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How Therapists Change: What motivates therapists towards integration?

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Abstract: Many therapists embrace an integrative perspective in their practice. The aim of this study is to explore what motivates therapists' development towards integration. To answer this question, 15 integrative therapists' autobiographic narratives published in Goldfried (2005) were analyzed using grounded theory analytic procedures. The analysis resulted in the description of six motivational categories: Empiricism, Scientific Attitude, Therapeutic Humility, Perceived Inefficacy, Need to Comprehend, and Striving for Congruence. These categories are discussed in relation to previous studies on therapist development and theoretical orientation choice. Generally, the results support the idea that therapists develop their own personal therapeutic approaches which not only reflect recent research findings and demands of the therapeutic situation, but also their own personal needs and desires.

Keywords: Psychotherapy integration, therapist development, personal therapeutic approach, motivation, theoretical orientation

Psychotherapy integration has become one of the predominant phenomena which characterize recent psychotherapy (Norcross & Goldfried, 2005). Surveys show high popularity of psychotherapy integration among psychotherapy practitioners (e.g., Hollanders & McLeod, 1999; Thoma & Cecero, 2009). Moreover, 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. Given the integrative nature of this *zeitgeist*, it is surprising that therapist development towards integration has received so little research attention.

Several prominent studies on therapist development serve as a springboard for researching development towards integration. Most of them, however, deal with integration only tangentially or implicitly. In their seminal study on therapist development, Orlinsky and Rønnestad (2009) touched on integration by measuring "theoretical breadth" (a number of theoretical orientations rated as salient in a therapist's current approach). Skovholt and Rønnestad (1992; Rønnestad & Skovholt, 2001, 2003) described a stage model and themes of therapist development which foreshadow a broad underlying personal integrative process, although they did so without elaborating it in terms of psychotherapy integration. In a similar way, Carlsson, Norberg, Sandell and Schubert (2011) concluded that finding one's own style was one of the trainee participants' central themes.

Movement towards psychotherapy integration is supposed to be motivated by an effort to provide clients with more effective therapy (Glass, Arnkoff, & Rodriguez, 1998). Authors writing about integration often emphasize effectiveness and research base, and condemn syncretism (e.g., Lampropoulos, 2001; Norcross, 2005). Research evidence suggests, however, that integration can be beneficial to the therapists themselves. Therapists with broader theoretical perspective evince higher healing involvement (Orlinsky & Rønnestad, 2009; Orlinsky, Wiseman & Rønnestad, 2009).

The personal compatibility between a therapist and his or her theoretical orientation has received considerable attention in recent years. Fear and Woolfe (1999) argued that in order to function effectively, therapists need to operate within a theoretical orientation which encompasses the same

underlying metatheoretical assumptions as their personal philosophy and analyzed the level of consonance between the two through the concept of "visions of reality". This view is supported by Topolinski and Hertel (2007), whose study indicates that the level of congruence between therapists' personalities and their theoretical orientations rises in the later stages of their careers. Similarly, Donati and Watts (2005) gathered evidence for the indivisibility of personal and professional development and urged for more research efforts in this field.

Studies on the choice of theoretical orientation largely confirm the relationship between therapists' theoretical orientation and their philosophical assumptions or preferred epistemology (Murdock, Banta, Stromseth, Viene, & Brown, 1998; Vasco, Garcia-Marques, & Dryden, 1993), personality characteristics (Boswell, Castonguay, & Pincus, 2009; Poznanski & McLennan, 2003; Topolinski & Hertel, 2007; Tremblay, Herron, & Schultz, 1986; Varlami & Bayne, 2007), therapeutic attitudes (Taubner, Kächele, Visbeck, Rapp, & Sandell, 2010), interpersonal behavior (Heinonen & Orlinsky, 2013; Murdock et al., 1998) and learning style (Heffler & Sandell, 2009), or show that therapists of different theoretical persuasions stress different variables in their choice (Vasco & Dryden, 1994). These results can be interpreted in accordance with the hypothesis that therapists choose theoretical orientations congruent with their personalities. Studies on the choice of theoretical orientation, however, do not usually include integrationism/eclecticism as a separate orientation (Heinonen & Orlinsky, 2013, is an exception), and therefore provide no answer to the question of what motivates therapists specifically towards integration.

Theoretical literature commonly describes four main approaches to integration, namely theoretical integration, technical eclecticism, common factors, assimilative integration. These are sometimes supplemented by integrative approaches for specific clinical problems (Castonguay, Reid, Halperin, & Goldfried, 2003; Norcross & Goldfried, 2005; Stricker & Gold, 1993), collaborative pluralism (Cooper & McLeod, 2007; McLeod, 2009) and other, less frequently listed forms (e.g., Greben, 2004; Holmes & Bateman, 2002). Several studies have investigated forms of integration in therapeutic practice. On a sample of 187 eclectic therapists, Norcross, Karpiak, and Lister (2005) explored the frequency with which the four main paths to integration were observed. Subsequent cluster analysis, however, revealed a much more varied picture, with nine clusters representing various combinations of theoretical orientations held by practitioners.

A similar study, based on 24 psychotherapy integration experts, each describing one of their cases, arrived at four factors representing the ways integration is practiced (Hickman, Arnkoff, Glass, & Schottenbauer, 2009). O'Hara and Schofield (2008) conducted an intensive qualitative study on five experienced therapists and described a number of approaches to integration, connected with specific challenges faced by those therapists in their practices. These studies point to the need to study integration on a more "local" and idiosyncratic level than can be captured by the main "textbook" approaches.

In their qualitative study on seven integrative Czech therapists, Řiháček, Danelova, and Cermak (2012) came to the tentative conclusion that integration on a personal level, conceptualized in their study as personal therapeutic approach, might be best understood as a natural and unintended consequence of therapist development. This conclusion is in accordance with Skovholt and Rønnestad's (1992) depiction of therapist development as growth towards professional individuation during which a therapist's professional and personal selves become increasingly integrated. Řiháček et al. (2012) further described two sets of criteria determining which concepts or techniques are incorporated into one's personal therapeutic approach. Two of these criteria (perceived efficacy and congruence) were motivated by the autonomous tendency to develop an idiosyncratic therapeutic style, while the other two (legitimization and adherence) reflected heteronomous conformity with social "forces," such as supportive influence of a peer group or one's need to identify with an external framework. However, given the small size and specificity of their sample, the question of what motivates therapists towards integration still remains to be answered.

