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Tomas Rihacek [a], Ester Danelova [a] & Ivo Cermak [a]
[a] Department of Psychology, Masaryk University, Brno, Czech Republic

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Psychotherapist development: Integration as a way to autonomy

TOMAS RIHACEK*, ESTER DANELOVA, & IVO CERMAK

Department of Psychology, Masaryk University, Brno, Czech Republic

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Abstract
This study deals with the question of how therapists naturally develop an integrative perspective. A grounded theory analysis was conducted, based on retrospective interviews with seven experienced therapists (working together in the same training program). Adoption of an integrative perspective was found to be an unintended consequence of the development towards an autonomous personal therapeutic approach. This development is directed by two autonomous criteria (congruence and perceived efficacy) and results in intuitive integration. Complementary to this aspect is a heteronomous line of personal therapeutic approach development, characterized by two criteria (adherence and legitimization) and leading to identification. Autonomy and heteronomy are understood as general principles along which a therapist's development can be organized.

Keywords: psychotherapy integration; psychotherapist development; autonomy; heteronomy; grounded theory

Integration has been a predominant phenomenon in the recent decades of psychotherapy's evolution (Norcross & Goldfried, 2005). McLeod (2009) reviewed several surveys on therapists' preference of theoretical orientations and concluded that "the trend across all surveys of counselors and psychotherapists has been that some form of eclecticism/integrationism has either emerged as the single most popular approach, or has been a significant source of influence even among those therapists who operate mainly within a single model" (pp. 363–364). A vast majority (79%) of training directors in Lampropoulos and Dixon's (2007) study believed that having been trained in one therapeutic model is not sufficient for therapists, yet little is known about the process of integrative perspective development in an individual therapist. According to our knowledge, previous studies on therapist development did not directly address this issue, though some of them dealt with it tangentially. Therefore, we will briefly summarize (1) the relevant empirical literature on therapist professional development, (2) studies on a therapist's choice of theoretical orientation, and (3) several speculative models of therapist development towards psychotherapy integration.

(1) In their extensive study on therapist development, Orlinsky and Rønnestad (2009) did not address psychotherapy integration explicitly. Nevertheless, it can be roughly equated with "theoretical breadth" (defined as the number of theoretical orientations reported by the therapists as salient in their current therapeutic approach). The authors found that a therapist's breadth of theoretical perspective predicts the experience of therapeutic work as a healing involvement (defined by therapists perceiving themselves as affirming, invested, accommodating in manner, experiencing in-session flow and using constructive coping strategies). Orlinsky and Rønnestad state, with caution, that theoretical breadth may be confounded in their analysis with the level of experience, because it tends to increase with seniority. Nevertheless, another study has confirmed this relationship in several cohorts of junior therapists, which were homogeneous in respect to therapist experience level (Romano, Orlinsky, Wiseman, & Rønnestad, 2009).

Using a qualitative design, Skovholt and Rønnestad (1992) described an eight-stage model of therapist development, later condensed into six stages (Rønnestad & Skovholt, 2003). They found the main course of the development to be from (1) a conventional and internally driven "lay helper" mode, through (2) the rigid and externally driven mode of the training period, to (3) an internal and flexible mode of functioning. While the training period is characterized by the gradual "enculturation" of a

Correspondence concerning this article should be addressed to Tomas Rihacek, Department of Psychology, Faculty of Social Studies, Masaryk University, Joštova 10, 602 00 Brno, Czech Republic. Email: rihacek@fss.muni.cz

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trainee, internalization of concepts and techniques taught by trainers, imitation of experts and rigidity in a trainee's working style, in the post-training period a trainee explores other possibilities, integrates new experience, modifies the professional style imposed by trainers, and gradually develops an authentic, personalized working style (Rønnestad & Skovholt, 2003). This naturally opens up a space for the integration of multiple theoretical perspectives.

A qualitative study, which explored psychoanalytic trainees' experience at the beginning of their training, during the training and after graduation, was conducted by Carlsson, Norberg, Sandell and Schubert (2011). While "search for recognition" appeared to be a central theme permeating all three of the stages, a trend similar to Rønnestad and Skovholt's (2003) study can be traced within their results: from reliance on external evaluation (confirmation or confrontation), trainees moved into a stage of gaining confidence and finding one's own working style, which was characterized by freeing themselves from training requirements, trusting their own experience and relying on their own expertise.

Finally, analyzing retrospective interviews with 12 senior therapists, Rønnestad and Skovholt (2001) identified four "arenas" for professional development: early life experience, cumulative professional experience, interaction with professional elders and experiences in one's own personal adult life. Besides confirmation of the findings that the therapists developed a style which suited them, the authors found how early life experiences influence one's working style throughout the entirety of his or her career. Similarly, the internalized influence of mentors and other professional elders still remains very active and profound.

(2) The two following studies on therapists' theoretical orientation development (see Arthur, 2001, for a review) appear most relevant for the discussion of the presented findings. A grounded theory study on a sample of marriage and family therapists (Bitar, Bean, & Bermúdez, 2007) identified 10 categories explaining their theoretical orientation development. Bitar et al. divided these categories into two broad contexts: personal and professional. The personal context included the influence of personality, personal philosophy, family of origin, own therapy and own marriage. The professional context consisted of undergraduate courses, graduate training, clients, professional development and clinical sophistication.

