

INTEGRATIVE PSYCHOTHERAPY

A MODEL

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INTRODUCTION:

The Humanistic and Integrative sections of Psychotherapy in Ireland is now over 15 years in existence and having been involved in its founding, I wanted to try and articulate some of the aspects of Integrative Psychotherapy as I see them now. In this brief article I want to introduce a model of practice which has been emerging at the I.C.C.P. over some years. A model of Integrative Psychotherapy needs to include a map of human development, psychopathology, personal change and a framework of practice. (See E.A.P. guidelines for modality recognition within Psychotherapy).

In this outline I will attempt to address these dimensions in setting out a comprehensive model. Integration, as defined by I.A.H.I.P. needs to ‘integrate two or more modalities of psychotherapy one of which comes within the ambit of Humanistic psychotherapy.’

AN OBJECT RELATIONS / SOMATIC MAP OF INTEGRATIVE PSYCHOTHERAPY:

The model I propose integrates Object Relations and Somatic approaches to Psychotherapy. This model is influenced by recent advances in psychotherapeutic thinking which has linked the unconscious processes of the mind with the non conscious operation of the body. We are developing here a developmentally based, psycho dynamically grounded, interactive practice - utilising psychosomatic expressions of bodily experience. Growing interest in therapeutic circles on attachment in the therapeutic relationship and on intersubjectivity helps the integrative drive. The current interest in intersubjectivity which sees the intersubjective field developed by two individuals as a key area of study is now also expanding to encompass the communication of two bodies as well as two minds. This is also seen to be true of thinking on attachment

“Internal working models of attachment, acting at non conscious levels, encode strategies of affect state and arousal regulation, and Early imprinted right brain representations store and process critical information about the mind and body of self and other” Shore (1)

So it no longer makes sense to work with models that do not work with both the mind and the body together.

This integration gives us a framework to work cognitively, affectively and sensorially with the person. These two approaches are compatible in their values and world-views, and make an overlapping model of practice. Current neuro-biological research offers exciting and compelling reason for integrating a cognitive affective and sensorial self – processing by the individual in the pursuit of personal change see Seigal 2007 (2)

In addition I see integration as addressing two further dimensions:

1. The integration of the person

i) in the integration of Mind, Brain and Relationships. We can define mind as a process which regulates the flow of energy and information in a person. Siegal (2)

ii) the integration of the chakras (see below)

iii) the integration of different brain functions is also important and will be referred to below

2. The integration of different relationships and task foci within the psychotherapy process. Here I am using the Relational map offered by Petruska Clarkson (3), where she outlines 5 different types of relationships within the therapeutic encounter. Clarkson's approach is one which has developed an integrative map by searching for common factors shared by different approaches. This map transcends theory, and helps us focus on the phenomenology of the therapeutic relationship. It attempts to address the schism between analytic models and experiential models or between relational processing and conscious task engagement, to find an integrative practice blend that honours the various dimensions of the person. Alongside Clarkson's map I am offering a meta-technique map of practice based on the co-ordinates of knowing and action.

The integration of Object Relations and Somatic Maps offers a way of conceptualising the integration of the person in their cognitive, affective and sensori-motor dimensions. Both maps begin by focusing on how the person feels, their phenomenological reality, and then incorporates history and character (13a)

MAPS:

(i) OBJECT RELATIONS

An Object Relations Map then works to help the individual process their experience from a Top Down perspective by asking how these feelings may be linked to the person's past experience and thus by the development of insight. See Gomez 2001 (4) The use of relational dynamics such as transference and projective identification assist this.

An Object Relations framework alerts us to the need to work with the therapeutic relationship especially in its transference aspects to allow the person to have an affective knowing of the ways in which their past is still alive and affecting their current functioning, through their unconscious repetition of past relationships towards others and themselves, in current life circumstances. Through this affective knowing, the individual can come to think about their ways of relating and through insight, can cognitively understand how to change current relational patterns.

