the belief that we can develop a comprehensive theory of human functioning and therapy that can be applied to all situations. Some therapists have focused on the role of historically based conflicts, others on thinking processes, some on maladaptive behaviors, and still others on emotional responses. Yet, we contend that human behavior is far too complex to be explained by any one theory in that a host of variables typically come into play as causes of and as means to therapeutic change. The recognition that psychotherapy can be most effective when contributions from different approaches are integrated has steadily been growing. Indeed, “from its beginnings, psychotherapy integration has been characterized by a dissatisfaction with single-school approaches and the concomitant desire to look beyond school boundaries to see what can be learned—and how patients can benefit—from other forms of behavior change” (Norcross & Goldfried, 2005, p. v). The purpose of this chapter is to trace this trend over the years.

Portions of this chapter are based on “A History of Psychotherapy Integration,” (Goldfried, Pachankis, & Bell, 2005).

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The history of ideas often progresses gradually, and sometimes in fits and
starts. Given the changing zeitgeist in psychology, "an idea too strange or pre-
posterous to be thought in one period . . . may [later] be readily accepted as
true" (Boring, 1950, p. 3). This has certainly been the case in the history of
integrative psychotherapy.

Our historical review of psychotherapy integration extends over a period
of approximately seven decades, covering trends up to the end of the 20th cen-
tury. We provide not only an overview of what has appeared in the literature
over the years but also of why the interest in psychotherapy integration may
have occurred, offering private accounts from audiotaped interviews con-
ducted by Carol R. Glass and Diane B. Arnkoff (in 1989) with many of the
people who have been responsible for the integration movement. As we show,
the establishment of a professional organization was responsible for raising
the consciousness of the field about the importance of work in this area. We end
with thoughts about the future that lies ahead.

INITIAL EFFORTS AT INTEGRATION

To our knowledge, one of the earliest attempts at psychotherapy inte-
gration took place at the 1932 meetings of the American Psychiatric Associa-
tion, when Thomas French stood before his colleagues and drew links between
the work of Freud and Pavlov. As an example, he described the parallel
between Freud's concept of repression and Pavlov's notion of extinction.
French's presentation was published a year later (French, 1933), along with
commentaries from some of the audience members. It should come as little
surprise that the reactions were very mixed, with one person being horrified
at this integrative attempt, suggesting that "Pavlov would have exploded; and
that Freud . . . would be scandalized by such a rapprochement made by one of
his pupils" (French, 1933, p. 1201). Some of the reactions were more positive,
such as the suggestion that one should "enjoy the convergences which show
in such discussions as we have had this morning" (French, 1933, p. 1201).
Gregory Zilboorg was even more enthusiastic about French's efforts at rappro-
chement, noting "that while dealing with extremely complex functional
units both in the physiological laboratory and in the clinic, we can yet reduce
them to comparably simple phenomena" (French, 1933, pp. 1198–1199).

In the very next year, Lawrence Kubie (1934) extended French's (1933)
thinking by arguing that selected psychoanalytic methods could be under-
stood in terms of the conditioned reflex. Specifically, Kubie suggested that
certain unconscious associations were learned under a state of inhibition and
that free association might function to remove that inhibition to let the associa-
tions emerge in consciousness.
In a very brief article that is as relevant today as when it was published, Rosenzweig (1936) argued that different approaches to intervention may be comparably effective because they contain common principles of change. Interestingly, he subtitled his paper with a line from Alice in Wonderland: "At last the Dodo said, 'Everybody has won and all must have prizes,'" a phrase that often appears in the contemporary therapy literature to highlight the probability that the failure to find efficacy differences across approaches may be a function of common principles of change. Also very timely was Rosenzweig's description of common principles of change: (a) The characteristics of the therapist are important to the change process because they inspire hope and motivation in the client; (b) the interpretations made during the course of therapy are important because they help the client gain a better understanding of his or her problems; and (c) although different therapy systems emphasize different aspects of the client's functioning (e.g., thinking, behavior, emotion), they may all be effective because a change in any given aspect of functioning can synergistically affect another.

Just a few years later, at the meeting of the American Orthopsychiatric Association, a group of therapists met to discuss those aspects of the change process on which they might agree—such as the importance of the therapeutic relationship (Watson, 1940). In commentary on the meeting, a conclusion emerged that many contemporary therapists would agree with, namely, "If we were to apply to our colleagues the distinction, so important with patients, between what they tell us and what they do, we might find that agreement is greater in practice than in theory" (Watson, 1940, p. 708). Another very contemporary-sounding view was put forth by Herzberg (1945), who suggested that giving the client "homework" might enhance psychodynamic therapy, as would the use of graded tasks for individuals whose avoidance behavior was motivated by anxiety. Also very much in the spirit of integration, Woodworth (1948) reviewed different schools of psychological thought (e.g., behaviorism, psychoanalysis) and concluded that "no one is good enough" in itself (p. 255) and wondered "whether synthesis of the different lines of advance [might] not sometime prove to be possible" (p. 10).

All of this early work may have set the stage for what appeared next—the landmark book by Dollard and Miller (1950), Personality and Psychotherapy. Dedicated to "Freud and Pavlov and their students," this classic makes use of learning theory to understand such psychoanalytic concepts as anxiety, repression, and displacement. Although some have claimed that Dollard and Miller only translated analytic language into learning terms, they nonetheless offered several useful insights on common factors, such as the importance of therapeutic empathy and the use of therapeutic support of clients' attempts at change. They also anticipated by several years what would come to be known as behavior therapy, suggesting such principles as setting up "a series of graded
situations where the patient can learn" (p. 350) and the importance of therapists’ “approval to reward good effort on the part of the patient” (p. 395).

