

The Fine Line between Integration or Eclecticism and Syncretism in New Therapists

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Abstract

Clinicians generally orient theoretically towards Integrative therapy which is based on integration and synthesis of diverse theoretical methods in order to improve treatment outcome. Different ways of integrative therapy are: common factors, assimilative integration, technical eclecticism and theoretical integration. There is a consistent need for novel ways for mental health treatment. Another popular orientation among clinicians is eclecticism, in which case, there is no theoretical concepts underpinning the practice, but it is based on the combination of techniques that were proved to be effective. Practice and experience help to identify the pathways that each therapist wants to adopt. However, in the search for their own therapeutic style, new therapist can fall into syncretism, a random combination without cohesion that can be hazardous to the patient/client. This article outlines the main models of integrative therapies and highlights the differences between integration/eclecticism and syncretism. It also describes how to develop the therapist's own integrative approach, constructing his or her own integrative theory based on current and contextual dimensions and moving away from syncretism.

psychotherapy, connecting constructs from several theoretical schools and considering multiple views on human functioning, psychodynamic, client-centered, behaviorist, family therapy, Gestalt therapy, Reichian-influenced body psychotherapy, object relations theories, and psychoanalytic self-psychology. Transactional analysis forms the main basis of such approach. Each of these approaches independently provides a valid explanation of psychological functioning and behaviour, and selective integration amongst them enhances their effectivity [2]. In order to form a cohesive core of constructs that inform and guide the psychotherapeutic process, a theory needs to be integrative and it must also separate out those concepts and ideas that are not consistent [3]. Therefore, psychotherapists based on integrative approach, are more theoretically grounded and while blending their theories, they are not only concerned with what works, but why it works [4].

On the flip side, eclecticism is a therapeutic approach where therapists might take a 'pick-and-mix' approach in choosing the techniques for their clients. Such therapists practice essentially intuition-based therapy by using techniques which are not based on research evidence but on what they feel is right in the situation. It is difficult to integrate certain therapeutic approaches, whereas the systematic application of techniques taken from approaches is easier. Hence, eclectic psychotherapists are primarily concerned with what works and may theoretically blend a few schools as well as techniques [5].

Furthermore, there is a potential hazard of the integrative approach that is recognised as syncretism. Syncretism refers to arbitrary and unsystematic merging of different beliefs, while blending approaches of various schools of thought [6].

Integration and Integrative Approaches

Integrations can be defined as the combination, in a theoretical way, of different psychotherapy approaches. The integrationist movement, within the past 20 years has tried to put the emphasis on the client rather than the therapeutic approach. A move towards acceptance of theoretical 'independence' and integration has been made in order to undermine the regressive dependency upon theoretical faiths and their forceful implementation regardless of suitability [7]. The practitioners of this therapeutic approach attempt to

Keywords: Integration; Eclecticism; Syncretism; Evidence-based practice; Development of integrative styles

Introduction

Historically, training, research and practice in counselling and psychotherapy have been dominated by unitary theoretical models. Later, integrative and eclectic orientations have been developed as alternatives. The underlying principle is that psychological difficulties may have multiple causes and it is unlikely to have one therapeutic method that would be appropriate in all situations, as different people are helped by different processes at different times [1].

Society for the Exploration of Psychotherapy Integration (SEPI) was established in the year 1983. Ever since its inception, psychotherapy integration has been a formal approach. Integration represents merging of affective, cognitive, behavioural, physiological as well as systems approach for

customize treatment in order to meet the client's unique and specific needs as they believe that the outcome of therapy relates to the therapists.

Models of integrative practice include: Common factors; technical eclecticism; theoretical integration and assimilative integration.

Common factors were described by Jerome [8], Bruce [9], as well as Miller et al. [10]. Recently, three independent groups had a common to a conclusion that a wide variety of psychotherapies can be integrated through their common ability to trigger the neurobiological mechanism leading to memory reconsolidation [11,12]. The common factors approach includes the use of techniques across treatments irrespective of their theoretical orientation. The aim of common factors approach is to consider the common tools in each approach that can be useful in the therapy [4]. The advantage of this approach lies in the importance of therapeutic actions that are demonstrated to be effective. However, common factors may overlook specific techniques that are developed within particular theories.

Selection of best interventions based on experience, knowledge and research literature that is most appropriate for the clients is referred as technical eclecticism [13]. This approach encourages the use of diverse strategies and does not get hindered by the theoretical differences. However, there may not be a well-defined framework for convergence of diverse theories. Lazarus' [14] multimodal therapy and the systematic treatment selection [15] are the examples of technical eclectic psychotherapy.