Further, Vasco and Dryden (1994) proposed a model explaining changes in a therapist's initial theoretical orientation. It is based on two concepts—dissonance and epistemological development. The former refers to the discrepancy between therapists' personal beliefs, implicit theories and values on the one hand, and the theoretical and meta-theoretical assumptions of their psychotherapeutic orientation on the other. The latter is defined as "the degree of complexity and flexibility that characterizes the way therapists think about ontological and epistemological matters" (p. 328). Therapists, according to Vasco and Dryden, choose their first orientation mostly on the basis of their personal characteristics (e.g., personal philosophy and values), while later in their career they are influenced also by their clinical experience. When a state of dissonance occurs, they may either change their theoretical orientation, become eclectic, or keep their original perspective at the expense of distorting facts. Vasco and Dryden have found that the solution is mediated by a therapist's epistemological development: higher epistemological development naturally leads to embracing a more eclectic or integrative stance.

(3) Concerning therapist development towards integrative perspective, literature offers a few speculative models, none of which has been, to our knowledge, subjected to empirical evaluation. Perhaps the most general is Norcross's (2005) application of Werner's theory which conceptualizes development into three phases, where: (1) a therapist has a global, undifferentiated understanding of psychotherapy theory, (2) a therapist perceives differentiation of the whole into parts, but loses perspective of the whole, (3) a therapist organizes and integrates the parts into a whole at a higher level and appreciates the complexity of psychotherapy.

Castonguay, Reid, Halperin and Goldfried (2003) drew a parallel between the growth of a psychotherapeutic school, and an individual therapist's development. In their model, a therapist first experiences a period of excitement and discouragement, connected with the first achievements and failures in practice. This is followed by a period of confidence and rigidity after a therapist solidifies his or her personal approach, and finally by a period of humility and openness for potential contributions from outside the original approach.

Though not presenting a comprehensive model, Gold (2005) draws attention to phenomena which, viewed from a psychoanalytic perspective, represent obstacles in the process of development towards integration. He understands loyalty to a psychotherapeutic school or eminent therapist as the manifestation of "a more general tendency toward a tribal, ancestral affiliation, hero worship, or brand loyalty" (p. 376). It stems from "the need to identify with and to be affiliated with an ancestral heroic figure or group of elders who prescribe and legitimize what we know and do" (p. 376), which inevitably generates

an out-group or "a demonized and devalued Other." According to Gold, these tendencies need to be overcome in the course of developing a relativistic, integrative perspective.

Finally, Castonguay (2000; Boswell & Castonguay, 2007) described his model of integrative psychotherapy training, which can simultaneously stand as a model of therapist development. It consist of five stages: (1) preparation (i.e., learning basic clinical and interpersonal skills), (2) exploration of the major psychotherapy orientations, (3) identification with a particular orientation, (4) consolidation of this orientation, and (5) integration of contributions from other orientations, which begins in an assimilative manner and gradually becomes more accommodative.

As has been shown, empirical literature includes studies on both a psychotherapist's professional development in general, and a therapist's choice of theoretical orientation. Existing models on the specific topic of a therapist's integrative perspective development, however, lack empirical support.

How, then, do therapists naturally develop towards an integrative perspective? Finding an empirically grounded answer to this question is the objective of the present study. Integration is, in the context of this study, understood in the broadest sense—as the combining of two or more psychotherapy approaches in one's practice. Developing "naturally" is understood here as becoming integrative without necessarily undergoing integrative psychotherapy training.

Corresponding to the explorative character of the research question, the grounded theory approach (Glaser & Strauss, 1967) has been employed. Rennie, Phillips and Quartaro (1988) argue for grounded theory as a promising method in psychological research and it has been established in psychotherapy research, as well (e.g., Rennie, 1996). As described by Glaser and Strauss (1967), the method is based on inductive generation of a theory through the method of constant comparison. Though the original formulation of grounded theory methodology reflects the positivist epistemological tradition, in the present study it has been employed in accordance with Charmaz's (2006) constructivist reformulation, reflecting a researcher's co-constructive role in creating their own theory.

Method

Participants

Therapists. This study is based on interviews with seven experienced therapists, who together formed a team of trainers preparing new psychotherapy training, the Training in Psychotherapy Integration (Brno, Czech Republic).[1] The team was composed of four men and three women, whose age varied between 38 and 46 years and with 10 to 20 years of therapeutic practice.

Each participant is qualified in multiple approaches. Together, the following psychotherapy approaches are represented: psychoanalysis and psychoanalytic psychotherapy (hereafter referred to as PA), psychodynamic psychotherapy (PD), Gestalt therapy (GT), Pesso-Boyden system psychomotor (PBSP), person-centered approach (PCA), systemic/family therapy (SFT), logotherapy and existential analysis (L&EA), sati therapy (a mindfulness-based integrative psychotherapy), art therapy and transpersonal therapy (Holotropic Breathwork). None of the participants has been fully trained in cognitive-behavioral therapy (CBT), but some of them completed shorter courses on CBT and use it in their clinical practice.

In terms of original professions, the participants represent clinical psychology (three), psychiatry (three) and social pedagogy (one). Gender, with four male and three female participants, is also equally distributed. The participants' characteristics are summarized in Table I (to protect the participants' identities, fictional names are used).

It should be mentioned explicitly that the participants were frequently in contact over the last 3 years, and therefore partially shared their individual developments towards integration during the creation of the Training in Psychotherapy Integration mentioned above.

Analysts. The first two authors acted as analysts. The first author is a 33-year-old man with 7 years of part-time therapeutic practice, trained in GT. The second author is a 26-year-old woman with her MA in psychology and her MA in psychotherapeutic studies, currently attending a GT training. These two analysts share humanistic/experiential orientation and favor psychotherapy integration. The third author, a 55-year-old man and professor of psychology with expertise in qualitative methodology, acted as an auditor analyst in this study.