(ii) SOMATIC

A Somatic Map again starts from an affective experiencing but attempts to process experience from a Bottom Up perspective, by asking how these feelings are arising out of the structuring of somatic or bodily experience. It draws attention to sensations in the body which need to be processed in order to disperse traumatic or overwhelming sensory experiences and thereby allow clearer thinking and relating. see Ogden Minton and Pain (5). I am defining trauma here as past experience intruding into the present which has not been processed so as to reside as memory.

A Somatic Map alerts us to the need to slow down sensation and attend to the unfolding progression of 'felt sense' and the development of awareness thereby clearing blocked backlogs of somatic knowing. Such processing can allow the individual create a new relationship with their body, their sensual experience. This grounds their self reflection in the listening to their Somatic knowing, which ably complements their cognitive knowing and thus offers a more integrated self-experience.

MAP OF SELF DEVELOPMENT:

The map of human development which most fully corresponds to the model I am outlining is that put forward by Ken Wilber (6) where he speaks of nine fulcrums of experience which the individual can encounter and develop through. This map covers the psycho-social development of the person. Wilber contends that:

“Unity consciousness or supreme identity is the nature and condition of all sentient beings, but we progressively limit our world and turn from our true nature in order to embrace boundaries. Our originally pure and intuitive consciousness then functions on varied levels, with different identities and different boundaries. These different levels are basically the many ways we can and do answer the question who am I”

It includes a Freudian perspective, (oral, anal, and phallic stages), culminating with the oedipal conflict, thus traversing the terrain from a primal unity with mother in a symbiotic dyad, through the individuation process, to embrace the more complex world of the three person dynamic. This challenges one to fully become part of the world of law and culture.

Following this development Wilbur adds the neo Jungian view that development continues through adulthood as we work towards a more mature individuation, by grappling to integrate aspects of ourselves embodied by our shadow, and our animus/anima. Wilbur then goes further in this integrative journey by mapping the possible fuller integration of mind and body beyond a Cartesian dualism. His map concludes by postulating a further integration which takes into account the steps towards an identification with the transcendent dimension of our being.

Another lens with which to view the developmental journey of the human being is provided by the map of the chakras. Originally a map arising from the Eastern Esoteric Traditions of India it has been re-interpreted to be of value alongside the developmental maps of western thinking. This map postulates that we can view the energetic system of the person as being charted along seven primary energy points in the body moving from the root, to belly, solar plexus, heart, throat, third eye and crown. In this system the fully functioning human being is one in which all seven chakras are open, energised and in connection with each other. The human is then seen as an energy system through which the electro magnetic energies of earth and heavens pass through. (As if we are conductors of life energy). All chakras have a corresponding emotional and spiritual dimension. Blockages in each chakra correspond to character pathologies which will be referred to below. Disease can also be understood through this lens. See Judith (12). Using this map one can see the partiality of the Freudian map Freud saw the developmental journey of the individual as being intimately connected to their psycho-sexual journey. This revolutionary insight postulated that the human infant begins by having a period where the mouth