Integration of behavioral theory and psychoanalytical theory for treatment intervention refers to Theoretical integration. This approach is based on the philosophy that joining two theories would probably work more effectively than single premise [4].

Certain models focus on combining small number of theories at deep level while other models are based on the relationship between several systems of psychotherapy. Due to distinctions in philosophies, ideas, concepts and assumptions, it is difficult to integrate some theories.

Paul's model of cyclical psychodynamics, which integrates psychodynamic, behavioural, and family systems theories [16] is a prominent example of theoretical synthesis.

Anthony's model of Cognitive analytic therapy, which integrates ideas from psychoanalytic object relations theory and cognitive psychotherapy [17], as well as Integral psychotherapy [18,19], is also an example of synthesis. Finally, the most noteworthy model that describes the relationship between several different theories is the Trans theoretical model [20].

Assimilative integration is another approach that relies on one theoretical position and incorporates techniques from other approaches from that position. In this approach, the therapist adheres to one fundamental theoretical orientation and brings along the experience, incorporation of ideas and strategies from other sources into their practice. This approach favours one system of psychotherapy, but along with a probability of incorporation or assimilation of perspectives or practices from other schools in a considerate manner [5].

Formal models of assimilative integration have been described which are either based on a psychodynamic foundation [21,22] or on cognitive behavioural therapy [23]. Integrationists are increasingly acknowledging that several counsellors would prefer the security of one foundational theory as they begin the process of integrative exploration.

Additionally, there are new models that combine aspects of the traditional routes. For example, Clara's [24] three-stage model of helping skills emphasizes on the skills from diverse theories during different stages of helping which could be considered as amalgamation of theoretical integration and Technical eclecticism. Good et al. [25] Integration of common factors and Technical eclecticism emphasizes on the core components of effective therapy and specific techniques which are designed to target clients' specific areas of concern.

Brooks-Harris' [26] Multi-theoretical psychotherapy is based on a combination of elements of technical eclecticism and theoretical integration. In this, the therapists are encouraged to make conscious choices with regard to combining theories and intervention strategies.

Integral psychotherapy [18,19] is based on the contributions of theoretical psychologist and philosopher, Ken Wilber [27], which integrates insights from contemplative and meditative traditions. This approach can be used to define any multi-modal approach that combines the therapies.

Eclecticism

Eclectic therapists generally do not subscribe to common set of principles since eclectic approach is based on differences rather than similarities. Hence, there are several eclectic approaches. Each eclectic therapist functions based on specific training received, experience, probably with bias and on case by case basis with no common set of principles.

However, a true eclectic is neither haphazard nor non-systematic. According to an old definition by English & English [28], "Eclecticism in theoretical system building, is the selection and orderly combination of compatible features from diverse sources, sometimes from incompatible theories and systems; the effort to find valid elements in all doctrines or theories and to combine them into a harmonious whole. Eclecticism is to be distinguished from unsystematic and uncritical combination, for which the name is syncretism".

Syncretism

There is a very thin line between integration or eclecticism and syncretism. In words of Norcross & Tomcho [29]: "Some self-designated eclectic or integrative counselors are, in actuality, practicing syncretism: an arbitrary and unsystematic blending of concepts of two or more of the 400 plus schools of psychotherapy. Their pluralistic intentions are to be commended, but their haphazard hybrids are an outgrowth of pet techniques and inadequate training".

The uncertainty of eclectic psychotherapy is primarily due to two factors. Firstly, the theory has been largely ignored in the eclectic stance and secondly, in the attempt to include as many

as possible diverse methods or techniques, there is little concern for their compatibility or orderly integration. Under this condition, eclecticism takes the form of syncretism. Therefore, Syncretism can be described as the combination of different and often contradictory beliefs, while merging practices of diverse schools of thought.

Constructing integrative theory

According to Halley [30], when trying to develop our own integrative theory, there are some questions that we should ask ourselves, questions regarding our views and values that will be the scaffolding upon which we will build our own integrative theory. These questions include:

What is the world in your view?

How do you feel about spirituality?

What is your ethical practice?

What are your principal skills?

What are your beliefs in research and continuous education?

What are your views about multiculturalism?

What theories do you like? How might you integrate these?

How has your familial or cultural history development shaped who you are?