Procedure

Recruitment. This study is a part of a larger research project, focused on the Training in Psychotherapy Integration. Originally, the main goal was to provide a reflection on how the individual professional development of the trainers might influence *teaching* integration within the newly created training. Only later did it become clear that it was worth developing the analysis into an independent study. Therefore, participants were not selected separately

Table I. Summary of participants' characteristics

Name	Gender	Age	Length of practice	Profession	Trainings (chronologically)	Development of theoretical orientation conceptualized into phases
Andrew	Male	38	15	Psychiatrist	GT, PBSP	He found the GT approach very fitting for himself and subsequent PBSP training only confirmed this orientation. Phases: (1) identification with one approach, (2) emphasis on creating his own therapeutic style, and (3) explicit interest in integration.
Chris	Male	41	18	Psychiatrist	Psychoanalysis and psychoanalytic psychotherapy	Phases: (1) identification with PA perspective, and (2) broadening of his personal therapeutic approach to techniques originating in other therapeutic approaches (while maintaining his PA identity).
Claire	Female	39	13	Psychiatrist and psychologist	SFT, couple and family psychoanalytic therapy	The SFT approach generally satisfies her, but she felt a need to also add individual perspective to her clinical work. Phases: (1) identification with one approach, (2) partial identification with the second approach, and (3) filling up her capacity and being grounded in her personal integrative approach.
George	Male	38	10	Clinical psychologist	Sati therapy, psychoanalytic psychotherapy	He inclined to PA from the beginning but was not admitted to a training he applied for. Then he started his training in sati therapy but during it he also entered a PA training. Phases: (1) identification with one approach (PA), and (2) broadening his identity; autonomy in relation to therapeutic approaches.
Judith	Female	46	18	Clinical psychologist, lawyer	Holotropic Breathwork, shorter CBT courses, GT combined with psychosynthesis	Phases: (1) congruence-based choice of an approach (transpersonal therapy), (2) efficacy-based choice of an approach (CBT), (3) becoming grounded in an approach that met both criteria (GT), and (4) reflected assimilative integration.
Noel	Male	45	20	Social pedagogue	Art therapy, shorter CBT-oriented courses, PD and SFT	While being mostly grounded in the PD approach, he does not fully identify himself with any of the approaches he has been trained in. Phases: (1) building his own therapeutic approach gradually, and (2) identification with integrative perspective.
Sarah	Female	43	17	Clinical psychologist	PD, PCA, SFT and L&EA	One of the reasons why she found her identification approach only in the last training may be the fact that her previous trainings were incomplete for various reasons (missing theory, personal experience or supervision, etc.). Phases: (1) searching for a fitting approach, (2) identification with a particular approach, (3) apostasy and feeling guilty, and (4) legitimization of integrative approach.

for this study, according to any pre-established criteria, and thus the method can be formally classified as convenience sampling (Patton, 2002) with post hoc checks for representativeness in respect of the phenomena under study.

The therapists were asked via email to participate and all of them agreed. Informed consent was obtained from all participants in written form. Therapists were paid 75 USD for their participation.

Data creation. The second author conducted an individual unstructured in-depth interview with each participant. At the time of the interviews, the interviewer was already familiar with previously collected data on the participants' individual approach to psychotherapy and on their commonalities, as well as differences within the trainers' team. Each interview began with a uniform question: "What was your personal path to psychotherapy integration and what does integration in psychotherapy mean for you today?" Then the interviewer followed the participant's line of thought and each interview developed in a unique way. During these interviews participants also reflected on the process

of creation of the training. This part of the data, however, was not included in this analysis. Each interview lasted from 60 to 90 minutes.

After analysis, participants were sent additional questions via email, the number of which ranged between one and 15. These questions were designed individually to further develop selected categories which appeared to be important during analysis or to add some missing information. The additional questions were focused mainly on the choices the participants made in respect of psychotherapy training during their professional development (in case this information was missing): why they chose a particular approach, what they gained from that training, in which ways they experienced the training to be insufficient, in what way (if at all) they identified with the particular approach represented by the training and how they integrated it into their current practice.

Afterwards, seven individual stories of the participants' development towards integration based on the data were created by the first two authors using the preliminary analytic categories as a framework while still preserving the participants' own language where possible. This step was deemed necessary because the authors felt that a narrative form would be more suitable to capture the developmental character of the data. The participants were then asked to validate their stories and their comments were incorporated into the texts, extending them considerably in some cases. These stories were in turn used to refine the analysis and small parts of them will be presented within the description of the model (as they are more informative than quotations of raw data).

When sending the stories to the participants, the authors also asked them questions directed so as to develop one of the categories that was considered important (Congruence). The participants were also given opportunity to comment on the resultant model (this opportunity was used by only one of them). Their answers were then analyzed.

Analysis. Initially, the study was designed as a multiple case study (Stake, 2006) with the intention of describing the individual participants' paths towards integration. It soon became apparent, however, that it is hardly possible to present several case analyses in sufficient detail within the extent of an article. Furthermore, the interviews evinced considerable overlap of resulting themes and categories. Therefore, the grounded theory approach (Charmaz, 2006; Glaser & Strauss, 1967) has been chosen for analysis instead, which led to the formulation of a general model. The multiple case study approach aims to provide a detailed and contextually rich description of several significant cases, and therefore encourages researchers to collect data of highly idiographic nature. The goal of the grounded theory method, on the other hand, is to develop a general model or theory, and hence requires data that are more comparable and progressively focused on the central phenomenon emerging during analysis. Therefore, the data obtained from unstructured interviews were supplemented by the additional questions described above. In this study, the authors accepted Glaser's (1978) approach to connecting categories in a theoretical system which is more flexible and, according to the authors, more appropriate in this case than Strauss and Corbin's (1990) axial coding paradigm, which is more rigid and did not fit the data of this study.

Preliminary data analysis was conducted after each interview; thorough analysis followed after all data had been collected. The logic of theoretical sampling, which is an inherent part of grounded theory methodology, was not followed here, but is planned to be utilized in further development of this initial study. Transcribed data were analyzed using the Atlas.ti software (version 5.2.0).

