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Theory at the Heart of Integration

Abstract

This article aims to highlight the importance of having an in-depth knowledge and understanding of our theoretical base when working with complex clients. I identify the risk of psychotherapists accepting new concepts at the expense of earlier ones/ From a relational/ developmental perspective, I identify why a depth knowledge and understanding of theory is significant in my practice, where a large proportion of my work involves clients with early relational trauma, and I recognise that other practitioners, and integrative psychotherapy as a whole, should be alert to these concerns.

Introduction

When I was asked to give a keynote presentation, as part of an expert panel, at the United Kingdom Association for Psychotherapy Integration (UKAPI) conference, *The Heart oJTntegration: putting theory into practice* (2017), I connected with my thinking about the particular importance of theoretical understanding when working with complexity. The title of the conference spoke to me because I believe that it is necessary to continue to hold a coherent philosophy for psychotherapy practice, and to work with theory that is compatible with that philosophy. I wanted to take the opportunity to highlight the importance for integrative psychotherapists of keeping in touch with their theoretical roots. Psychological theories provide a framework for understanding human behaviour, thought, and development.

I value highly being an integrative psychotherapist, supervisor, and trainer. I recognise that integration has many strands, and emerges as more than the sum of its parts - this is my experience and it delights me. My philosophical stance is relational/ developmental, and using appropriate theories within this philosophy when working with my client, enables us to work together to understand their history, their story and to offer appropriate repair. This does not in any way discount or undervalue the significance of the relationship, on the contrary, without the healing nature of the therapeutic relationship, theory is useless, to me and to my client. The relationship is the vehicle for therapeutic repair and theory can help us, as psychotherapists, to find ways of being most effective in this work. Knowledge of theory provides a framework for a cohesive flow from understanding, through interpretation and into action. A cohesive and consistent framework helps us to address the client's issues most effectively. Theory is a way of conceptualising an issue, and of developing understanding. Knowledge of theory helps both beginners and experienced practitioners, and the application and testing of theory fosters research. Rousseau (1968) considers that, to provide a rationale for why one is acting, one must have thought about it realistically and thoroughly. Without a thorough understanding of theory we are unsure of our trajectory, we may get there, or not. In working with individuals our responses often need to be immediate, in situations that we don't always expect, that may be complicated, or new to us. Utilisation of theory enables us to learn from the experiences of others and add this to our own experiences and intuition, to enable the best outcome for the client. I consider that the need for a good knowledge of in-depth theory is necessary for working with all sorts of complexity.

How Theories Support Therapy

In my presentation at the UKAPI conference (2017), I gave the example of cake making; I know the basics of cake making, I know that to make a cake you need flour, sugar, butter, eggs, and if I mix them together, put them in a tin and put it in the oven some form of cake-like object will emerge. However, achieving a successful and edible cake requires more than that minimal knowledge. Firstly, a recipe is needed, this is the theory of others, born of their knowledge and experience; the correct ingredients in the correct amounts must be mixed in the required way, placed in the appropriate tin and applied to an oven heated to the correct temperature, for the recommended amount of time. Then a successful and similar cake to that described in the recipe will emerge. Cake-making is a work of both the science of chemistry and the art and intuition of the baker, just as psychotherapy is both science and art.

From the original concepts of Freud and his contemporaries, modern psychotherapies have changed and developed, some have moved away from these concepts entirely, applying other ideas of how human psychology can be viewed and changed. Other therapies have built on and developed from these earlier views of the development of the self to later understanding of human motivations, such as Object Relations theories and integration. My concern is that new developments, and the incorporation of other contemporary understandings, can impact both the knowledge of, and the significance placed upon, understanding the source theories that have formed the original bedrock of relational/developmental psychotherapies. Integrative psychotherapists and trainees within their integration have to hold a number of cohesive ideas from different theoretical bases. This can mean that breadth of knowledge can overtake depth of knowledge.

As primarily important as the relational aspect of our work is, my contention is that we still need to understand the roots of the theories that our work has developed from. In taking on new concepts and theory, we must not lose the connection to our theoretical roots. As a practitioner, I come into contact with many students, supervisors and supervisees, whose training may have focussed on some areas of theory, but without in depth understanding of the development of these theories, or the context in which they were written. My concern as a practitioner and trainer is that in so doing there is a risk that the 'baby will be thrown out with the bathwater', so that key aspects of theory become diluted, and the importance of concepts from theoretical pioneers, such as Winnicott and Balint, may be overlooked in the move to embrace either humanistic relational concepts or cognitive interventions (Price, 2016).