The purpose of this study, therefore, is to explore therapists' motivation towards integration. Integration, in this context, is understood in a very broad sense, as an umbrella term including eclecticism or "crossing the boundary" of one's initial orientation. Given the explorative nature of the question, the grounded theory approach (Glaser & Strauss, 1967; Charmaz, 2006) has been employed in this study.

Method

Participants

Therapists - The study is based on autobiographic chapters published in the book *How Therapists Change*, edited by Goldfried (2005). The sample thus consists of 15 seasoned and well-known therapists, who evenly represented three major theoretical orientations and all of whom later developed an integrative perspective. Psychodynamic orientation is represented by Lorna Smith Benjamin, Morris N. Eagle, John M. Rhoads, George Stricker and Paul L. Wachtel. Cognitive-behavior orientation is represented by Herbert Fensterheim, Iris E. Fodor, Alan J. Goldstein, Arnold A. Lazarus and Michal J. Mahoney. Finally, experiential orientation is represented by

Larry E. Beutler, Arthur C. Bohart, Leslie S. Greenberg, Lynne Jacobs and Barry E. Wolfe.

The information provided by Goldfried (2005) about the logic of the sampling is brief but sufficient for our purpose: all the fifteen authors represent "prominent therapists who have expanded their professional horizons and clinical interventions…All have been seasoned by both their clinical and life experiences" (p. ix). Furthermore, descriptions in all of the memoir chapters meet our broad definition of integration as a combination of two or more psychotherapy approaches in one's practice.

Analysts - Both authors acted as analysts. The first author was a 35-year-old man with 9 years of part-time therapeutic practice, trained in gestalt therapy. The second author was a 28-year-old woman with her M.A. in psychology and her M.A. in psychotherapeutic studies, currently attending a gestalt therapy training, who has been practicing psychotherapy part-time in private practice for two years. Both authors shared humanistic/experiential orientation, were influenced by psychodynamic thinking and favored psychotherapy integration.

Procedure

Data creation - The contributors to Goldfried's book were asked by the editor "to narrate their growth experiences, illustrating the change process with anecdotes and illustrations" (p. x). They were asked to address five key aspects of their evolution: (1) lessons originally learned, (2) strengths of original orientation, (3) limitations of original orientation, (4) how change occurred, and (5) current approach (for more detailed information, see pages 14-15 of the book). The length of the chapters ranged from 16 to 26 pages, yielding 290 pages of analyzed data altogether. No further data was sought from the authors. Pagination used here, and in the results section, follows the 2005 edition of the book.

Analysis - Chapters were digitalized for the purpose of computer-assisted analysis and the *Atlas.ti* software (version 5.2) was used. The analysis was conducted according to the principles of the grounded theory method: open coding procedures and the constant comparative method (Glaser & Strauss, 1967; Charmaz, 2006) were used to inductively build concepts. All chapters were analyzed by the first author and the analysis was then revised by the second author. All differences were discussed to reach a consensus (inspired by Hill et al., 2005).

Originally, the analysis was guided by a wider research question: How do therapists naturally develop towards an integrative perspective? Related to this question, 165 codes were created and gradually merged into 23 more general concepts capturing various aspect of becoming an integrative therapist. Namely, three major areas were represented: (1) motivation for therapists' development towards integration, (2) phases of development towards integration, (3) social dynamics of this development.

The effort to organize these 23 concepts into a unifying grounded theory, however, was not successful: the concepts were too heterogeneous for the theory to be reasonably focused and consistent. Furthermore, some relationships among the concepts could not be grounded in the present data with an acceptable level of certainty (e.g., how the motivational concepts are differentially connected with various phases of development). And lastly, such a theory would not be presentable within a single article. Therefore, we decided to divide the presentation of the results into two subsequent studies (see: Řiháček & Danelova, 2016, for the second study).

In the present study we focus on the first group of concepts explaining the therapists' motivation for their development towards psychotherapy integration. The presented group of categories contains six concepts which are based on 39 initial codes. Given this narrowing of the research question, there was no need to proceed further with more advanced stages of grounded theory analysis (i.e., theoretical coding, Glaser, 1978; Charmaz, 2006). The six concepts will be presented as a list, without an attempt to organize them into a model. Considerations about relationships among them are of a more speculative nature and will be, therefore, reserved for discussion.

Credibility checks - The analysis made by the first author was audited by the second author and a consensus was reached through discussion (inspired by Hill et al., 2005). Results are presented with numerous data excerpts and with references to particular pages in the book. The fact that the data was published gives the reader an opportunity to assess the authors' conceptualizations and interpretations.

Results

Six broad categories have been conceptualized explaining the motivation of the therapist for their development towards an integrative perspective (numbers in brackets represent the number of chapters within which the respective category was coded): Empiricism (12), Scientific Attitude (14), Therapeutic Humility (10), Perceived Inefficacy (10), Need to Comprehend (6), and Striving for Congruence (10). It is notable that none of these categories seems to be exclusively connected with movement towards integration. Rather, they explain a broader

change in therapists' ways of working. We return to this finding in the Discussion.

Empiricism

The category describes the therapists' devotion to their clinical experience and observations as a source of evidence when they encounter cases or events that are not consistent with a theory they adhere to. This aspect was appositely articulated by Benjamin (2005, p. 27):

> Direct clinical practice has been the greatest and most rewarding teacher. For me, the 'data' that emerged working with many people over the years eventually consolidated in ways I never envisioned.

Giving priority to one's own experience rather than theory (when the two were in contradiction) provided the therapists with opportunities to reconsider their theoretical assumptions. Some of them described particular moments of change connected to experiences unexplainable by the theory they adhered to. For instance, Rhoads (2005) mentioned an occasion when he and his colleague (both psychodynamically oriented therapists) decided to test the effectiveness of Wolpe's systematic desensitization. He concluded that "[t]he fact that no symptom substitution took place was a bit of a surprise because that was a commonly held dogma among psychoanalysts" (p. 61).