Credibility checks. Several steps were made to ensure credibility of the results: (1) two analysts conducted the analysis simultaneously and discussed their results until a consensus was reached on every level of analysis; (2) analyses of the individual cases were validated by the participants; (3) an auditor, whose role was to check the groundedness as well as the logical consistency of the model, was employed after the analysis was finished. Items (1) and (3) reflect the principle of consensuality advocated by Hill et al. (2005).

Results

The main finding of the study is that the development towards integration was an unintended consequence of the participants' endeavor to develop an autonomous *Personal Therapeutic Approach*. It is, according to the data, conceptualized as an approach conforming to the criteria of *Congruence* (i.e., how appealing and fitting to a therapist's preferences a certain theory, model or technique is) and *Perceived Efficacy* (i.e., how useful for the everyday practice a therapist finds it). Forming such a personal style spontaneously led to *Intuitive Integration* in the participants.

Besides this autonomous aspect of development, there was a complementary heteronomous aspect traceable in the participants' accounts which, depending on the circumstances, could either support or hinder the autonomous development of an

integrative perspective. In this respect, the analysis revealed another two criteria that influence the creation of *Personal Therapeutic Approach*: *Adherence* (i.e., a therapist's compliance with prescribed procedures) and *Legitimization* (i.e., affirmative influence of a particular reference group).

The dimension of *Heteronomy-Autonomy* represents a higher level of abstraction, which is used to organize the criteria and processes into the resultant model. Though the concepts of *Heteronomy* and *Autonomy* may be conceived as successive developmental phases, they are used here in the sense of two complementary principles, which probably operate at any stage of therapist development. The categories and their relationships are depicted in Figure 1.

Personal Therapeutic Approach

The data suggest that forming one's own *Personal Therapeutic Approach* is the ultimate goal of the participant therapists' development. Though they were not aware of this process at the beginning of their career, all respondents view it retrospectively as an inevitable aspect of their professional development. In their own words, they strive to create a working style that would fit both themselves and their clients—*Personal Therapeutic Approach*, covering both the more apparent (behavioral) component of therapists' work and the less accessible conceptual (cognitive) component of their activity.

In the course of their professional development, the participants encountered various therapeutic techniques, concepts, philosophies or attitudes—either embracing and assimilating them, or rejecting them. In this way, their *Personal Therapeutic Approach* became gradually grounded (or "anchored") in one or more psychotherapy approaches (or theoretical orientations in a broader sense). The participants' decisions (deliberate or unintentional) whether to incorporate a technique, concept or attitude into their *Personal Therapeutic Approach* followed certain criteria which may, in principle, be classified as autonomous or heteronomous.

Autonomy

In the participants' stories, integration was found an unintended, yet natural consequence of their development of an autonomous *Personal Therapeutic Approach*. The *Autonomy* principle refers to criteria exclusively connected to the therapist's own judgment. The participants described it as reliance upon their own experience and perspective, rather than prescriptions of a certain psychotherapy approach. It is connected both with intuition, in the sense that the participants rely on their own feelings and hunches in making their decisions, and with reflection, in the sense that they are aware of this process and are able to learn from their own experience. For all participants, their *Personal Therapeutic Approach* was only satisfactory providing that it met two crucial conditions: *Congruence* and *Perceived Efficacy*. Until these two conditions were met, therapists kept searching for more suitable resources to draw from.

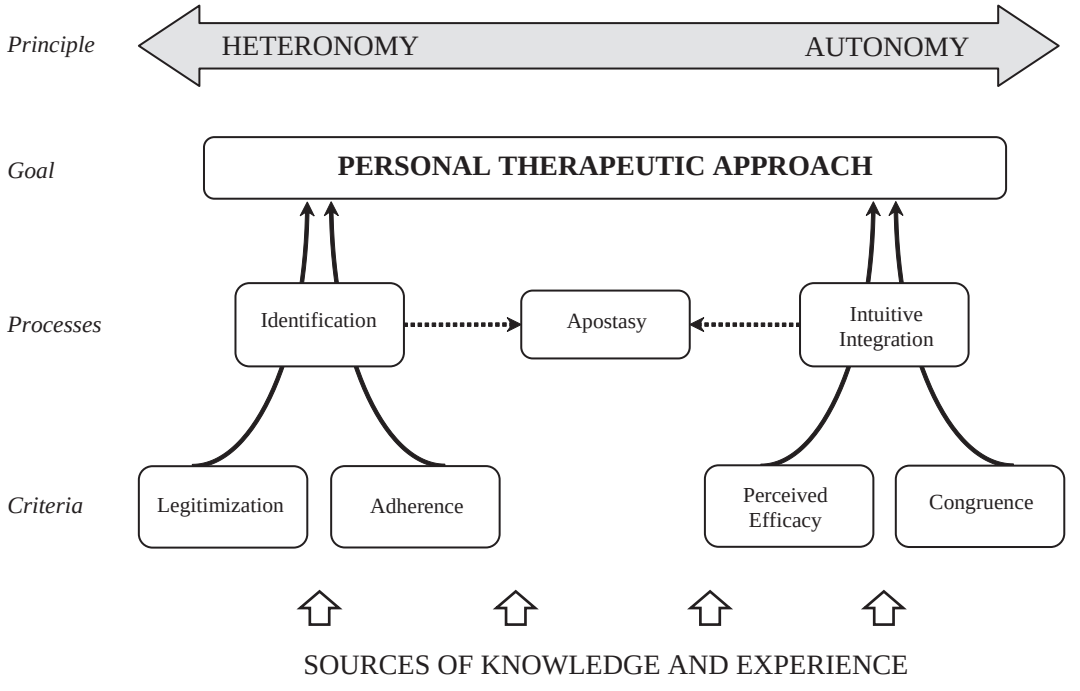

Figure 1. Criteria and processes in the development of *Personal Therapeutic Approach*.