Theory and Complexity

My main area of interest and expertise is in working with clients experiencing trauma, and in particular, clients experiencing sequelae of early relational trauma. Winnicott (1984) describes these clients as those who must address, "...the early stages of emotional development before and up to the establishment of the personality as an entity." (ibid. 1984, pg. 279). Van Sweden (1995) considers that these clients may present with, "...a sense of futility about life, feelings of hopelessness, a belief about no one ever being there, and inability to form meaningful personal relationships, the manifestation of ego deficits, and a variety of other personality disturbances, including depression and/or eating disorders." (ibid. 1995, pg. 208)

Winnicott (1984) noticed similar processes occurring in the relationship between mother and infant, and between himself and his psychotherapy patients. He concluded that the, "...paediatrician and the psychiatrist badly need each others help.....those who care for infants... can teach something to those who manage the schizoid regressions and confusion states of people of any age......I am saying that the proper place to study schizophrenia and manic depression and melancholia is the nursery." (ibid. 1984, pg. 170-171) I agree, and consider that the theories and concepts identified in the early development of infants can provide us with a map or template when working with regressed clients. Winnicott (1984) considered that: "In the emotional development of every infant complicated processes are involved, and that lack of forward movement or completeness of these processes predisposes to mental disorder or breakdown; the completion of these processes form the basis of mental health." (ibid. 1984, pg. 159) Having knowledge and understanding of the complexity of the development of self, psychotherapists can view and experience the needs of the client through an informed developmental lens, which enables them to recognize the developmental process and so be able to offer the appropriate response to the ego state of the client.

In working with early relational trauma, the insights from neuroscience and trauma theory have added to our understanding. However, the importance of 'archived' aspects of theory must not be neglected or diluted (Price, 2014) if we wish to offer distressed and traumatized clients the best possibility of repair and development. This may have occurred because training has focused on appropriate developments in the understanding of intersubjectivity, relational depth, therapeutic repair and other theories, but has sometimes resulted in the sidelining of this body of theory and research from the Psychoanalytic tradition. Johnson (1985) identified the issue, saying that: "Large portions of analytic writing are unnecessarily obscure, dominated by an imprecise and often archaic jargon." (1985, pg. 4) However, he recognized that some contemporary developing therapies lacked a theoretical base, which limited the effectiveness of therapeutic work.

Responding to the Client

Having stressed the importance of understanding developmental theory when working with early relational trauma, I must now acknowledge that in the caretaker/infant dyad, the caretaker cannot learn how to nurture by reading about it or being told. However, knowing about the needs of a developing infant is a good place to begin, and with this knowing the caretaker can care for their infant, and intuition and spontaneity can start to develop. This is also true for the therapist; theory and supervision offer teaching and support to help us to find our way with the client, but at some point the client will make demands for something that comes spontaneously and uniquely from the therapist. Developmental attunement, is necessary to meet clients in this way and is described as: "Thinking developmentally, sensing the developmental age at which the client may need therapeutic attentiveness, and responding to what would be normal in a child of that developmental age." (Erskine and Criswell 2012, pg. 2). In order to respond appropriately to their clients, therapists should have an understanding of this developmental need and how to respond. My point is supported in these words (emphasis mine), "But if we sensitise ourselves to *think* developmentally we begin to sense what a traumatised or neglected child of that particular age may require from a caring and contactful adult." (Erskine and Criswell, 2012, pg. 2) Understanding developmental theory in depth enables the sensing of a spontaneous response.

Therapists and theorists have formulated the therapeutic process as one of 'meeting needs' perceiving that these needs existed independently of, and prior to, the therapeutic process. This happens as a result of the theoretical stance, whereby these inchoate feelings are located by developmental theories in early infancy and so a narrative starts to develop in turning these feelings into needs. When these feelings are named as needs, the therapeutic partner can start to do something about them, i.e. either name them and/ or attempt to act upon them. This narrative then forms part of the client's story and gives words and meaning to their inner experiencing. It also means that the therapist and the client can share a language which expresses the clients experiences. This then has echoes of the early infancy dyad, where initially the infant experiences and protests, the caretaker is prompted to respond and, in the early days, the source of discomfort may be unclear, so the caretaker tries alternatives in an attempt to offer resolution. Over time, attunement develops and the caretaker recognizes the protests of the infant and is able to more effectively meet their needs. When the therapist fails to correctly attune to the client's needs, the transgression may seem minor, yet the client may experience an impingement which can result in pain or rage. Too many such impingements can result in a return to the despair of childhood, and if this is not recognised by the therapist, the relationship can rupture beyond repair and the client may terminate therapy. Unconscious processes emerging within the therapeutic relationship enable both client and therapist to identify archaic deficits, and so work together to obtain repair. Thompson (1943) identified Ferenczi's (1931) assertion that the inability to work with such clients was more to do with the lack of skill on behalf of the therapist rather than the client being unsuitable for therapy. I consider that it is this potential lack of skill, due to a lack of theoretical knowledge and experience that I am writing about. For example, working with early relational trauma often involves the process of regression, a re-experiencing of the developmental stage prior to that in which ego damage occurred, in order to offer repair and so allow progression into ego development, which has previously been fixated, to continue (Van Sweden, 1995). To work with this complexity, the therapist must have in depth knowledge and understanding of these early processes, rather than a generalised overview, and manualisation or simplistic interventions will not achieve repair.