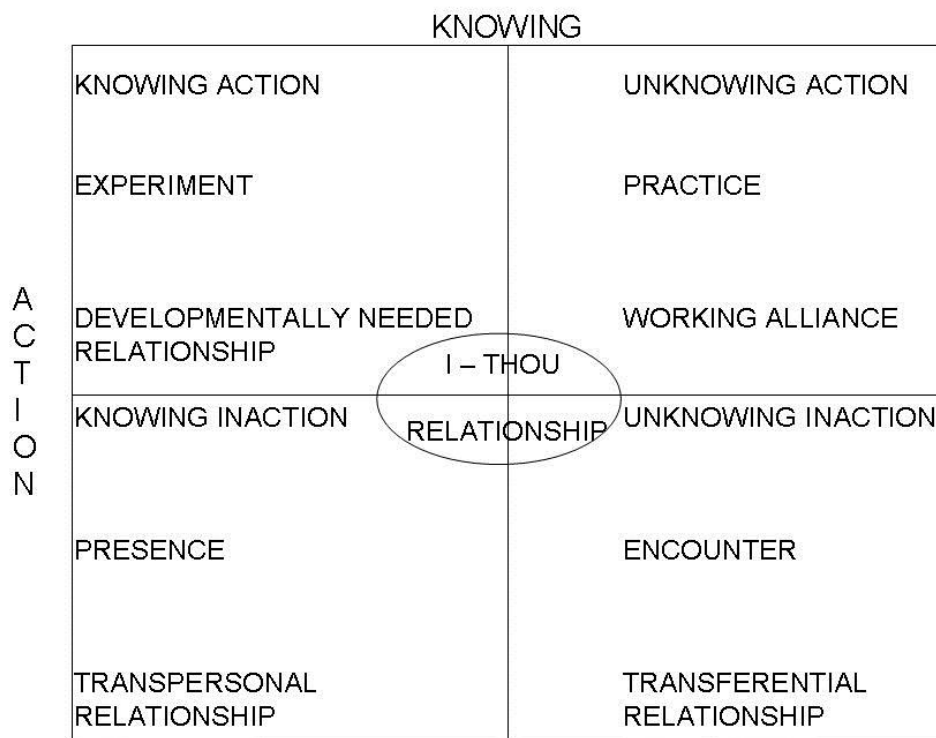
and oral area is that which is primarily eroticised. This, it is postulated, is followed by the anal area and then succeeded by the genital area. Freud saw that the development of sexual maturity was achieved when the individual arrived at the genital phase of human sexuality. However, if we use the chakra map this would be akin to saying that sexuality reaches its most mature development when the root chakra and the belly chakra are activated. This map allows us to envisage sexual development occurring at all seven chakra levels. This genital sexuality may be connected to a sensuality of the belly, a compassionate intimacy of the heart and ultimately a transpersonal connectedness of the crown chakra. Sexuality and spirituality can be seen as one in this map thus offering a truly integrative map of psycho-spiritual development and the disconnection of the two can be seen as one of the primary splits of western thought alongside the mind/body split.

Recent developments in neuro-biology and neuro-science which have allowed the past decade be labelled “the decade of the brain” have revolutionised thinking as human development and need to be included in any map. Of especial importance has been the seminal work of Daniel Stern and subsequently of Daniel Siegal emphasising the plasticity of the brain, its ability to develop and grow and the importance of mirror-neurons in facilitating learning. Of key importance has been the discovery of the Triune Brain. The brain is now seen as being in three primary parts, the hind brain, mid brain and pre-frontal cortex. The importance of the left and right brain function is also now emphasised. These explorations assist in seeing the work that is required in psychotherapy from a more nuanced perspective, and how the brain function requires an integration of thinking and feeling.

THE PLACE OF PSYCHOPATHOLOGY:

Psychopathology is seen in this model as developing on the threshold between nature and nurture. Allowing for our genetic and hereditary dimensions we are affected profoundly by our early attachment experiences see McCloskey (7) and Stern (8). These can either help or hinder us in our development of abilities to self contain and self-soothe, by offering us the support of a mother to assist in gradual regulation of the world as a separate being. Shore (9) forges a link between severe attachment failure, impairment of the early development of the right brain’s stress-coping systems and maladaptive infant mental health. We use characteristic defences against anxiety to cope with attachment difficulties and early life challenges. These defensive structures eventually culminate in the development of character patterns where our psychological and physical structures mirror each other, as we both physically and psychically attempt to manage the two great challenges; life, and how to live it; death and how to bear it. It is useful here to consider the 4 main character types, schizoid, oral, masochistic, and phallic-narcissistic or hysteric as templates of character for the structuring of experience. See Lowen (10) Smith (11) and Judith (12). Holding these templates allows us to individually and differentially frame the development work with clients.