Congruence. *Congruence* reflects the level of accordance between a specific concept, technique, or a whole therapeutic approach a therapist comes into contact with on the one hand, and personal characteristics of a therapist (preferences, beliefs, implicit theories, etc.) on the other. In the interviews, *Congruence* was usually expressed in a form of simple phrases such as "this fits me" (Noel, Andrew), "that corresponds to my inner disposition" (Chris), "it helps me in my daily life situations" or "I like it very much" (Sarah), "it interests me most" (George), and in enumerating attributes of a psychotherapy approach which correspond with a person's worldview. Statements usually reflect respondents' enthusiasm to new idea, method or technique they come in contact with.

> Sarah decided to enter training in PCA because she valued qualities such as humanity, responsiveness and sensitivity, which she associated with this approach. During this training, she felt the need for a more directive approach and was frustrated by its lack. Finally, she became grounded in L&EA, because this approach was even more suited to her personal values and offered her the structure she needed.

In delineating the boundaries of their *Personal Therapeutic Approach*, the participants also used negative statements, such as "it's not my home, I feel myself more somewhere else" (Noel), and "I don't feel well in this" (George).

Perceived Efficacy. *Perceived Efficacy* means perceiving oneself as an effective therapist, i.e., one who is able to help his or her clients. According to the data, integration of techniques and theories originating in various therapeutic orientations was, on the individual level, motivated primarily by a perceived ineffectiveness of a participant's current approach in certain situations and by an effort to meet particular clients' needs and conditions.

> For George, perceiving his therapeutic work as effective is the most important criterion of a satisfactory *Personal Therapeutic Approach*. He adopted this view after abandoning *Adherence* as a primary criterion for assessing his work. Sarah also described this personal shift. Chris and Judith both speak about the need to adjust their approach to the level of the client's disturbance. More severely disturbed clients may need more support and behavioral training, while less severely disturbed clients may only require reaching insight.

Intuitive Integration. Following the criteria of *Congruence* and *Perceived Efficacy* led the participants to actively consider methods and concepts different from their own approach, to get inspired by them, experiment with them, and finally to accept, adjust or dismiss them. They engaged in discussions with their colleagues (either out of pure interest, or because of the necessity to communicate about a client in a team), trying to translate the other's theoretical stance into their own language and possibly accommodating their own conceptual system.

> Andrew appreciates dialogue with his colleagues as a valuable place for the potential emergence of new qualities, e.g. in discussions with PD-oriented colleagues he created his own way of dealing with his clients' history within the framework of GT. Sarah mentioned that following her discussions with GT-oriented colleagues, she started to consider incorporating the "here and now" principle and self-disclosure in her mostly L&EA-based practice.

In the process of *Intuitive Integration* various incoming stimuli are "metabolized" into a coherent conceptual and interventional working style. The metaphor of metabolization is used here to emphasize not only the idiosyncratic selectivity (embodied in the categories of *Congruence* and *Perceived Efficacy*), but also adjusting and appropriating these incoming concepts and techniques to fit both the therapist and the client.

> This aspect is especially apparent in Andrew, who spoke about the need to withdraw from sources of new inspiration from time to time and to consolidate already-attained material into a coherent form of *Personal Therapeutic Approach*.

This process of active selection and transformation ("metabolization") has several direct implications concerning integration. The participants often spoke about discovering general principles and dimensions lying beyond distinct psychotherapy approaches and schools and conceived the distinction between approaches as unnecessary or irrelevant. It may be said that the therapists formulated their own idiosyncratic sets of common factors that helped them organize their clinical experience into meaningful schemas.

> Judith, e.g., asks questions about how much a therapist's directivity or how much self-disclosure is functional in a therapeutic relationship, irrespective of specific approaches.

This naturally leads to blurring the definite borders of therapeutic approaches, which are subsequently viewed from the point of their similarities and unique contributions. Gaining multi- and transtheoretical perspectives coincides with deviating from one's original approach on the practical level (adopting techniques of various origins and theoretical "affiliations"), and thus broadening one's therapeutic scope. In the case of the participants, this process tended to function very naturally and without reflection until the participants became familiar with the concept of psychotherapy integration. Therefore, the process was termed *Intuitive Integration*.

> For George, the process of integration often goes on intuitively and it lends itself to reflection only in retrospective analysis. George trusts his intuition and relies on it.

Heteronomy

The heteronomous aspect of *Personal Therapeutic Approach* development was less obvious in the data and its relation to developing an integrative perspective was less straightforward, in comparison to the autonomous criteria. The *Heteronomy* principle refers to criteria connected with external influences, namely therapeutic approaches (formulated in manuals, books and articles) and individuals or social groups mediating the relationship between a therapist and various aspects of psychotherapy approaches. In the present analysis, the heteronomous criteria have been conceptualized as *Adherence* and *Legitimization*.

Adherence. In the model, *Adherence* refers either to a therapist's own need to follow prescribed procedures (i.e., "need for *Adherence*"), or to a therapist's conformity with prescriptions imposed by a particular professional group (i.e., "required *Adherence*"). Both aspects were united into the single category of *Adherence*, since they both imply that a therapist judges his or her working style according to some kind of external criteria. Theoretically, these prescriptions may be founded either in a "pure school" of psychotherapy or in one of the established integrative approaches, though the latter possibility was not represented in our data.

In the form of "need for *Adherence*," this category was only rarely mentioned by the participants, and almost exclusively with a negative connotation: as a limitation or as an indicator of a therapist's insecurity (George), and as an external and negatively experienced demand or as an obsolete criterion for evaluating one's therapeutic work (Sarah). By some participants, it was described as a natural but abandoned stage of therapist development.