A similar example was given by Stricker (2005), another psychodynamic therapist, whose own "discomfort with heights" did not respond to psychodynamic treatment but was, to a significant degree, resolved by breathing and imaginal exercises. Facing this unexpected experience, he felt a sense of obligation to his clients and considered it even unethical to deprive his clients of such potentially powerful tools. Having taken seriously their experiences which contradicted the assumptions of their primary theoretical orientations, these therapists were compelled to reconsider their primary approaches and overcome their initial adherence.

Scientific Attitude

Scientific attitude represents the therapists' willingness to change their working style on the basis of research evidence. The therapists frequently referred to research in some way. For instance, among factors having most heavily influenced his way of doing therapy, Eagle (2005) pointed to:

> research findings showing that a particular factor, technique, or intervention was either especially helpful or especially ineffective, or research findings that shed light on the nature of a particular clinical syndrome (i.e., the factors that are involved in it). (p. 45).

Research evidence can, when seriously considered, challenge some assumptions of one's primary theoretical orientation, as illustrated by Wachtel (2005):

> I found the evidence for the effectiveness of behavioral methods, especially in reducing anxiety, substantial. The standard psychoanalytic view of the time – that behavioral methods would inevitably lead to symptom substitution or that any gains achieved would quickly succumb to relapse because the underlying issues had not been addressed – did not appear to comport with the evidence" (p. 93), "I introduced these procedures into my practice because I was impressed with their impact and therapeutic potential. (p. 95).

Being interested in and knowledgeable about research can be understood as a part of the therapists' broader willingness to reconsider their theoretical assumptions and change them on the basis of empirical evidence. Summarized by Eagle (2005): "any therapist, whatever his or her theoretical orientation, has an obligation to be aware of clinical and research findings relevant to the set of problems he or she is treating" (p. 51).

In a more general way, several therapists emphasized personal qualities which can be considered as characteristics of "a good researcher" (as well as a good therapist): Stricker (2005, p. 80) spoke about an attitude of inquisitiveness, critical stance and self-reflection, Benjamin (2005, p. 31) used language related to hypothesis testing when describing her own working style, Rhoads (2005) characterized his attitude as one of questioning and testing: instead of dismissing behavioral approach, he would rather test it to see if his preconceptions were justifiable.

Some of the therapists were also actively involved in research or evaluation. An example of how a therapist's own research may not only help to form their therapeutic approach but may also lead to an intellectual crisis was given by Greenberg (2005):

> I was ready for a theoretical change. I had been exposed to much new information, and now one of my core beliefs, that empathy was the core condition of helping, was being disconfirmed by my own research. (p. 259).

Therapeutic Humility

Therapeutic humility can be defined as a respectful attitude toward one's clients/patients. It can be sensed in the ways the therapists show respect to their clients' goals, needs, and difficulties with therapy, sometimes in contradiction with goals

and procedures prescribed by their theoretical orientation. In Eagle's (2005) words:

> Therapists are always subject to the risks of arrogance and therapeutic zeal, which may be expressed in imposing on the patient theoretically driven goals, such as 'structural change' or a resolution of the so-called 'transference neurosis' – goals that may have little to do with the patient's experiences, purposes in seeking treatment, or capabilities. (p. 52)

Bohart (2005) described how he "had to eschew the role of the paternalistic authority …, give up a claim to superior truth, and be willing to learn from [his] clients" (p. 229) and criticized treating clients as dependent variables and confusing client collaboration with client compliance (p. 238).

Instead, some of the therapists describe taking a much more humble attitude towards their clients, illustrated, for instance, by Fensterheim's (2005) realization that he "will never know as much about what goes on inside the patient as does the patient himself or herself" (p. 120) or Mahoney's (2005) experience that "[w]hat may seem like a small step to the counselor may be a giant step for the client, and the size of the step (or its appearance) may vary from moment to moment or session to session" (p. 192). A similar stance was expressed by Goldstein (2005) when saying: "I take clients' dissatisfaction with me or with the therapy seriously. Often such dissatisfaction points to my own errors and leads to a change in my stance" (p. 156-157). Adopting such a stance gives way to tailoring therapy to individual clients' needs, choosing methods acceptable to a particular client or modifying one's approach in case the actual one does not work – and abandoning "blind" adherence to a prescribed method. Thus, an inherent aspect of Therapeutic Humility is therapists' acceptance of their responsibility for their part in the therapeutic relationship. This aspect is closely related to the appreciation of the centrality of the role of therapeutic relationship and collaboration in the treatment process, emphasized by many of the therapists.

Another facet of Therapeutic Humility, which seems closely tied to the above depicted attitude towards clients, is the therapists' openness towards other theoretical orientations. As Fodor (2005) wrote: "Through 4 decades of personal challenges, working with many people, and sharing pieces of their lives and struggles, I am convinced that no one therapy has a monopoly on the truth for human experience" (p. 124). Taking other theoretical orientations into consideration means accepting that the picture of human nature and healing is more complex than could possibly be outlined by a single orientation. This, in turn, opens oneself to the possibility that other perspectives can have useful concepts and techniques to offer.