Stern (1985) highlights how narratives are constructed in therapy and he sees the clinical infant - that is, the perception of the client's infancy narrative reconstructed in the course of clinical practice - as a construct which is discovered and altered by both teller and listener in the telling. He identifies the competing theories around early life: "The early life narratives as created by Freud, Erikson, Klein, Mahler, and Kohut would all be somewhat different even for the same case material. Each theorist selected different features of experience as the most central, so each would produce a different felt-life-history for the patient." (Stern, 1985, pg. 15) In this way Stern demonstrates how therapeutic narratives are not used simply to discover what actually happened, but also to create, "…the real experience of living by specifying what is to be attended to and what is most salient. In other words, real-life-as-experienced becomes a product of the narrative, rather than the other way around." (Stern, 1985, pg. 15) He recognises that the establishment of a narrative is an important clinical necessity, and in so doing underscores the relevance of theory to this work.

In Erskine's (1993; 1994) works, he describes the necessity for the therapist's attunement to the clients presenting developmental stage at the time, and to provide an appropriate response within a reparative and emotionally nurturing relationship. Understanding developmental theory, the primitive defenses that have developed as a result of a deficient caretaking environment, and working with the unconscious relationship, allows the provision of an informed and effective therapy, where an atmosphere of affective attunement can be developed and the needs and feelings of the client can be expressed and appropriately responded to, these needs may be emerging from archaic stages or from the current relationship. My experience has developed over the years, and this formed my framework and has added to my theoretical knowledge. My countertransference when working with regression involves maternal feelings, and a desire to attune to the infant ego to provide a 'corrective emotional experience' where I will work in areas of the mind prior to the development of language. In these circumstances, then, reliance on the verbal will fail to provide connectedness. Theoretical knowledge can provide an understanding of the defences available to the infant ego, how we might meet the needs of the infant in an adult body, how to contain an infant's fear and an infant's rage in a psychotherapy setting, what to do, and what not to do. This is where in-depth theoretical knowledge helps us.

Addressing early developmental needs aims to help the client to 'catch up' with other aspects of the self, which have not been fixated by failed dependency and the primitive defences surrounding the experience. Dosamantes (1992), in linking the pre-verbal dyadic couple with the therapeutic dyadic couple writes: "While in a state of symbiosis, the dyadic couple blurs the boundaries between them and together they create the illusion of at-oneness with one another. In this merged state, words have little meaning for them, and communication transpires primarily through touch, sensation, and mental images." (ibid. 1992, pg. 361)

Conclusion

In conclusion, I use one last metaphor to demonstrate my meaning; a patient with acid reflux or gall bladder pain may go to see their GP and be given an appropriate remedy which is tried and tested, and is effective. This may well sort the problem out. If not, a referral to a consultant or surgeon may follow. The GP has knowledge of a wide variety of illness and disease and so is able to treat widely. If there is a referral made, that referral will be to someone who has studied, in depth, a particular area of medicine and knows how to treat complexity or offer surgery. Their study has enabled them to develop expertise in this area. I liken my thoughts to this metaphor. Many good and effective results can be achieved by having a wide knowledge of aspects of psychological theory. But when the issues involve complexity, then further knowledge is needed.

I have demonstrated, through use of my area of expertise, why a good knowledge of theory and its application to practice is so relevant in psychotherapy with complex clients. As a Programme Leader of an MSc Integrative training course, my aim is to develop students as widely as possible. However, training time is packed with many important things to learn, so it is important to me to try to 'light the spark' of interest in 'deep-diving' the theory, and to explain why this is necessary. My intent is to raise awareness of how knowledge of theory can improve effectiveness for both the therapist and the client. Theory can help us to see further, because we stand on the shoulders of giants.

Some of the concepts mentioned in this article are developed further in Better Late than Never: The Reparative Therapeutic Relationship in Regression to Dependence by Lorraine Price (published by Karnac Books in 2016).

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