> Noel expressed the idea that before therapists can create styles which best fit them, they have to go through drill phase, during which they need to practice even those techniques or attitudes in which they manifest poor performance. Only after doing so are they able to truly reject those techniques or attitudes as incongruent.

Only in Chris's case was the need for *Adherence* still active and it had a negative impact on his ability (or willingness) to immerse himself more deeply into integration.

> Chris, while still being engaged in his training analysis, could not adopt a detached stance towards his PA orientation and viewed this as an obstacle in integration.

In the form of "required *Adherence*," the category was most densely represented in one participant's account of her experience as a supervisee, and she perceived it as a pivotal moment in her professional development.

> During her supervision in L&EA, Sarah's supervisor classified any deviation from this approach as a mistake. Sarah perceived this supervision as negatively restrictive because, after having completed three other psychotherapy trainings before, she already felt considerably confident in her personal working style. Sarah felt relieved after the supervision had concluded. Nevertheless, it led her to judge her own work as "impure."

Not conforming to required *Adherence* was connected with an experience of *Apostasy*. *Apostasy* thus appears to be a consequence of tension between the autonomous tendency to create one's own *Personal Therapeutic Approach* (meeting the already mentioned criteria of *Congruence* and *Perceived Efficacy*), and the heteronomous tendency to follow a prescribed method or to keep contacts with a valued professional group.

> Sarah knew she did not adhere to the approach she had been taught, though she felt considerable identification with it. She felt as if she was betraying the L&EA approach. Even during her interview, she still wondered how therapeutic "purists" would judge her work. A similar account on *Apostasy* was conveyed by George, but in his case, it was also connected with experiencing a loss or weakening of relationships with his close

colleagues. Currently, *Apostasy* is not connected with anxiety and does not threaten his professional identity. George understands it now as a necessary condition of integration.

It may be concluded that in both its forms, *Adherence* represents a restrictive influence on *Personal Therapeutic Approach* and was seen by the participants as an obstacle in their paths towards an integrative therapeutic style, though it might have an important place in the beginning of their professional development or at times when they wanted to learn a new technique or theory.

Legitimization. In contrast to the restrictive influence of required *Adherence*, *Legitimization* generally refers to an affirmative or acknowledging influence of a particular reference group or a therapeutic approach, as such.

GT was a fitting approach for Andrew because it legitimized his existing personal qualities of intuitive working and improvisation.

Legitimization became especially visible when the participants spoke about the creation of the new Training in Psychotherapy Integration. Here, they opened themselves to a never-ending dialogue (which itself is seen as an expression of their therapeutic *Autonomy*), at the same time striving for the support and approval (i.e., *Legitimization*) provided by the group.

For Sarah, claiming allegiance to an integrative perspective brought *Legitimization* of her actually integrative ("impure") practice. Thanks to this *Legitimization*, her feelings of guilt and betrayal diminished. For Noel, naming his personal approach "integrative" gave a sense of legitimacy to the way he had been intuitively doing psychotherapy from the very beginning of his career. The concept of integration gave him an opportunity to newly define and defend his approach, which had been difficult before.

Legitimization was an important aspect of the participants' joint meetings and communication during the preparation of the new training and provided them with a sense of justification and vindication, in turn giving them permission to continue their apostatic practice (and thereby overcome their feelings of *Apostasy*). It was also connected with reflection on their actual integrative practice and with studying literature on integration. In this case, the particular reference group was both the group of participants themselves (mutually assuring each other in their project) and the large community of integrative therapists (legitimizing integration as such).

Judith emphasizes the role of the trainers' team in providing her with a sense of stability. She appreciates mutual tolerance, respect, a non-condemning attitude, the ability to listen to others, inquisitiveness and tolerance for anxiety. She also thinks that the participants share a tendency to question stable structures and an inclination towards heresy.

Identification. The process through which heteronomous criteria exert their influence was conceptualized as *Identification*. It consists of defining oneself through a relation to external sources of guidance (a particular therapeutic school or a professional reference group). In contrast to the blurring and metabolizing character of *Intuitive Integration*, the nature of *Identification* is to define borders and, within these borders, to accept the given techniques, concepts or attitudes without selection, elaboration or modification. A weaker form of *Identification* can be referred to as "loyalty."

Identification leads to a sense of therapeutic identity, which is conceived here, in accordance with the data, as a manifestation of one's sense of belonging to a certain psychotherapeutic school or relating to a theoretical system or to a particular form of integration. It is often expressed in statements, such as "I am a gestalt therapist" or "I am an assimilative integrationist." Therapeutic identity, being essentially heteronomous, seems to serve the purpose of creating and maintaining stability and a sense of safety (cf. Gold, 2005). Though it plays a diminishing role in the professional life of most of the participants, it still maintains a certain importance, as they may often be expected by others to define themselves in terms of theoretical orientations (as they were asked to do, e.g., by the interviewer). Yet, as shown below in Noel's account, even after 20 years of practice, the heteronomous need for *Identification* can be influential and may even support integration.

Before being asked to participate in the creation of the Training in Psychotherapy Integration, Noel never thought of himself as an integrative therapist, nor had he been identified with any particular orientation. Even though he feels himself grounded mostly in the PD approach and has internalized many of its concepts, on the level of identity he distances himself from any approach in particular. Although in various contexts, he could identify with SFT, PD or art therapy, he feels that

these identities are only partial and artificial, and do not express the width and organization of his *Personal Therapeutic Approach*. Not having fully identified with any of these approaches, Noel felt a sense of homelessness. Only after he started to engage himself in the preparation of the integrative training and became familiar with the concept of integration did he identify with an integrative perspective and find his "home" here. In this context, integration for him represents mainly the freedom of an unrestricted identity.