Perceived Inefficacy

Dissatisfaction with one's effectiveness seems to be one of the primary motivations for changes in theoretical orientation – the therapists strived to overcome the limitations of their theoretical orientations. Perceiving oneself as an ineffective therapist may challenge one's beliefs and shake one's confidence. Bohart (2005) described this in the following words:

> Some of my clients, who were not hurting that much, did not value having someone really listen to them. Instead, they wanted me to come up with techniques and procedures that were going to 'fix' their problem…At that time, my armamentarium was limited, and [a client] left for a therapist who did have techniques and procedures. (p. 230)

A similar experience was offered, among others, by Fensterheim (2005):

> sometimes, no matter how frequently one revised one's formulation and no matter how valid each formulation seemed to be, the patient just did not change. I attributed that problem to the fact that we still did not know enough and felt that the basic approach itself was solid. Although the seeds of doubt were there from the beginning, it took several years before I truly began to recognize the limitations of the BT perspective. (p. 116)

Although some therapists described feeling successful at the beginning of their career (e.g., Wolfe, 2005), many felt unprepared by their initial trainings. Sooner or later, all of them found their primary orientations of limited applicability. Usually, the therapists were dissatisfied with some of their clients not changing enough (or at all) in the way the therapists expected. In an example given by Jacobs (2005), however, it even took a form of doing harm to her clients:

> Although in the early days of my practice I confronted avoidance and inauthenticity frequently, I have become by now much less enamored of that approach and at times rueful about how my past toughness has injured people who entrusted themselves to me. There were times when I felt uneasy about my patients' discomfort, and I began to doubt that my toughness was helpful to my patients in the long run. (p. 275)

As suggested by the name of the category, Perceived Inefficacy is largely based on subjective perception and judgment. Therapists may differ in the criteria they use for assessing their effectiveness: for instance, while Fensterheim (2005) equated therapeutic effect with behavior change, Goldstein (2005) enumerated a number of within-session criteria for therapy to be effective (agreeing on what work needs to be done early in

the session, client's affective involvement, and client's sense of resolution by the end of the session). Thus, perception of effectiveness may reflect personal conception of change. For instance, it may be assumed from Jacobs's (2005) description of her clients' change (p. 284) that her evaluation of the effect as "dramatic" arose from the fact that the direction of the change resembled her own desirable experiences from her personal therapy.

Navigating oneself according to Perceived Inefficacy requires a fundamental change in attitude: the therapist needs to start to blame his or her therapeutic approach/orientation for the failure – neither himself or herself for being a bad therapist, nor the client for being a non-compliant nuisance. Stricker (2005) wrote:

> limitation was not in what the psychodynamic orientation did, but in what it failed to do. There were too many patients who were not changing in ways that they and I would have liked, and it was not their resistance (fault). For that matter, it was not my fault insofar as the practice of psychodynamic psychotherapy goes; I was good at it. Rather, the problem was that the approach was not suitable for accomplishing behavior change in a wide variety of patients…the patient is not to blame for the failure of the treatment. How often have psychotherapists described patients as unsuitable for treatment or simply as being 'bad' patients? This is a remarkable example of blaming the victim, as though the patient is at fault for our inability to be helpful." (pp.72-73)

Need to Comprehend

Some therapists expressed a need to understand in a more comprehensive way how therapy worked and they searched for concepts and explanations in other theoretical orientations. Unlike other categories, which were not specifically tied to theoretical orientation, Need to Comprehend was typical for psychodynamic therapists (it was coded in four of the five psychodynamic therapists' narratives, while it was coded only once in the remaining narratives).

Both Benjamin (2005) and Stricker (2005) were critical of mere intuition and strived for a clearer understanding of what is going on in their sessions and what is actually effective about therapy, as shown in the following passage from Benjamin's (2005) narrative:

> At first, I did what I had been taught, but I did not feel that I really understood why I should do whatever I did when I did it. Rather, I was directed mostly by 'intuition.' I would use bits and pieces of technique when it felt right…I was not content with this state of affairs and was particularly challenged when I became a supervisor… I would try to think it through and find some reason for what seemed right. I began to notice that my intuition apparently was being directed by a combination of learning theory and psychoanalysis. (pp. 22-23)

It is apparent from the data that the Need to Comprehend can serve as another source of motivation for psychotherapist development and psychotherapy integration, independent from the need to be an effective therapist (as described in Perceived Inefficacy). For Wachtel (2005), for instance, "the existence of the gap itself created both a need and an opening for an integrative effort" (p. 94). Greenberg (2005) wrote how he struggled with technical eclecticism because "it lacked a theory of the therapeutic nature of the relationship and recognition of the importance of relational variables" (p. 262) and described his quest for conceptual clarification and theoretical integration. Benjamin (2005) hoped better comprehension would help her optimize her therapeutic approach:

> Somehow, many of [the clients] did change and grow, but I was restless in the knowledge that I did not clearly know how and why. I thought I knew how to do what most good therapists do, but I did not know how to optimize this talking therapy. (p. 26).

Striving for Congruence

The therapists strived to develop an approach with which they could feel personally comfortable, or congruent. Finding such an approach was described with the metaphor of "home": "When I found BT [behavior therapy], it was like coming home" (Fensterheim, 2005, p. 114) or "This training was like an experience of arriving home for the first time" (Greenberg, 2005, p. 248). The analysis revealed two distinguishable, though intertwined aspects which together comprised the experience of congruence: personal meaningfulness and naturalness. These two aspects motivate therapists to seek and combine elements from several therapeutic approaches in a way that best fits their personality.

Personal Meaningfulness - As Eagle (2005) stated, he had been most heavily influenced by texts which "presented a point of view that felt personally cogent and meaningful and that in some way helped [him] understand the memorable experiences with patients" (p. 45). A kind of "cognitive resonance" or compatibility with their views of human nature and life experience was necessary for the therapists to adopt a particular theoretical framework.

Some therapists emphasized more "emotional" or "embodied" resonance, as in the case of Jacobs (2005): "I have found, over the years, that clinical theory is not useful to me unless it finds

some emotional resonance in my own experience" (p. 273), and later, about object relations theorists:

> They did not write about mysterious drives that could never be directly known. They wrote about humanity's innate striving for relatedness, how experience in interaction shaped us, and how we sought interactions to shape and heal ourselves. They were writing about phenomena that I felt in my bones to be primary to my own life. (p. 278)

Naturalness - Connected with Personal Meaningfulness, yet somewhat distinct, is the experience of "feeling natural" when conducting therapy in a particular way. For instance, Stricker (2005), when describing a gradual change in his approach towards a more active one, added: "In addition, although clearly a secondary benefit, I was more comfortable as I became less artificial and mannered in the way I conducted myself" (p. 75).