In that same year, Thorne (1950) published his book *Principles of Personality Counseling*. Unlike Dollard and Miller’s (1950) attempt at psychotherapy integration by linking two separate approaches, Thorne argued that integration might best be approached on the basis of what we know empirically about human functioning and how people change. A half-century before evidence-based practice, Thorne credits his experience as a medical student for the realization that the practice of medicine was not based on different schools of thought but rather on what was known empirically. In his book *Introduction to Clinical Psychology*, Garfield (1957) similarly underscored the importance of basing our intervention on research evidence and also outlined such common factors across orientations as the therapy relationship and the self-understanding provided to clients.

Although the contributions that were made in the 1950s to psychotherapy integration were clearly significant, they were not plentiful. This might be attributed to the more conservative social climate of the time, or perhaps simply to the fact that no dominant therapy had yet been developed as an alternative to psychoanalysis, or to the growing experiences of practicing therapists—especially the realization that there are limits to what can be achieved by following a single orientation. Indeed, a survey of members of Division 12 (then called the Division of Clinical and Abnormal Psychology) of the American Psychological Association found that of those engaged in psychotherapy, 35% endorsed “eclectic” as their school of therapy (Shaffer, 1953). However, it was not until the decade of the 1960s that alternative approaches were developed and therapists began questioning their theoretical paradigms.

THE 1960s

A landmark contribution to psychotherapy integration in the 1960s was Jerome Frank’s (1961) classic book *Persuasion and Healing*. Frank wrote about the commonalities that existed among widely diverse approaches to change, including religious conversion, tribal healing, brainwashing, and the placebo effect. A key concept that tied all these approaches and phenomena together was their ability to facilitate an expectation for improvement, combat demoralization, and instill a sense of hope.

Another key contribution was made by Franz Alexander (1963). Alexander, a colleague of French’s—whose groundbreaking article had appeared some 30 years earlier—came to the conclusion that psychoanalytic therapy may best be understood in terms of learning theory. As an outgrowth
of his research with actual taped therapy sessions, Alexander concluded that "we are witnessing the beginnings of a most promising integration of psychoanalytic theory with learning theory, which may lead to unpredictable advances in the theory and practice of the psychotherapies" (p. 448).

In a little-known article, Carl Rogers (1963) wrote about the current status of therapy, observing that the field seemed to be moving beyond the limitations set by a given theoretical orientation—including client-centered therapy—and that it was important for the field to spend more energy in studying directly what went on in therapy sessions. Here again, we have some earlier stirrings about evidence-based practice.

Another important but overlooked contribution was London’s (1964) The Modes and Morals of Psychotherapy, which reviewed the shortcomings of purely insight-oriented psychodynamic or action-oriented behavior therapy. As London observed,

There is a quiet blending of techniques by artful therapists of either school: a blending that takes account of the fact that people are considerably simpler than the Insight schools give them credit for, but that they are also more complicated than the Action therapists would like to believe. (p. 39)

In 1967, Arnold Lazarus, one of the founders of behavior therapy, introduced the concept of technical eclecticism, which referred to clinicians using therapy methods advocated by different orientations without having to accept the theoretical underpinnings of those orientations. His thesis that the clinical utility of technical eclecticism was more important than theoretical explanation was later expanded on in his multimodal therapy (Lazarus, 1976), a broad-spectrum approach that takes into account the client’s behaviors, affects, sensations, images, cognitions, interpersonal relationships, and drugs or physiological states.

In our interview, Lazarus described several of the reasons for his beginning to use techniques from nonbehavioral approaches:

I kept feeling, and still feel, dissatisfied at not being able to help as many people as I think can be helped, and kept looking for ways and means of enhancing this thing... So I began to borrow techniques like the empty chair. Now why would I use the empty chair instead of regular role-playing or behavior rehearsal? And so where I had somebody who appeared not to be owning up to, say, feelings of anger, and in the role playing these things were not coming out. But I began to do the empty chair and got the person to assume actively the identity of the other person. Out came the anger and things of this kind, I said, "Well this is a useful technique." (A. A. Lazarus, personal communication, November 3, 1989)
However, some in the behavior therapy community were displeased with Lazarus's advocating technical eclecticism and talking about broad-spectrum behavior therapy:

This was the point of departure between Wolpe and I, where he saw this as some form of heresy, some sort of watering down of the purity of what he was doing. And Eysenck took up the cudgels on behalf of Wolpe and expelled me from the editorial board of *Behaviour Research and Therapy*. I was defrocked by virtue of asking for breadth, you see, and introducing cognitions in the 70s. (A. A. Lazarus, personal communication, November 3, 1989)

Appearing in the same year as Lazarus's (1967) landmark paper on technical eclecticism were several articles advocating the use of systematic desensitization in the context of psychoanalytic therapy (e.g., Weitzman, 1967). Also writing about systematic desensitization—a behavioral procedure that was rapidly gaining popularity at the time—Bergin (1969) suggested that the effectiveness of the procedure might be enhanced within the context of a good therapeutic relationship, especially where there was also a focus on relevant cognitive and emotional issues. The argument was that the combination of behavioral and dynamic interventions might be particularly well suited in complex clinical cases. Surveys of clinical psychologists in the 1960s showed that a substantial minority endorsed “eclectic” as their therapeutic orientation (Goldschmid, Stein, Weissman, & Sorrells, 1969; Kelly, 1961; Lubin, 1962). Percentages of “eclectics” in these surveys ranged from 24% to 48%; interestingly, the highest figure was among fellows of Division 12 of the American Psychological Association (Kelly, 1961).