For the sake of clarification, *Identification* needs to be distinguished from *Grounding* (an aspect of *Personal Therapeutic Approach* introduced above). While *Identification* refers to defining oneself in relation to an external system, *Grounding* just represents the fact that the participants "anchor" their clinical work in one or more psychotherapy approaches (which does not automatically mean adopting them as such, but may include selective processing as embodied in the metabolizing nature of *Intuitive Integration*). These two concepts overlap only partially, as can be seen from the following examples: Andrew is grounded in GT, yet his identification encompasses a broader field of psychotherapy as such; Sarah identifies herself with L&EA, but is grounded in a much broader field; Noel is grounded mostly in the PD approach, yet does not like to be restricted by any identification. This leads to a conclusion that *Identification* and *Grounding* serve different purposes and should not be confused: while *Identification* (or identity, which represents a static result of the process of *Identification*) can be understood as a reflection of the way one relates to theoretical systems and social groups and seems to serve the purpose of joining or distancing on the level of self-concept, *Grounding* expresses the mere fact that one's *Personal Therapeutic Approach* draws on established therapeutic approaches and the therapist does not even need to be fully aware of these roots or consider them important enough to build his or her therapeutic identity upon them.

During her training in L&EA, Sarah identified herself with this approach, yet in supervision she often received feedback that her style is actually more psychodynamic.

Discussion

The main finding of this study is that an integrative perspective served the purpose of developing participants' autonomous working styles—integration was found to be a natural consequence of their autonomous therapeutic development and an expression of *Autonomy* itself. This is in accordance with Rønnestad and Skovholt's finding that professional development is growth toward professional individuation (Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992). A similar tendency of a development towards an individualized working style has been described by Carlsson et al. (2011) as well. It should be noted that the participants' concept of integration was one of openness, tolerance, a searching attitude, an ever-continuing process, flexibility, permission to experiment, freedom, non-restrictedness and defying authority. While the participants find themselves closest to the assimilative approach to integration (Lampropoulos, 2001; Messer, 2003), some of the listed attributes are, in essence, characteristics of *Autonomy*. According to Carere-Comes (2001), the assimilative principle itself represents the very movement towards emancipation (i.e., *Autonomy*). The participants' emphasis on *Autonomy* can be thus explained by the current stage of a participant's professional development: individuation (Skovholt & Rønnestad, 1992) or experienced professional phase (Rønnestad & Skovholt, 2003).

At the same time, heteronomous influences were found to provide an important background, against which autonomous development can take place. Without enough heteronomous support (conceptualized here as *Legitimization*), autonomous integration can lead to an uncomfortable experience of *Apostasy*. This finding goes beyond simply ordering *Heteronomy* and *Autonomy* as developmental stages and stating that therapists become more and more autonomous during their career (as suggested by Skovholt & Rønnestad, 1992, or Carlsson et al., 2011). Instead, it shows that even in later stages of professional development, both *Autonomy* and *Heteronomy* play important roles, though these roles may change qualitatively in the course of the development. In the participants' accounts, both principles are concurrently present and interwoven. Except for Noel, all participants relate to at least one theoretical orientation as their home orientation, even though the relationship is not always strong enough for them to call it *Identification*. Noel, who does not affiliate himself very strongly with any orientation, experiences this situation as "homelessness." The role of *Heteronomy* is also clearly visible in the moment when the participants met to create the new Training in Psychotherapy Integration. Although they basically define their concept of integration as synonymous to *Autonomy*, they needed mutual support, assurance and *Legitimization* of their concept to be able to bear the burden of their collective *Apostasy*. Therefore, *Autonomy* and

Heteronomy are not considered synonyms for therapist maturity and immaturity, but rather equivalently important principles in therapist development. The roles of the *Heteronomy* and *Autonomy* principles in various stages of psychotherapist development deserve further attention. For example, it may be hypothesized that the degree of therapists' *Autonomy* predicts the kind of resolution which therapists choose in a state of dissonance between their personal beliefs and the core tenets of their theoretical orientation (cf., Vasco & Dryden, 1994).

The two autonomous criteria, *Congruence* and *Perceived Efficacy*, are highly consistent with a growing body of research on the development of psychotherapists' theoretical orientation. The suitability of the term *Congruence* was questioned in the presented study, as it coincides with the term Rogers (1980) coined in PCA but, finally, it was accepted because it is used in other studies on the theoretical orientation of therapists, as well (Arthur, 2001; Bitar et al., 2007; Heffler & Sandell, 2009; Ogunfowora & Drapeau, 2008; Sumari, Mohamad, & Ping, 2009; Taubner, Kächele, Visbeck, Rapp & Sandell, 2011).

Some variables and categories from other studies can easily be used to enrich the category of *Congruence*: personal philosophy and values (Bitar et al., 2007; Vasco & Dryden, 1994), epistemological orientation (Arthur, 2001), and epistemological development (Vasco & Dryden, 1994) or clinical sophistication (Bitar et al., 2007). As Bitar et al. point out, the influence of personal philosophy can be two-fold: Either a theoretical orientation is selected because it is congruent with personal philosophy, or a theory basically resonates with the personal philosophy and becomes its integral part in a more dynamic process of interplay between the two. Bitar et al. have also identified the need for a match between the clinical sophistication of a therapist and the level of sophistication required by the theory. According to Vasco and Dryden (1994), a higher level of epistemological development (i.e., complexity and flexibility of a therapist's thinking with respect to epistemology) naturally leads to eclecticism or integration. Thus, it can be hypothesized that a certain level of epistemological development is necessary for therapists to be able to integrate because they need to deal with a plurality of theoretical perspectives and their respective philosophical foundations.