In a similar way, Eagle (2005) described his gradual movement from "awkward role-playing" to "ease and naturalness":

> Comparing my early way of practicing with my current way brings to mind the awkwardness I felt when I first began doing therapy. I felt that I was role-playing and that the person I was when I was doing therapy was radically different from the person I was when I was not doing therapy…[T]he washing away of that marked discrepancy between person as therapist and just person and the accompanying reduction in my awkwardness –replaced by a greater sense of ease and naturalness – are the most important ways in which I have changed as a therapist. (2005, p. 49)

The therapists' sense of naturalness may also be connected with making use of their strengths in therapy. One such example was given by Eagle (2005) when he described how he had to learn to calm his mother during her anxiety attacks and how he continued "to be good at this with friends, in other intimate relationships, and with patients" (p. 38).

The extent to which an approach is perceived as personally meaningful and natural by a therapist may be also influenced by the therapist's personal needs finding satisfaction in the therapeutic process. From studying the narratives, a reader may be struck by how difficult it can be to separate professional concerns from personal ones. For instance, a need for lively interpersonal contact in Jacob's (2005) story or the role of assertiveness and assertiveness training in Fodor's (2005) narrative permeate both the personal and the professional domains.

Discussion

Focusing on the question "what motivates therapists towards integration," we have conceptualized six broad categories and presented them as a set of distinct concepts. It is clear from their description, however, that rather than being straightforward and discrete motivations for integration, they served more as a motivational and attitudinal background in the therapists' personal and professional development which does not necessarily have to lead to the integration of different approaches. Rather, they are connected with changes in therapists' perspective which make integration an expected and reasonable outcome. This nonspecificity arose from the data analysis and, as such, it supports the idea that integration may be a natural and unintended consequence of therapists' ongoing development (Řiháček , Danelova, & Cermak, 2012), although several therapists in our sample also expressed an explicit endeavor to establish their own integrative approaches (e.g., Greenberg, 2005; Wachtel, 2005).

Empiricism reflects the therapists' realization that theories are nothing more than approximations of reality and have to be revised in confrontation with lived experiences. This process bear some resemblance to the Kuhnian (1996) paradigm shift: when a therapist's experiences or observations produce "anomalies" not accounted for or unexplainable by the theoretical system the therapist has been socialized in, the therapist may either disregard his or her experience and entrench oneself in the favored theory, or set out on an unpredictable journey of new discoveries and disillusionment (cf. Vasco & Dryden, 1994). Empiricism can thus be basically defined as courage and willingness to prioritize experience to theory, when the two are in conflict, and facilitates integration by weakening the power of a therapeutic orientation ideology. It may be hypothesized that the pervasive role of Empiricism in development towards integration is characteristic for therapists who develop an integrative perspective gradually during their career – and may be different in those who are trained in an integrative approach from the beginning (e.g., Norcross & Halgin, 2005). On the other hand, even the latter therapists may develop towards a more personal integrative approach and Empiricism may play its role in freeing them from the confines of the integrative approach they have been trained in.

Scientific Attitude represents not only the knowledge and utilization of research findings but also a more general attitude towards one's experience – an attitude of inquisitiveness, criticalness and self-reflection. It can be viewed as stepping out of one's shoes from time to time, observing and evaluating one's work (or psychotherapy as such) from a bird's-eye-view. Based on Vasco and Dryden's (1994) study, this scientific/research motivation could be expected

predominantly in behavior of cognitive behavior therapists. In our study, it was, however, present in 14 of the 15 therapists' narratives, i.e., irrespective of the therapists' orientation and consistent with the integration's proclaimed research-based nature (e.g., Glass, Arnkoff, & Rodriguez, 1998). Both *Scientific Attitude* and *Empiricism* represent a tendency to ground one's therapeutic approach in some sort of "external evidence." However, *Empiricism* primarily deals with the unique features of particular clients and therapeutic situations, while *Scientific Attitude* can be thought of rather as a search for similarities and general principles. Furthermore, *Scientific Attitude* can serve as a safeguard against a danger hidden in *Empiricism* – the danger of therapists' misinterpretations, biases, one-sidedness, and blind spots, as well as misunderstanding or superficial familiarity with a particular theory which then cannot prove its usefulness.

Therapeutic Humility represents a very basic humane attitude toward clients which stands in contrast to therapeutic arrogance (i.e., always knowing better and more than a client). This quality is closely connected with appreciation of the role of the therapeutic relationship (e.g., Norcross, 2011), tailoring therapy to a client's needs (e.g., Beutler & Harwood, 2000) or therapists' responsiveness (Stiles, 2009). It leads a therapist to acknowledge a client's wishes, needs, capacities and limits and respect their right to self-determination. *Therapeutic Humility* is related to *Empiricism* in the sense of a therapist's willingness to learn from clients. Furthermore, we have merged this category with the codes of openness towards clients and openness towards one's colleagues of dissimilar theoretical orientations because we believe they share a common quality – a respect for otherness, a willingness to dialogue and an acknowledgement of one's limits.

Perceived Inefficacy brings us back to the primary goal of psychotherapy, i.e., helping clients, making a positive difference in their lives. The desire to help one's clients was a strong motivator for the development of the therapists' personal approaches. However, as reflected in the name of the category, it is effectiveness *as perceived* by the therapists. In this sense, it is closely related to therapists' self-efficacy (Bandura, 1995) and self-worth: Perceived Inefficacy embodies not only an effort towards research-based effectiveness, but also a personal quest to be a successful therapist. The most salient aspect of Perceived Inefficacy, revealed in this study, was a fundamental change in therapists' attitude, which may be understood as an expression of their increasing autonomy (Skovholt & Rønnestad, 1992; Rønnestad & Skovholt, 2003): from blaming themselves for not being skilled enough (or their patients for not being suitable or ready for therapy) to blaming the therapeutic model for not being effective enough.

Need to Comprehend is associated with a need to incorporate other concepts or perspectives into one's personal therapeutic approach. Interestingly, it was not only in service of producing effective therapy but it, at least partially, served as an independent motivation: the need to understand the therapeutic process and its principles belonged largely to the therapists themselves and was a reflection of their curiosity, as well as their need for certainty. Unlike other categories, it was not present across all orientations but was most explicitly expressed by psychodynamic therapists (and, to a lesser extent, by experiential therapists). This category may, therefore, express the psychodynamic therapists' need to understand the process on a deeper and more elaborated level. This corresponds to Topolinsky and Hertel's (2007) finding that the need for cognition is one of the predictors of therapists' insight orientation (as opposed to behavior orientation).