Nevertheless, it is important to remember that the key factor in therapy is the client, so despite the fact that the therapist's preferences in theory and approaches are to be taken into account, the main objective is to create an integrative approach custom-made to the specific client, and therefore adapt our preferences to the client's needs. The therapists need to have knowledge on a wide range of theories and skills to allow him or her to be able to develop a personalized integrative approach to each case, unless he or she follows an exclusive theoretical school.

Different approaches to psychotherapy integration

Keeping in mind our theoretical preferences, technical skills and having into account the client's mental health as the main objective we should then be able to develop a theoretical integration of therapy to use in each case, considering the main established approaches and possible variants.

Hence, integrative approaches should be remembered. The common factors approach is based on the use of techniques across treatments, regardless of their theoretical orientation. Theoretical integration was an attempt to blend behavioral theory and psychoanalytic theory in order to guide the treatment interventions. Assimilative integration is an approach that relies on any one theoretical position, and from that position, incorporates the techniques from other therapeutic approaches. The framework for an integrated modular technical approach depends on the systematic use of techniques covering numerous orientations regardless of theoretical orientation.

Having this in mind, we should be able to develop our own therapeutic approach.

Steps needed to integrate: "How to integrate?"

Let see now how to integrate in practice. According to Brooks-Harris [31], the first step in order to develop an integrative therapy suitable for each individual, is to conduct a Multidimensional Survey of the client, paying special attention to the exploration of the current dimensions -(1) thoughts, (2) actions, and (3) feelings- after clients have had a chance to describe their concerns as well as the contextual dimensions - (4) biology, (5) interpersonal patterns, (6) social systems, and (7) cultural context- should also be considered.

After the survey of all seven dimensions, the next stage is to choose two or three dimensions that would serve as the initial interactive focus for psychotherapy based on a collaborative dialogue. Subsequently, the multi-theoretical conceptualization needs to be formulated using a model of conceptualization from a theory for each focal dimension and the initial conceptual hypotheses.

The final phase is to choose the intervention strategies from theories in order to address the focal dimensions selected to be tackled.

Practical example of developing a therapeutic integrative approach

A Japanese-American female in her 50s, Claire, was experiencing symptoms of depression after the death of her mother, a little over a year ago. She was the eldest of three daughters and has never married. She lived with her mother and was the primary caretaker of her mother.

In this example of Brooks-Harris [26], the first to do would be a multidimensional survey to find out her concerns and in collaboration with the client, tackle two or three of them in order to set the goals and formulate the conceptualization for therapy (**Table 1**).

After evaluating the multidimensional survey, Claire and the therapist select the two dimensions of her preference functioning as the initial focus for psychotherapy. Claire chooses her feelings of hopelessness and despair and her interpersonal patterns. Her close relationship with her mother was obstructing her from developing other sources of social support.

For each dimension, the therapist chooses an existing theoretical school. For instance, in this case, Emotion-focused therapy would be applied to deal with the conceptualization of feelings and Psychodynamic conceptualizations would be opted to help Claire explore and express her sadness in more adaptive fashion by exploring childhood experiences and her adaptations to interpersonal losses.

Table 1: Multidimensional survey in the case of Claire.

Thoughts	"I am experiencing difficulty to continue without my mother"
Actions	Withdrawal by means of social isolation from family and friends
Feelings	Hopelessness, Despair and Numbing sense of being
Biology	Reduced appetite and trouble to sleep

Interpersonal	Claire's concentration on being her mother's favourite child
Social	Clair's competition with her sisters while growing up. Emotion distance from her father
Cultural	The eldest child takes care of her parents as per the Japanese-American tradition

Conclusion

It is clear from reviews of the evidence that a very diverse range of psychotherapeutic methods can be of benefit to clients, even those that might appear diametrically opposed [32,33].

It has to be acknowledged that although the systematic application of techniques taken from different approaches is easier, it is difficult to integrate certain therapeutic approaches. The therapists though, should be able to use a wide range of skills and different interventions. The key approach lies in how it might be possible to move from one position to a combination of others retaining structure and coherence and not falling into the haphazard syncretism representing the uncritical and unsystematic combination of theories and practices. This might be particularly important in new therapists that are finding their therapeutic style.

An implication of pluralism for practice and training in psychotherapy is that we should be fluent in more than one therapy language and mode of practice [34,35]. The therapist has to immerse himself or herself in other therapeutic orientations in order to be able to appreciate their strengths and recognize their limitations, and be able from there to create or develop his or her own therapeutic style, keeping always in mind, the thin line that separate integration or eclecticism from syncretism, and making sure he or she does not cross this line.

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