**THE 1970s**

The popularity of behavior therapy came into its own in the United States in 1970 with the publication of the journal *Behavior Therapy*, 7 years after *Behaviour Research and Therapy* was founded. Even though *Behavior Therapy* was the inaugural issue of the journal published by the Association for Advancement of Behavior Therapy, it interestingly enough highlighted the need for psychotherapy integration. Several practitioners (e.g., Birk, 1970), for example, presented clinical cases that involved the integration of psychodynamic and behavior therapy. Acknowledging the importance of incorporating cognitive concepts into behavior therapy, Bergin (1970) accurately foresaw the important implications of this beginning trend:

The sociological and historical importance of the movement should not be underestimated for it has three important consequences. It signifi-
cantly reduces barriers to progress due to narrow school allegiances, it
brings the energies of a highly talented and experimentally sophisticated
group to bear upon the intricate and often baffling problems of objectifying
and managing the subjective, and it underscores the notion that a
pure behavior therapy does not exist. (p. 207)

The accuracy of his prediction became apparent when many behavior ther-
pists who were involved in incorporating cognition into behavior therapy in
the 1970s (e.g., Davison, Goldfried, Lazarus, Mahoney, Meichenbaum) went
on to contribute to the psychotherapy integration movement.

Marmor (1971), a steady contributor to the literature on integration,
further strengthened his advocacy by indicating,

The research on the nature of the psychotherapeutic process in which I
participated with Franz Alexander, beginning in 1958, has convinced me
that all psychotherapy, regardless of the techniques used, is a learning
process. . . . Dynamic psychotherapies and behavior therapies simply rep-
resent different teaching techniques, and their differences are based in
part on differences in their goals and in part on their assumptions of the
nature of psychopathology. (p. 26)

As behavior therapy has become more cognitive in nature, the nature of the
learning process within these two approaches has become less distinct.

Following up on the growing interest within behavior therapy to look
outside its orientation, London (1972) encouraged his behavioral colleagues—
as did Lazarus before him—to take a pragmatic approach to integration. He
argued that we should not get too caught up with theory but rather make use
of treatments that work. Also appearing in that year were advocates of com-
bining learning theory with client-centered therapy (Martin, 1972), as well
as further illustrations of the integration of psychodynamic and behavior ther-
apies (e.g., Feather & Rhoads, 1972). Hans Strupp (1973), in the first of his
many contributions to psychotherapy integration—as we show later, his fore-
sight would provide the impetus for forming a professional network dedi-
cated to integration—wrote about change processes common to all therapy
approaches. A psychodynamic therapist by training, Strupp’s experience as
both a practitioner and a researcher led him to conclude that a key aspect of
therapeutic change involved corrective learning experiences that were inher-
ent in the therapy relationship.

A number of important contributions to integration appeared in 1974,
such as the suggestion that the way psychodynamic and behavioral approaches
might be combined is by using the former approach to provide the insight that
could set the stage for change, with the latter involving the implementation
of a specific process to help change to occur (Birk & Brinkley-Birk, 1974).
Kaplan (1974) offered her guidelines for similarly combining these two
approaches in conducting sex therapy.
An account of the Menninger Foundation Psychotherapy Research Project concluded that psychodynamic therapists might need to consider treatment methods that do not fit into a dynamic model, an assertion that was quite radical at the time. This was expanded on by P. L. Wachtel (1975), in the first of his many writings, in which he advocated the incorporation of behavioral techniques into psychodynamic therapy. His integrative message also applied to behavior therapists, in that he suggested their approach could bring about more lasting change by viewing maladaptive behavioral patterns within more of a psychodynamic context. This idea was later expanded on in P. L. Wachtel’s (1977) classic, Psychoanalysis and Behavior Therapy. Wachtel described the journey of discovery that led him to his integrative approach in our interview:

The perennial question that patients would always ask, “Well, now that I understand this, what do I do about it?” was a more legitimate question than analysts are prone to acknowledge. And it seemed to me that behavior therapy offered possibilities for intervening more explicitly. I went to Philadelphia for a one-month, very intensive training program that Joseph Wolpe was running and had contact, not only with him, but with a number of other behavioral clinicians who were there . . . then I contacted Jerry Davison at Stony Brook and, once a week, went out to Stony Brook and met with him and Marv Goldfried who were running the post-doctoral program in behavior therapy . . . . In the beginning it was much easier, than it would be now, for me to identify very clearly, which portion of the session . . . was the psychodynamic part and which was the behavioral part . . . . Since I had just been learning behavioral techniques, and felt at that point relatively new to them, I wanted to be sure to be practicing them in the classical mode, so to speak . . . . to be sure I was doing the right thing. I was exploring what were the possible ways of putting them together . . . . I was struggling, really, to find a personal style that felt comfortable to me, that felt kind of true to who I was and to the perspective that I was holding . . . . what did happen is that both the psychodynamic and the behavioral aspects of the work, themselves, began to change . . . something that was more thoroughly synthesized began to appear. (P. L. Wachtel, personal communication, November 30, 1989)

Jerry Davison recalled the same period from his own perspective, noting that Wachtel’s perspective influenced him as well:

The Wachtel thing was mind blowing . . . . He said that he had been reading a lot about behavior therapy but wanted to see behavior therapy. Could I show him some behavior therapy? I told him I was seeing a case behind a one-way mirror for my four post-docs . . . . And then we’d have a rehash afterwards. And what began to happen early on was that Paul was seeing different things . . . . I was not surprised that he saw different
things, but how receptive I was to his analytic way of talking and thinking about things... in his '77 book... he goes on quite accurately to describe how I missed certain things with the case and how my not seeing it the way he was seeing it might have led to the problems in progress with the patient... He was seeing anger and hostility towards women in a young boy that I was treating basically for heterosocial anxiety. That had a big impact on me. (G. C. Davison, personal communication, November 4, 1989)

Two important books appeared in 1975 that are rarely mentioned by those who have contributed to psychotherapy integration. One was Rainey's (1975) *Misunderstandings of the Self*, which described how most therapy systems involved changing clients' misconceptions of themselves and others. Rainey indicated that all therapies are alike in that they call attention to "evidence" that contradicts these misconceptions—even though the type of evidence and how it is presented may differ across orientations. The other book was a slim volume by Egan (1975), directed toward providing clinical skills to helping professionals. Egan, whose original orientation was humanistic, described how client-centered contributions could readily be combined with the action-oriented methods of behavior therapy.