The criterion of *Perceived Efficacy* to a large extent corresponds to Vasco and Dryden's (1994) "clinical experience," Bitar et al.'s (2007) "influence of clients," and Rønnestad and Skovholt's (2003) "clients as primary teachers." All these categories express the same idea that in the selection process of their theoretical orientation (or decisions to change it) therapists follow their own experience with particular clients or diagnoses, and that their own sense of successfulness (efficacy) in conducting therapy is an important clue. The name of this category was intentionally designed to refer to Bandura's concept of self-efficacy (e.g., Bandura, 1995, 1997).

The heteronomous criterion of *Adherence* basically corresponds to its traditional meaning as the extent to which a therapist complies with a manual (e.g., Strupp, 1986). Furthermore, it received here either a connotation of a therapist's "emotional dependence" on this external criterion (in the case of a therapist's own "need for *Adherence*"), or a connotation of "an inner rebellion" against an externally imposed demand (in the case of "required *Adherence*").

While *Adherence* seems, in the participants' accounts, to be currently almost abandoned as a criterion for evaluating their therapeutic practice, *Legitimization* still continues to be an active and important source of reassurance for the participants. It can be hypothesized that heteronomous factors not only play a major role at the beginning of one's psychotherapeutic career, but also become more important every time a change occurs in one's theoretical orientation. The data support this hypothesis in the sense that the participants sought and valued their mutual support in their movement towards reflected integration and in incorporating this aspect into their therapeutic identities. Thus, heteronomous support may be necessary for an autonomous change. This finding corresponds to Goldfried's (2005) conclusion that "[a therapist's] change process (...) closely parallels the ways in which clients change during the course of therapy: Within a supportive interpersonal context, the person becomes aware of things in one's life that are remnants of the past and do not necessarily work in the current situation" (p. 326).

Methodological Considerations

The resultant model represents a general framework which can easily absorb new categories. The generalizability of the findings is constrained, however, by several facts. While the sample is reasonably heterogeneous with respect to psychotherapy approach, profession, gender and years of practice, it is fairly small. Furthermore, it neither represents therapists who would be trained in integration from the very beginning of their career, nor does it represent all major routes to psychotherapy integration embraced by practitioners (cf. Norcross, Karpiak, & Lister, 2005).

Another limitation of the study is a rather broad scope of the stories. Individual interviews were performed in an unstructured way, which means

that different topics were explored with different participants. Although some methodologists prefer to maintain a similar structure in all interviews to obtain comparable data (e.g., Hill et al., 2005), the authors of this study preferred to get data of a more idiosyncratic nature which corresponded to the original idea of multiple case study design (Stake, 2006). The subsequent questions sent via email were partially designed to homogenize the data.

This study, unlike e.g., Rønnestad and Skovholt's (2003) longitudinal study, is based solely on retrospection. Participants spoke about how they perceive and understand their development from the perspective of well-educated therapists, trying to give their narrations a coherent form, deliberately or unintentionally. No attempt was made to triangulate the data by, for instance, having participants check their training notes, diaries or other documents to give accounts that would be closer to what they really experienced in various stages of their professional development. With respect to Orlinsky and Rønnestad's (2009) taxonomy of the methodological perspectives on development, it can be classified as reflexive (relying on therapists' own experience as a data source) and extended (capturing development throughout the whole career).

Similarities in the participants' accounts should be considered with caution as they may be, at least partially, a product of their 3-year cooperation during the preparation of the training and can thus reflect shared meanings attributed to their development and practice. The advantages, on the other hand, are that it enabled us to explore the heteronomous aspect of the participants' development in more depth and it gave the participants an excellent opportunity for systematic reflection on their integrative perspective.

Future Directions

Further directions open up as possible continuations of this study. One is to follow the developmental lines of therapists' narratives and explore the reasons for their choices of various trainings and other therapeutic activities in more depth. Manifestations of the *Autonomy* and *Heteronomy* principles in various stages of the development can be explored. This would presumably lead to an elaboration of the presented model, especially with respect to its developmental aspect, which remains only implicit so far. Regarding the sampling strategy, future studies should include therapists at various stages of their professional development, therapists representing all main routes to integration, and therapists trained in integration from the beginning of their career, as well as those having developed toward integration naturally during their career. Care also needs to be taken to employ therapists of all main theoretical orientations, as the development towards integration may take different forms depending on one's home orientation.

Another possibility is to focus on the way therapists use various external influences and resources to create their *Personal Therapeutic Approach*, explore the dimensions of this concept and connect it to specific clinical cases. Several authors also call for a longitudinal design to explore therapists' development prospectively (Arthur, 2001; Taubner et al., 2001). Nevertheless, even before more comprehensive results are achieved, the existing categories and themes can provide tools for trainees' reflection on how and why they choose their theoretical orientations (Arthur, 2001; Bitar et al., 2007), make them aware of the fact that distressing dissonance may arise during their career (Vasco & Dryden, 1994) and help them reflect how they approach the existing plurality of therapeutic perspectives.

If psychotherapy trainers find the hypothesis that all therapists develop their own *Personal Therapeutic Approach* (which may be more or less grounded in one psychotherapy approach) plausible and if they appreciate the role heteronomous influences play within this process, they may be encouraged to find ways to support this individuation process rather than requiring uniform *Adherence* to a pure-school approach. Practitioners who incline towards integration may use the presented model as an incentive to reflect on what actually makes them experience a technique or a theory as congruent with their personality and/or efficacious in their practice, and it may help them to shed light on their intuitive process of integration.

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Note

[1] This study was conducted during the preparatory phase of the training and during the first year of its first period. The Training in Psychotherapy Integration is a 5-year training based on the concept of "helping skills" (Hill, 2009) and common factors approach to psychotherapy integration (Goldfried, 1995).

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