Striving for Congruence, or its counterpart, dissonance, has been mentioned in several previous studies (e.g., Bitar, Bean, & Bermúdez, 2007; Řiháček et al., 2012; Vasco & Dryden, 1994; Vasco et al., 1993). It is, however, typical for qualitative studies to end up with rather trivial statements such as "I do it because it fits me" and the concept calls for further elaboration. In our analysis, we have conceptualized two components of congruence. Personal Meaningfulness is connected more with psychotherapeutic theory and can be defined as a fit between theoretical and metatheoretical assumptions of a therapeutic theory and a therapist's values, beliefs and implicit theory of therapy. This aspect can be most easily linked with several studies on theoretical orientation (Fear & Woolfe, 1999; Murdock et al., 1998; Vasco et al., 1993). The other component, Naturalness, is connected more with therapists' in-session behavior. Techniques, interventions and relational behavior that "feel natural" to the therapist can be probably performed with greater gracefulness and less deliberate attention investment. This way, therapists can employ their strengths (Seligman, 2002), their work can be more easily accompanied with states of flow (Csikszentmihalyi, 1991), which is most likely linked also with healing involvement (Orlinsky & Rønnestad, 2009).

Comparing the results to Řiháček et al. (2012), this study supports the central role of perceived efficacy and congruence as two basic criteria for acceptance and incorporation of a concept, technique or another element into one's personal therapeutic approach. In the present study, however, these phenomena were conceptualized not as *selection criteria*, but as therapists' *needs*.

The interconnectedness of the six motivational categories more vividly displays the ground from which the selection criteria grow. In this sense, the present study helps us better understand how the perceived efficacy criterion is saturated by clinical relevance (*Empiricism*), confirmation through systematic doubting (*Scientific Attitude*) and respecting the client (*Therapeutic Humility*), and that congruence is best understood as a multi-faceted phenomenon which deserves further investigation. Furthermore, the analysis has shown

that though the criteria of *Perceived Efficacy* and *Congruence* promise to be strong explanatory concepts, some motivational aspects cannot be fully explained by them (*Need to Comprehend*).

Given the fact that the therapists in this study were not only prominent integrationists but also distinguished psychotherapists in a more general sense, the results lend themselves to comparison with studies on master therapists (Jennings & Skovholt, 1999; Jennings et al., 2008). As might be expected, the results of this study do not simply repeat the topics from master therapist studies, but some similarities can be easily found. Referring to Jennings et al.'s (2008) qualitative meta-analysis, master therapists acknowledge the role of the therapeutic relationship and relationship-building skills and show an attitude of humility (related to *Therapeutic Humility*), stress the role of personal and professional experience in developing their mastery and value ongoing learning (partly resembles *Empiricism*), and are open to reflection and feedback (fundamentally similar to *Scientific Attitude*).

Several limitations have to be considered in respect to the generalizability of the findings. First, the sample consists of outstanding therapists, many of whom are founders of new therapeutic approaches. While we may expect such therapists to represent the researched phenomenon in an intensive way and thereby provide rich and articulate data (Patton, 2002), the results may not be fully generalizable to "more average" therapists. For instance, Řiháček et al.'s (2012) study does not support the finding that integrative therapists base their personal working styles heavily on research findings (i.e., *Scientific Attitude*).

Second, from the viewpoint of the distribution of theoretical orientations, the sample is well-balanced. The only major orientation not represented in the sample is the systemic/family orientation. However, given the historical circumstances, many of the therapists began their professional training in psychoanalytic/psychodynamic modality and departed from it to a greater or lesser extent. Nowadays, the choice of therapeutic approaches is much wider and developmental trajectories of younger therapists may possibly provide different categories or accents.

Third, the research is solely based on retrospective data, i.e., on the therapists' own interpretations of their personal and professional development made from the perspective of an experienced therapist. While this approach is fully justifiable, research designs based on longitudinal investigation or standardized psychometric instruments might produce different results.

Fourth, the analysis is based on published data. According to our experience, when respondents are motivated, written answers to open questions can yield rich and dense data, as compared to interviews. However, the autobiographic chapters have been inevitably influenced by the fact that they were intended as public testimonies, which may be reflected in formulations and stylizations, selection of the autobiographic material, as well as a tendency to give meaning to one's experience. Furthermore, as parts of an edited book, they have been shaped by the common instructions and have presumably undergone standard editing processes.

To our knowledge, this study represents the first systematic attempt to empirically answer the question of what motivates therapists' development towards integration. Compared to previous studies, it brings a broadened view of therapists' intertwined motivations. It also points to a positive aspect of what has been called syncretism: it added, and in a sense legitimized, the internally grounded, idiosyncratic aspect of integration to the previously emphasized externally anchored, research-based nature of psychotherapy integration. Future studies in this field can try to replicate the findings on younger cohorts of therapists or further explore the role of the motivations in respect to specific ways to integration (i.e., theoretical integration, technical eclecticism, common factors and assimilative integration) or in respect to therapists' initial theoretical orientations.

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References

[References marked with an asterisk indicate publications used as data in this study.]

Bandura, A. (1995). Exercise of personal and collective efficacy in changing societies. In A. Bandura (Ed.), *Self-efficacy in changing societies* (pp. 1-45). New York, NY: Cambridge University Press.

*Benjamin, L. S. (2005). A developmental history of a believer in history. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 17-35). Washington, DC: American Psychological Association.

*Beutler, L. E. (2005). From experiential to eclectic psychotherapist. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 203-219). Washington, DC: American Psychological Association.

Beutler, L. E., & Harwood, T. M. (2000). *Prescriptive psychotherapy: A practical guide to systematic*

treatment selection. Oxford, UK: Oxford University Press.