Goldfried and Davison's (1976) *Clinical Behavior Therapy*, in addition to describing how cognitive-behavior therapy can be implemented in clinical practice, also challenged behavior therapists to consider contributions from other orientations. They suggested, "It is time for behavior therapists to stop regarding themselves as an out-group and instead to enter into serious and hopefully mutually fruitful dialogues with their nonbehavioral colleagues" (p. 15). In fact, this was already starting to happen because a plurality of clinical psychologists in the United States considered themselves to be eclectic, combining learning and psychodynamic approaches (Garfield & Kurtz, 1976).

In our interview, Goldfried recalled one of the times he first began to realize the influence of other psychotherapies. At Stony Brook, American Psychological Association site visitors suggested that students were not being exposed to different points of view. So in a 1st-year course on psychotherapy,
With a most provocative title, "Has Behavior Therapy Outlived Its Usefulness?" Lazarus (1977) questioned whether behavior therapy as a separate treatment—or any other specific school of therapy—could continue to be justified for all clinical cases. After spending approximately 20 years in the clinical practice of behavior therapy, Lazarus maintained that the field needed to "transcend the constraints of factionalism, where cloistered adherents of rival schools, movements, and systems each cling to their separate illusions" (p. 11).

Prochaska's (1979) book describing different systems of psychotherapy was one of the first texts of this kind to end with a chapter that argued for the need to develop a transtheoretical approach that would incorporate effective features of the various orientations. The timeliness of this final chapter on integration can readily be seen from the results of a survey of leading cognitive and non-cognitive-behavior therapists (Mahoney, 1979). Among the questions asked was, "I feel satisfied with the adequacy of my current understanding of human behavior." On the basis of a 7-point scale, Mahoney (1979) found that the average rating of satisfaction was less than 2.

THE 1980s

The momentum of interest in psychotherapy integration increased even more in the 1980s, moving it from a fledgling interest to a clearly discernable movement. The number of publications and presentations increased several-fold, therefore requiring us to review only some of the highlights that occurred during this decade and thereinafter.

In an article appearing in the American Psychologist titled "Toward the Delineation of Therapeutic Change Principles," Goldfried (1980) argued that rapprochement could best be found at a level of abstraction somewhere between observable clinical procedures and the theoretical explanations for why these techniques might work. This middle level of abstraction, which may be thought of as a clinical strategy or principle of change, may exist across different schools of thought. An example of a change principle would be providing the client with corrective experiences, especially those that might be applied to fear-related behavior. To illustrate this, Goldfried cited a well-known psychoanalyst (Fenichel, 1941):

When a person is afraid but experiences a situation in which what was feared occurs without any harm resulting, he will not immediately trust the outcome of his new experiences; however, the second time he will have a little less fear, the third time still less. (p. 83)

The corrective experience as an important principle of change was acknowledged by a diverse group of well-known therapists of different orient-
tations who presented their views in a special edition of the journal Cognitive
Therapy and Research appearing in 1980 (Brady et al., 1980). Such therapists
as Brady, Davison, Dewald, Egan, Frank, Gill, Kempler, Lazarus, Rainey, Rotter,
and Strupp categorized the importance of new experiences from within their
orientation as being "essential," "basic," "crucial," and "critical."

Noting that the integration of psychodynamic and behavioral approaches
can be problematic, Messer and Winokur (1980) nonetheless acknowledged
that the synergy between the two can facilitate therapeutically beneficial
insights and actions. Confirming Bergin’s (1970) earlier prediction that the
introduction of cognition in behavior therapy could be a bridge to rapproche-
ment, behavior therapists were beginning to acknowledge the existence of
"implicit" cognitions, moving them closer to studying the psychodynamic
concept of unconscious processes (Mahoney, 1980).

Also appearing in 1980 was an edited book by Marmor and Woods titled
The Interface Between Psychodynamic and Behavioral Therapies and Garfield’s
(1980) Psychotherapy: An Eclectic Approach, which argued for an evidence-
based, rather than a theory-based, approach to the practice of therapy. Agree-
ing with Bergin’s (1970) earlier prediction, Garfield concluded that the
introduction of cognition into behavior therapy would serve to facilitate a
rapprochement. In our interview, Garfield noted the importance of "being
flexible, paying attention to the research, trying to utilize what appears to be
potentially feasible with a given patient, and also if something doesn’t work,
maybe you’ve made a mistake and you should reconsider and use something
else" (S. L. Garfield, personal communication, December 4, 1989).

In 1981, several authors wrote about the complementary nature of dif-
ferent orientations. For example, the empty chair technique from gestalt ther-
apy can profitably be used by cognitive–behavior therapists to identify and
change affect-laden, maladaptive cognitions (Arnkoff, 1981). For another
example, a multifaceted empirical approach could be used within the context
of couple therapy (Gurman, 1981).

Although there had been periodic conference presentations that dealt
with psychotherapy integration, most of what had been done involved pub-
lished articles, chapters, and books. Seeing the need to extend a transtheo-
retical dialogue even further, a small group of psychotherapists of different
orientations met in 1981 at an informal weekend retreat. The goal of this
meeting was to facilitate direct communication, especially with regard to how
different therapies would deal with the same clinical problem.