The Map of Practice can be seen graphically as follows:



This map contains the common factor of Clarkson and a Meta-Technique Approach which explores practice along the dimensions of Knowing and Action.

This map sees that the integrative practitioner needs to be able to inhabit all four quadrants in their pursuit of integrative practice. We need to be able to work well in the quadrant of ENCOUNTER, where we have no clear knowing what will emerge but are open to relate to the other. In this quadrant we use what Clarkson calls the transferential relationship to allow the client explore dimensions of themselves often out of awareness, or as Bollas (13) calls – “the unthought known” – through the relating to the therapist. In this the therapist allows themselves be used through the transference of relevant dynamics from the client’s life, in the therapy session. Here we are in the receptive frame of unknowing inaction.

In the quadrant of EXPERIMENT we need to be willing to create and offer the client opportunities to meet other elements of themselves through conscious experiment / play, with breath, posture, movement and focusing on the felt-sense of their own experience. Here Clarkson’s Developmentally needed Relationship is valuable. Here we are in the active frame of knowing action, where we take conscious initiative.

In the quadrant of PRACTICE we need to be able to manage the work of the therapeutic frame, including time, cost task and goal. Here Clarkson’s Working Alliance is necessary to adequately meet the demands of the work. Here we take initiative but work out of a generalised mindset – or unknowing action. Here we also

see that the use of specific skills is vital. These include listening, empathy, congruence, concreteness, challenge among others.

In the quadrant of PRESENCE we need to be present to our own experience both in its personal and transpersonal dimensions so as to create a spacious field in which to meet the client. Here Clarkson's Transpersonal relationship is relevant. Here we are focused on our internal state of being – or knowing inaction.

All four quadrants and all four relationships are necessary to offer an integrative psychotherapy relationship. These contribute to our being able to engage in a full I – Thou relationship as Clarkson speaks of: see Bauber (14). This relationship draws strongly from the attachment theory of Bowlby and recent elaboration by Mc Closky exploring attachment styles in therapeutic relationships. In this we see the capacity of the therapeutic relationship to operate as an affect-regulating attachment experience for clients which then impacts on evolving psychic and brain structures in the client. A capacity to self-regulate and self soothe are enhanced.

In this way, insight alone and with it the focus on story is not enough. It must be complimented with affective and somatic experiencing, thus offering a relating to self and other in a real and vibrant way. Such intra-psychic and inter-psychic experiencing can foster profound presence to the self in clients as they join us in the 'moment to moment' experiencing of our becoming, in mindful awareness. This offers profound possibilities of personal change in all three dimensions of our being, our relationships, our quality of mind, and brain. 'MINDFULNESS ..is about waking up from a life on automatic, and being sensitive to novelty.'

Mindfulness is now widely valued in psychotherapy and underlies the above model. This approach is encouraged in both practitioner and client in their cognitive, affective and somatic dimensions in the therapeutic encounter. The value of such direct present centred awareness also present in Gestalt practice is now well researched in its ability to promote psychological and physical wellbeing. See Davidson (15), Kabat Zinn (16) and Seigal (2) The latter writes that:

"We can now propose that the interpersonal attunement of secure attachment between parent and child is paralleled by an intra personal form of attunement in mindful awareness" Seigal (2)

We can now see that the integrative perspective where we focus on relational attunement, and internal self processing can be linked together.

SUMMARY:

This model of integrative psychotherapy argues for an integration of :

- different types of theoretical maps
- therapeutic relationships
- aspects of the person

I want to challenge the over dependencies which I see

- (i) on reflection and relationship in some analytic models and
- (ii) on active task focus in some humanistic models.

This I hope will encourage a practice that will ‘do’ and ‘be’. I hope this model begins to explore practice issues such as touch in therapy, use of the self of the therapist, and other current concerns in developing practice.

Of course each element in this model can be elaborated at length, and the above is merely an introduction. With this model I hope I have conceptualised the process and practice of integrative psychotherapy and offered some thoughts as to the likely components of such a therapeutic approach.

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Biography:

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