Bitar, G. W., Bean, R. A., & Bermúdez, J. M. (2007). Influences and processes in theoretical orientation development: A grounded theory pilot study. *The American Journal of Family Therapy,* 35, 109-121. https://doi.org/10.1080/01926180600553407

*Bohart, A. C. (2005). The evolution of an integrative experiential therapist. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 221-246). Washington, DC: American Psychological Association.

Boswell, J. F., Castonguay, L. G., & Pincus, A. L. (2009). Trainee theoretical orientation: Profiles and potential predictors. *Journal of Psychotherapy Integration, 19*(3), pp. 291-312. https://doi.org/10.1037/a0017068

Carlsson, J., Norberg, J., Sandell, R., & Schubert, J. (2011). Searching for recognition: The professional development of psychodynamic psychotherapists during training and the first few years after it. *Psychotherapy Research, 21*(2), 41-153. https://doi.org/10.1080/10503307.2010.506894

Castonguay, L. G., Reid, J. J., Halperin, G. S., & Goldfried, M. R. (2003). Psychotherapy integration. In G. Stricker, T. A. Widiger, & I. B. Weiner (Eds.), *Handbook of psychology: Clinical psychology* (pp. 327-346). Hoboken, NJ: John Wiley & Sons.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Los Angeles, CA: Sage.

Cooper, M., & McLeod, J. (2007). A pluralistic framework for counselling and psychotherapy: Implications for research. *Counselling and Psychotherapy Research, 7*(3), 135-143. https://doi.org/10.1080/14733140701566282

Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York, NY: Harper & Row.

Donati, M., & Watts, M. (2005). Personal development in counsellor training: Towards a clarification of inter-related concepts. *British Journal of Guidance & Counselling, 33*(4), 475-484. https://doi.org/10.1080/03069880500327553

*Eagle, M. N. (2005). Reflections of a psychoanalytic therapist. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 37-53). Washington, DC: American Psychological Association.

Fear, R., & Woolfe, R. (1999). The personal and professional development of the counsellor: The relationship between personal philosophy and theoretical orientation. *Counselling Psychology Quarterly, 12*(3), 253-262. https://doi.org/10.1080/09515079908254095

*Fensterheim, H. (2005). The professional autobiography of a behavior therapist. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 105-122). Washington, DC: American Psychological Association.

*Fodor, I. E. (2005). Making meaning of therapy: A personal narrative of change over 4 decades. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 123-146). Washington, DC: American Psychological Association.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.

Glaser, B. G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory*. San Francisco, CA: University of California.

Glass, C. R., Arnkoff, D. B., & Rodriguez, B. F. (1998). An overview of directions in psychotherapy integration research. *Journal of Psychotherapy Integration, 8*(4), 187-209. https://doi.org/10.1023/A:1023213119721

*Goldstein, A. J. (2005). Reflections of a behavior therapist. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 147-162). Washington, DC: American Psychological Association.

Greben, D. H. (2004). Integrative dimensions of psychotherapy training. *Canadian Journal of Psychiatry, 49*(4), 238-248.

*Greenberg, L. S. (2005). My change process: From certainty through chaos to complexity. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 247-270). Washington, DC: American Psychological Association.

Goldfried, M. R. (Ed.). (2005). *How therapists change: Personal and professional reflections*. Washington, DC: American Psychological Association.

Heffler, B., & Sandell, R. (2009). The role of learning style in choosing one's therapeutic orientation. *Psychotherapy Research, 19*(3), 283-292. https://doi.org/10.1080/10503300902806673

Heinonen, E., & Orlinsky, D. E. (2013). Psychotherapists' personal identities, theoretical orientations, and professional relationships: Elective affinity and role adjustment as modes of congruence. *Psychotherapy Research, 23*(6), 718-731. https://doi.org/10.1080/10503307.2013.814926

Hickman, E. E., Arnkoff, D. B., Glass, C. R., & Schottenbauer, M. A. (2009). Psychotherapy integration as practiced by experts. *Psychotherapy: Theory, Research, Practice, Training, 46*(4), 486-491. https://doi.org/10.1037/a0017949

Hill, C. E., Knox, S., Thompson, B. J., Nutt Williams, E., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology, 52*(2), 196-205. https://doi.org/10.1037/0022-0167.52.2.196

Hollanders, H., & McLeod, J. (1999). Theoretical orientation and reported practice: A survey of eclecticism among counsellors in Britain. *British Journal of Guidance & Counselling, 27*(3), 405-414. https://doi.org/10.1080/03069889908256280

Holmes, J., & Bateman, A. (2002). *Integration in psychotherapy: Models and methods*. New York, NY: Oxford University Press.

*Jacobs, L. (2005). Pathways to a relational worldview. In M. R.

Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 271-287). Washington, DC: American Psychological Association.

Jennings, L., D'Rozario, V., Goh, M., Sovereign, A., Brogger, M., & Skovholt, T. (2008). Psychotherapy expertise in Singapore: A qualitative investigation. *Psychotherapy Research, 18*(5), 508-522. https://doi.org/10.1080/10503300802189782

Jennings, L., & Skovholt, T. (1999). The cognitive, emotional, and relational characteristics of master therapists. *Journal of Counseling Psychology, 46*(1), 3-11. https://doi.org/10.1037/0022-0167.46.1.3

Kuhn, T. S. (1996). *The structure of scientific revolutions* (3rd ed.). Chicago, IL: The University of Chicago Press.

Lampropoulos, G. K. (2001). Bridging technical eclecticism and theoretical integration: Assimilative integration. *Journal of Psychotherapy Integration, 11*(1), 5-19. https://doi.org/10.1023/A:1026672807119

Lampropoulos, G. K., & Dixon, D. N. (2007). Psychotherapy integration in internships and counseling psychology doctoral programs. *Journal of Psychotherapy Integration, 17*(2), 185-208. https://doi.org/10.1037/1053-0479.17.2.185

*Lazarus, A. A. (2005). From insight and reflection to action and clinical breadth. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 163-181). Washington, DC: American Psychological Association.

*Mahoney, M. J. (2005). Behaviorism, cognitivism, and constructivism: Reflections on people and patterns in my intellectual development. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 183-200). Washington, DC: American Psychological Association.