Goldfried’s (1982) Converging Themes in Psychotherapy provided a collection
of key papers on integration and included the suggestion that translating
theoretical jargon into the vernacular could help advance the discovery of sim-
Resistance: Psychodynamic and Behavioral Approaches, well-known behavioral
and psychodynamic therapists shared their views on how resistance was conceptualized and handled clinically from within these two orientations. Similarly, Arkowitz and Messer (1984) published a unique volume, *Psychosocial Therapy and Behavior Therapy: Is Integration Possible?* The 10 contributing authors had the opportunity to comment on each other's chapters, providing a lively exchange of ideas on various aspects of psychotherapy integration. Ryle's (1982) *Psychotherapy: A Cognitive Integration of Theory and Practice* described different orientations and procedures in terms of cognitive science. In his *Marital Therapy: A Combined Psychodynamic–Behavioral Approach*, Segreaves (1982) similarly made use of a common language, cognitive psychology, to integrate different approaches to couples therapy. In the first of many contributions to integration, Beutler (1983) presented an empirical approach to eclecticism, emphasizing ways of matching clients to the technique and the therapist. Accounts of how psychotherapy integration was occurring in other countries also began to emerge (e.g., in Germany by Textor, 1983).

The 1980s was a time when numerous other books on integration appeared. For example, in *Cognitive Processes and Emotional Disorders: A Structural Approach to Psychotherapy*, Guidano and Liotti (1983) described a constructivist approach to cognitive therapy, in which the focus was on changing deep structures of the self and world. In Prochaska and DiClemente's (1984) *The Transtheoretical Approach: Crossing the Traditional Boundaries of Therapy*, the authors described the processes and stages of change that characterize the different approaches to therapy.

One of the most significant events of the 1980s was the formation of a professional organization dedicated to the advancement of psychotherapy integration. Formed in 1983, the Society for the Exploration of Psychotherapy Integration (SEPI) was established to create a professional community dedicated to the topic of integration. It was—and still is—an interdisciplinary and international organization that holds yearly conferences at which both researchers and clinicians can present their work and interact with each other. We have more to say about SEPI later in the chapter.

From the middle to the late 1980s, the integration movement developed considerable momentum, and an increasing number of professionals began contributing to the literature in this area. As might be expected, journals were created to deal directly with integration, such as the *International Journal of Eclectic Psychotherapy*, later renamed the *Journal of Integrative and Eclectic Psychotherapy*. In 1987, the *Journal of Cognitive Psychotherapy: An International Quarterly* was formed, inviting articles that would consider the integration of cognitive psychotherapy with other systems of treatment.

In an *American Psychologist* article appearing in 1986, Messer illustrated the similarities and differences that existed between psychoanalytic and behavior therapy by discussing how therapists from within each orientation
responded to choice points in actual clinical work. Using a case illustration to make his point, Messer indicated, for example, how the former therapy spent more time on understanding and elaborating on a client's distorted thinking, whereas the latter moved more quickly in attempting to change the thinking. Which therapy is more effective remains open to empirical investigation. Such issues have been used by others to argue for future research, with the frequent finding that different approaches were comparably efficacious, suggesting that process research be undertaken to better understand the change process within different approaches (e.g., Goldfried & Safran, 1986).

With the increasing interest in integration, the topic of optimal training for integration began to receive consideration (Halgin, 1985) and was dealt with at length in Norcross's (1986a) edited volume on eclectic psychotherapy and in a 1986 special section of the *International Journal of Eclectic Psychotherapy* (Norcross, 1986b).

The year 1987 witnessed not only a marked increase in the number of books on integration but also a reminder of the international interest in this issue, with books from Italy (Guidano, 1987), Canada (LeComte & Castonguay, 1987), and the United States (e.g., Beitman 1987; Norcross, 1987). No longer was an integrative theory a novelty; instead, multiple integrative theories were being promulgated around the globe.

The proportion of practitioners endorsing an eclectic or integrative orientation remained substantial, from 26% to 56% (as reviewed by Arnkoff & Glass, 1992). An update of the earlier survey revealed that therapists were becoming increasingly more eclectic in their practice but that the therapy orientations being combined had changed (Norcross & Prochaska, 1988). Whereas the eclecticism of the 1970s was typically the combination of psychoanalytic and behavioral approaches, the typical therapy integration in the 1980s—therapists preferred the term integration to eclecticism—involved the combination of cognitive with behavioral and cognitive with humanistic approaches.

Bergin (1988), a long-term advocate of integration, provided an interesting rationale for combining the contributions of different orientations. He reminded us that no biologist would ever attempt to offer an understanding of how the body operated by using a single conceptual approach. Thus, to understand how the heart works, principles of fluid mechanics are required, and to understand neural transmission, one needs to use electrochemical principles. Indeed, this is the very observation by Neils Bohr that we quoted at the outset of this chapter: "Experience is too rich for our theory."

A number of authors wrote about the integration of individual and family/couples therapy (e.g., Feldman, 1989; Gurman, 1981; Lebow, 1984; E. F. Wachtel & Wachtel, 1986). The underlying rationale for combining these two formats was that there often exists a vicious cycle between an
individual's expectations and perception of one's significant other, the person's actions that follow, and the impact on the other that could confirm the thoughts responsible for the negatively affecting behavior. Basically, the person initiating the vicious cycle needs to become aware of what the cartoon character Pogo once said: "We have met the enemy—and it is us!"

Much of what was written on psychotherapy integration was based on clinical experience and conceptual reasoning. As the decade of the 1980s was coming to a close, a number of professionals emphasized the importance of demonstrating the merits of integration empirically (e.g., Goldfried & Safran, 1986; Norcross & Grencavage, 1989; Safran, Greenberg, & Rice, 1988; Wolfe & Goldfried, 1988). Several researchers (e.g., Safran et al., 1988) argued that more could be learned by studying successful and unsuccessful cases than by investigating clients who had certain diagnostic labels. Several studies of clients' own explanations of the change process found evidence for both common and specific factors (e.g., Glass & Aronff, 1988).

The National Institute of Mental Health sponsored a conference that delineated directions for research on psychotherapy integration (Wolfe & Goldfried, 1988). Among the many recommendations that grew out of the conference, it was suggested that the availability of therapy tapes and transcripts would greatly facilitate research on the process of change and how it relates to different theoretical orientations. Moreover, it was concluded that psychopathology research was essential to the complete understanding of how change occurred.

Using transcripts and audiotapes of actual therapy sessions, a program of psychotherapy process research that compared what took place in psychodynamic and cognitive–behavioral interventions was carried out by Goldfried and his colleagues (e.g., Goldsamt, Goldfried, Hayes, & Kerr, 1989; Kerr, Goldfried, Hayes, & Goldsamt, 1989). Using a theoretically neutral coding system, points of similarity and difference between these two orientations emerged.

One of the common factors between psychodynamic and cognitive–behavioral approaches highlighted in the 1980s was the centrality of the therapy relationship. In her dialectical behavior therapy for the treatment of borderline personality disorder, Linehan (1987; see also Chapter 12, this volume) described the therapy relationship as being a key component of the treatment. An interesting article (Westen, 1988) conceptualized transference in terms of information-processing theory, a language that could readily be understood by cognitive–behavior therapists. Psychotherapists of diverse orientations were increasingly identifying—and researching—the therapeutic relationship as a pantheoretical, curative factor.

Mahrer (1989), in The Integration of Psychotherapies, described what was needed to teach, practice, and carry out research on an integrated approach.
An article appearing in the American Journal of Psychiatry by Beitman, Goldfried, and Norcross (1989) emphasized that "prescriptive treatment [could be] based primarily on patient need and empirical evidence rather than on theoretical predisposition" (p. 141). Research on this issue was carried out in Sheffield, England, where researchers found that sequencing clients from a psychodynamic to a cognitive-behavioral approach worked better than an approach that used the reverse order (Barkham, Shapiro, & Firth-Cozens, 1989).

Finally, Wolfe (1989) published one of his first articles on the integrative treatment of anxiety, which he would continue to develop over the next 15 years. During our interview, he recalled that he

systematically tried on each of the three major schools of psychotherapy, in succession. It may surprise you to learn that during undergraduate school I was a rather dogmatic Skinnerian. That was after some flirtation with the psychoanalytic point of view. By the time I had my fill of the behavioral point of view at Illinois, I began to look at the Rogerian and other humanistically oriented points of view as an alternative to perceived limitations of both behaviorism and psychoanalysis. And after, again, an initial, almost convert-like reaction, I began to see real limitations to the humanistic approach, and at that point I had to ask myself, "Well, maybe there was something of value in each of the perspective that I tried to live out." . . . I began to wonder whether or not—if you could combine exposure therapy for the phobic symptoms themselves with some gestalt-dynamic-cognitive-oriented treatments to deal with the conflicts that seem connected—whether you wouldn't get a more durable and longer-lasting response in the treatment of phobias and panic. . . . I keep waiting to get hit by a two-by-four, and so far it has not happened. (B. E. Wolfe, personal communication, November 20, 1989)

THE 1990s

During the 1990s, the integration movement began to have a very definite impact on mainstream psychotherapy. Even those professionals not particularly interested in integration recognized that integration and integrative were good things with which to identify. A clear indicator of this was the increase in the number of books, chapters, and articles that used the term integrative in their titles—even if the material described was only remotely related to integration. A survey of four mental health professions found that a majority of respondents in each profession (ranging from 59% of psychiatrists to 72% of marital and family therapists) described themselves as eclectic, although the mix of orientations combined differed across the professions (Jensen, Bergin, & Greaves, 1990).
Although the integration of psychoanalytic and behavioral interventions had been occurring for decades, the shift in psychoanalytic circles toward a relational focus made it even easier to link interpersonal and cognitive–behavioral therapies. Safran and Segal (1990) clearly illustrated this in their book *Interpersonal Process in Cognitive Therapy*. Following up on his earlier work, Ryle (1990) published *Cognitive-Analytic Therapy: Active Participation in Change*, in which he offered a model of interventions that combines elements of psychodynamic, behavioral, and cognitive approaches. Guidelines for how to combine treatment approaches were outlined by Beutler and Clarkin (1990), taking into account such factors as client and therapy relationship variables. An interesting debate took place between Lazarus (1990) and Beitman (1990), presenting their respective views on eclectic and common-factor approaches to integration. And research continued on the common factors proposed by those advocating this approach to integration (Greencavage & Norcross, 1990).

In 1991, two particularly important books were published on integration. One was a revision of the classic work *Persuasion and Healing* (Frank & Frank, 1991), and the other was *Human Change Processes: The Scientific Foundations of Psychotherapy* (Mahoney, 1991), which provided a comprehensive analysis of how change occurred. Another significant event in 1991 was the founding of the *Journal of Psychotherapy Integration*, with Arkowitz as the first editor. The official publication of SEPI, the journal provided a dedicated forum for work on psychotherapy integration. The first edition of the present book (Freedheim, 1992) contained two chapters on the history of integration during the 20th century, one covering theory (Arkowitz, 1992) and the other covering practice (Arnkoff & Glass, 1992).

Several volumes appeared that were specifically devoted to a review of what had been happening in psychotherapy integration. The first edition of Norcross and Goldfried’s (1992) edited *Handbook of Psychotherapy Integration* provided a comprehensive review of past and current work on integration. Dryden’s (1992) edited *Integrative and Eclectic Therapy: A Handbook* included an overview of the work that had been done in the United Kingdom over the previous 25 years. In the following year, Stricker and Gold (1993) edited the volume *Comprehensive Handbook of Psychotherapy Integration*, to which a number of individuals actively working on integration contributed.