McLeod, J. (2009). *An introduction to counselling* (4th ed.). New York, NY: Open University Press.

Murdock, N. L., Banta, J., Stromseth, J., Viene, D., & Brown, T. M. (1998). Joining the club: Factors related to choice of theoretical orientation. *Counselling Psychology Quarterly, 11*(1), 63-78. https://doi.org/10.1080/09515079808254043

Norcross, J. C. (2005). A primer on psychotherapy integration. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 3–23). Oxford: Oxford University Press.

Norcross, J. C. (Ed.). (2011). *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed.). New York, NY: Oxford University Press.

Norcross, J. C., & Goldfried, M. R. (Eds.). (2005). *Handbook of psychotherapy integration* (2nd ed.). Oxford, UK: Oxford University Press.

Norcross, J. C., & Halgin, R. P. (2005). Training in psychotherapy integration. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of Psychotherapy Integration* (2nd ed., pp. 439-458). New York, NY: Oxford University Press.

Norcross, J. C., Karpiak, C. P., & Lister, K. M. (2005). What's an integrationist? A study of self-identified integrative and (occasionally) eclectic psychologists. *Journal of Clinical Psychology, 61*(12), 1587-1594. https://doi.org/10.1002/jclp.20203

O'Hara, D., & Schofield, M. (2008). Personal approaches to psychotherapy integration. *Counselling and Psychotherapy Research, 8*(1), 53-62. https://doi.org/10.1080/14733140801889113

Orlinsky, D. E., & Rønnestad, M. H. (Eds.). (2009). *How psychotherapists develop: A study of therapeutic work and professional growth*. Washington, DC: American Psychological Association.

Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.

Poznanski, J. J., & McLennan, J. (2003). Becoming a psychologist with a particular theoretical orientation to counselling practice. *Australian Psychologist, 38*(3), 223-226. https://doi.org/10.1080/00050060310001707247

*Rhoads, J. M. (2005). A therapist's journey. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 55-66). Washington, DC: American Psychological Association.

Řiháček , T., Danelova, E., & Cermak, I. (2012). Psychotherapist development: Integration as a way to autonomy. *Psychotherapy Research, 22*(5), 556-569. https://doi.org/10.1080/10503307.2012.688883

Řiháček , T., & Danelova, E. (2016). The journey of an integrationist: A grounded theory analysis. *Psychotherapy, 53*(1), 78-89. https://doi.org/10.1037/pst0000040

Romano, V., Orlinsky, D. E., Wiseman, H., & Rønnestad, H. (2009, October). *Theoretical breadth early in the psychotherapist's career: Help or hindrance?* Paper presented at Canadian conference of the Society for Psychotherapy Research (SPR), Montreal, Canada.

Rønnestad, M. H., & Skovholt, T. M. (2001). Learning arenas for professional development: retrospective accounts of senior psychotherapists. *Professional Psychology: Research and Practice, 32*(2), 181-187. https://doi.org/10.1037//0735-7028.32.2.181

Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development, 30*(1), 5-44. https://doi.org/10.1177/089484530303000102

Skovholt, T. M., & Rønnestad, M. H. (1992). Themes in therapist and counselor development. *Journal of Counseling & Development, 70*, 505-515. https://doi.org/10.1002/j.1556-6676.1992.tb01646.x

Seligman, E. P. (2002). Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment. New York, NY: Free Press.

Stiles, W. B. (2009). Responsiveness as an obstacle for psychotherapy outcome research: It's worse than you

think. *Clin Psychol Sci Prac, 16*, 86-91. https://doi.org/10.1111/j.1468-2850.2009.01148.x

*Stricker, G. (2005). How I learned to abandon certainty and embrace change. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 67-81). Washington, DC: American Psychological Association.

Stricker, G., & Gold, J. R. (Eds.). (1993). *Comprehensive handbook of psychotherapy integration*. New York, NY: Plenum Press.

Taubner, S., Kächele, H., Visbeck, A., Rapp, A., & Sandell, R. (2010). Therapeutic attitudes and practice patterns among psychotherapy trainees in Germany. *European Journal of Psychotherapy and Counselling, 12*(4), 361-381. https://doi.org/10.1080/13642537.2010.530085

Thoma, N. C., & Cecero, J. J. (2009). Is integrative use of techniques in psychotherapy the exception or the rule? Results of a national survey of doctoral-level practitioners. *Psychotherapy: Theory, Research, Practice, Training, 46*(4), 405-417. https://doi.org/10.1037/a0017900

Topolinsky, S., & Hertel, G. (2007). The role of personality in psychotherapists' careers: Relationships between personality traits, therapeutic schools, and job satisfaction. *Psychotherapy Research, 17*(3), 378-390. https://doi.org/10.1080/10503300600830736

Tremblay, J. M., Herron, W. G., & Schultz, C. L. (1986). Relation between therapeutic orientation and personality in psychotherapists. *Professional Psychology: Research and Practice, 17*(2), 106-110. https://doi.org/10.1037/0735-7028.17.2.106

Varlami, E., & Bayne, R. (2007). Psychological type and counselling psychology trainees' choice of counselling orientation. *Counselling Psychology Quarterly, 20*(4), 361-373. https://doi.org/10.1080/09515070701633283

Vasco, A. B., & Dryden, W. (1994). The development of psychotherapists' theoretical orientation and clinical practice. *British Journal of Guidance & Counselling, 22*(3), 327-341. https://doi.org/10.1080/03069889408253678

Vasco, A. B., Garcia-Marques, L., & Dryden, W. (1993). "Psychotherapists know thyself!": Dissonance between metatheoretical and personal values in psychotherapists of different theoretical orientations. *Psychotherapy Research, 3*(3),81-196. https://doi.org/10.1080/10503309312331333779

*Wachtel, P. L. (2005). An (inevitably) self-deceiving reflection on self-deception. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 83-101). Washington, DC: American Psychological Association.

*Wolfe, B. E. (2005). The integrative experience of psychotherapy integration. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 289-312). Washington, DC: American Psychological Association.

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