In the 1990s, more research on integration began to appear. For example, findings detailed both similarities and differences in psychodynamic and cognitive–behavioral therapies (Jones & Pulos, 1993). Comparative process analyses between these two orientations also looked specifically at the therapy alliance (Raue, Castonguay, & Goldfried, 1993) and clients’ emotional experiencing (Wiser & Goldfried, 1993). Another example is Linehan’s (1993)
now classic book on dialectical behavior therapy—an integrative approach that has received considerable clinical and research attention.

Goldfried’s (1995) book From Cognitive-Behavior Therapy to Psychotherapy Integration traced his involvement in the development of cognitive–behavioral approaches and its eventual implications for therapy integration. Davison (1995), an important figure in the history of cognitive–behavior therapy, similarly offered a personal and professional account of the past 20 years of his career. He elaborated on the therapeutic benefits of taking a broader therapeutic approach and discussed how his early cases may have had better outcomes if such a perspective had been taken.

In the manual for his Cognitive–Behavioral Analytic System of Psychotherapy, McCullough (1995) outlined an integrative treatment of chronic depression, which was later expanded into a book (McCullough, 2000) that detailed this clinically sophisticated integration of behavioral, cognitive, and interpersonal approaches, together with empirical findings that attested to its efficacy. Another important contribution to integration in 1995 was Pinsof’s Integrative Problem-Centered Therapy, which involves a combination of clinical aspects of individual, family, and biological approaches to intervention.

During this decade, a number of publications attested to the international scope of integration. Approximately 87% of counselors in the United Kingdom could be characterized as integrative (Hollanders & McLeod, 1999). Reporting from the Netherlands (Trijsburg, Colijn, Collumbien, & Lietaer, 1998), South Africa (Eagle, 1998), Italy (Carere-Comes, 1999; Giusti, Montanari, & Montanarella, 1995), Germany (Christoph-Lemke, 1999), Spain (Caro, 1998), Argentina (Fernández-Alvarez, 1992), and Chile (Opazo, 1992, 1997), a number of professionals all described the involvement in integrative approaches in their countries.

Although the situation would begin to change just a few years later (see the next section), research on integration seriously lagged behind the work that had been done on theory and practice (Glass, Arnkoff, & Rodriguez, 1998). Acknowledging that some integrative therapies had been based on research findings, they argued that research was nonetheless needed to demonstrate their efficacy and effectiveness.

With the growing emphasis on evidence-based practice, some observers predicted that theoretical orientations might give way to interventions that have been shown to work and that these approaches are more likely to look integrative than like pure theory therapies (e.g., Smith, 1999). One such evidence-based model was described by Beitman and Yue (1999). Interestingly enough, this recognition that empirical findings about efficacy and effectiveness can form the basis of psychotherapy integration echoes the earlier writings (e.g., Beutler, 1983; Garfield, 1957; Thorne,
1950) and was later extended by Castonguay and Beutler (2006), who advocated viewing psychotherapy in terms of empirically based principles of change.

The end of the century found integrative therapies well established in the theoretical literature and in training programs, with the favored theories having evolved over time. The typical combinations in the late 1970s were psychoanalytic–behavioral and humanistic–behavioral; in the late 1980s, the most popular hybrids involved interpersonal and cognitive therapy; and in the early 2000s, cognitive therapy dominated the list of combinations (Norcross, Karpik, & Lister, 2005). The relative popularity of constituent elements of integrative therapies closely parallels theoretical orientations in general.

OUTCOME RESEARCH ON PSYCHOTHERAPY INTEGRATION

Fortunately, more and more outcome studies are now available to guide clinicians interested in evidence-based practice of integrative-eclectic therapy, and integration is widely believed by experienced clinicians to improve the effectiveness of psychotherapy (Wolfe, 2001). One of the inherent difficulties in reviewing this outcome literature is the wide variety of ways in which therapists integrate, and we have chosen to organize approaches with empirical support by distinguishing among four types of psychotherapy integration (for a review, see Schottenbauer, Glass, & Arnkoff [2005]).

A variety of therapies have been developed within the framework of a particular system of psychotherapy, in which assimilative integration (Messer, 2001) consists of supplementing that primary therapy with specific techniques from other systems of psychotherapy. Those with the most empirical support are mindfulness-based cognitive therapy for depression (Segal, Williams, & Teasdale, 2002) and emotionally focused couples therapy (Greenberg & Johnson, 1988), but others of note include emotion-focused therapy (Greenberg, 2002), integrative cognitive therapy for depression (Castonguay et al., 2004), and functional analytic psychotherapy (Kohlenberg & Tsai, 1991).

We call sequential and parallel-concurrent integration those approaches in which separate forms of therapy (e.g., cognitive–behavioral and interpersonal) are given either in sequential order or during the same phase of treatment in separate sessions or separate sections of the same therapy session. The Sheffield Psychotherapy Project (Barkham et al., 1989) and cognitive–behavioral therapy and interpersonal–emotional processing therapy for gen-
eralized anxiety disorder (Newman, Castonguay, Borkovec, & Molnar, 2004) are examples of empirically investigated interventions.

Although theoretical integration has been defined in a variety of ways, our focus on theoretically driven integration consists of approaches in which a clear theory guides the choice of interventions, which may include techniques from one or more systems of psychotherapy. At least five examples of theoretically driven integration have received substantial empirical support: the transtheoretical model (Prochaska & DiClemente, 1984), acceptance and commitment therapy (Hayes, Strosahl, & Wilson, 1999), cognitive-analytic therapy (Ryle & Kerr, 2002), dialectical behavior therapy (Linehan, 1993), and multisystemic therapy (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998). Other theoretically driven integrative therapies with empirical support include brief relational therapy (Safran, Muran, Samstag, & Stevens, 2002), Cognitive–Behavioral Analysis System of Psychotherapy (McCullough, 2000), and developmental counseling and therapy (Ivey, 2000).

Finally, a fourth type of psychotherapy integration is technical eclecticism, which has typically been defined as the use of psychotherapy techniques without regard to their theoretical origins (Lazarus, 1967) and which is often systematic in the choice of interventions. Several systems of client–treatment matching have been developed with the aim of improving therapy outcome, and Beutler and Harwood’s (2000) systematic treatment selection has strong empirical support. Lazarus’s (1997) multimodal therapy is probably one of the most widely known systems of eclectic psychotherapy, although less outcome research has evaluated its effectiveness.

We believe it vital to conduct research in the future on prominent integrative therapies that have not been subject to research (e.g., P. L. Wachtel, 1997), to investigate principles of change and common factors (Castonguay & Beutler, 2006; Norcross, 2002), and to examine the effectiveness of psychotherapy integration as it is carried out by clinicians in their usual practice to glean the principles of decision making.

WHY THE MOVEMENT TOWARD PSYCHOTHERAPY INTEGRATION?

Ideas and concepts in psychology develop slowly over the course of years, often depending on—and also changing—the zeitgeist. As can be seen from our review of the historical contributions to psychotherapy integration, involving writings on the topic that began in the early part of the 20th century, it took several decades before this literature made any
impact. In addressing the question of why the latent theme of integration eventually developed into an ongoing movement, Norcross (2005) enumerated a number of factors that have probably contributed to this growing interest:

- the proliferation of different schools of therapy led to increasing confusion within the field, creating a need to reduce this fragmentation;
- practicing clinicians began to recognize—like Niels Bohr, whom we quoted at the outset of this chapter—that human behavior and the change process were far too complicated to be understood by any single theoretical approach;
- as managed care began to exert its influence on the practice of therapy, there was increasing pressure for the field to reach some consensus, preferably based on empirical findings of what worked for whom;
- with greater understanding of specific clinical problems came an emphasis on specialization, with professionals eager to draw on whatever could be used to address the clinical problem at hand;
- the available therapies became more clearly specified and readily observable to practitioners, in the form of workshops, videotapes, and therapy manuals;
- the discussions in the field about commonalities across the therapies were used to help understand those research findings that failed to find differences between different orientations; and
- the formation of a professional organization—SEPI—brought together those researchers and clinicians who had become interested in psychotherapy integration and constituted a network that would encourage others to recognize the advantage of not being limited by a single orientation.

SEPI started when Strupp (a psychodynamicist) and Goldfried (a cognitive-behaviorist) compiled a list of professionals whom they knew to be interested in rapprochement across the orientations. Goldfried began to meet with Wachtel (a psychodynamicist) to discuss the topic of integration and what could be done to further this latent issue. In 1982, the informal list of names had increased to 162 professionals, and Goldfried and Wachtel decided to poll them to ask what they thought a next step should be.

On the basis of the responses to the survey, it was clear that a newsletter was in order. Regarding the formation of an organization, some concerns were expressed, stating that it was important to encourage informal interaction and dialogue. In discussing this meeting of the Organizing Committee,
Goldfried and Wachtel (1983) reported, “It was concluded that we needed to achieve a delicate balance: a formal organization that would facilitate informal contacts among the members” (p. 3). SEPI has since grown into an inter-disciplinary organization of international scope.

INTO THE FUTURE

As indicated at the outset of the chapter, we conclude this historical review with the end of the 20th century. Efforts to expand and deepen psychotherapy integration have continued to evolve since then. With the exception of those who continue to create schools of thought that they believe can encompass everything we are likely to see clinically, the field has become increasingly skeptical of finding any one psychotherapy that can deal with all psychological and relational problems. Indeed, the zeitgeist has changed since French stood before his colleagues in 1932 and hypothesized about the integration of Freud’s and Pavlov’s contributions. We have moved to a point where “an idea too strange or preposterous to be thought in one period is now accepted as true” (Boring, 1950, p. 3). We believe that clinical and research efforts in the 21st century will contribute to the further evolution of psychotherapy integration.

The vast majority of work that has been done on the topic of psychotherapy integration up until now has been theoretical and clinical in nature. Indeed, this originally characterized psychotherapy in general, with research efforts entering the field only during the second half of the 20th century. Within the past several decades, there has been a very clear emphasis on the need to demonstrate empirically that therapy works, and when it does, how it does. Although theoretical debates continue to exist, the shift has been in the direction of empirical evidence.

As we have indicated throughout this chapter, many of those interested in psychotherapy integration have argued for an empirical approach to integration, and indeed there has been an increase in research to demonstrate that integrated interventions have merit. With psychotherapy moving toward evidence-based practice, it is very likely that this will become more of the organizing force for integration. In essence, empirical pragmatism, not theory, will be the integrative theme of the 21st century.

The increasing emphasis on evidenced-based practice, which is informed by both research findings and clinical expertise, will probably extend the work on integration that has been done in the 20th century and move the field toward consensus. We anticipate that new generations of mental health professionals, whose initial psychotherapy training has occurred in a world in which integration is accepted and even encouraged on the basis of
empirical evidence, will integrate effortlessly. In so doing, they will make increasingly important and exciting contributions to the field.

RECOMMENDED RESOURCES

Society for the Exploration of Psychotherapy Integration (SEPI): http://www.sepiweb.org

REFERENCES


Rosenweig, S. (1936). Some implicit common factors in diverse methods in psychotherapy. "At last the Dodo said, 'Everybody has won and all must have prizes.'" American Journal of Orthopsychiatry, 6, 412–415.