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'Integration by immersion': A contemporary model of integration for psychotherapeutic and pedagogical practice

Charlotte O'Brien[1] | Divine Charura[2]

[1]The University of Manchester, Manchester, UK

[2]York st John University, York, UK

Correspondence
Charlotte O'Brien, The University of Manchester, Oxford Road, Manchester, M13 9PL, UK.
Email: charlotte.obrien@manchester.ac.uk

Abstract

Objectives: Psychotherapeutic integration has been a source of contentious debate and increasing authorship for over five decades. Yet, the challenge remains as to how practitioners learn to integrate their practice according to the philosophical, theoretical and practical procedures of their chosen modalities. Pedagogically, there is also a challenge for educators to support trainees to develop their own congruent model of integrative practice, which may change over time. The objectives of this study were to critically explore the traditional models of integration, highlighting their gaps and limitations, and to propose a new model of integration, which is befitting to contemporary psychotherapeutic and pedagogical practice.

Methods: Rigorous methods of analysis were employed utilising a three-phased approach, which included survey data analysis from a convenience sample of 104 counselling psychologists, and critical theoretical analysis of the traditional models of psychotherapeutic integration. A duoethnographic method was then employed to analyse the data further, illuminating the gaps and limitations.

Results: The results make a significant contribution to the knowledge and theoretical framework in the field of integration by offering a new model of 'Integration by Immersion'. This model is an alternative approach steeped in a framework of love and relationship as a foundation for unifying integrative practice. It flexibly fits and flows with practitioners' personal and professional development, making it applicable to evolving psychotherapeutic practice.

Conclusion: The impact of 'Integration by Immersion' is that it offers an alternative model that advances psychotherapeutic trainees', practitioners' and educators' knowledge, skills and practice, enabling them to develop their own idiosyncratic model of integration.

KEYWORDS
integration, integrative practice, pedagogy, psychology, psychotherapy

1 | INTRODUCTION

The concept of integrative psychotherapeutic practice, and the quest to find a suitable unified model that enhances a practitioner's ability to effectively draw from a diversity of approaches, techniques and processes, is nothing new (Marquis et al., 2021). Historically, four main models of integration have been utilised by psychotherapists and practitioner psychologists alike to underpin their practice rationale. These are eclecticism, assimilative integration, theoretical integration and common factors, which attempt to accommodate a diverse set of theories and techniques into a unified psychotherapeutic approach (Norcross, 2005; Stricker, 2010; Ziv-Beiman, 2014). It is important to note that there have been other contemporary attempts at reconceptualising integration within the field of psychotherapy. They include, for example, Gaete and Gaete (2015), who proposed 'Integration by Expansion', in which they aimed to use the languages and theories of therapeutic practice in a complementary way, rather than by involving the existence of a privileged conceptual scheme, or the need to create a new theory. A more recent approach is that of Schiepek and Pincus (2023), who proposed a new paradigm of 'Complexity Science', which utilised nine key criteria to attempt to satisfy any integrative approach to psychotherapy. This study, in contrast, introduces an innovative and dynamic conceptualisation of what we have termed 'Integration by Immersion', which has organically emerged through the duoethnographical exploration (Sawyer & Norris, 2013) of our teaching and practice in counselling psychology and psychotherapy, in combination with data analysis from our research. We believe that this triangulated approach to the research illuminates our process, as it allows us, as reflexive-scientist practitioners, to share our voices (Norris et al., 2012) alongside the data, offering something new, namely 'Integration by Immersion'. This contemporary model aims to provide a holistic, comprehensive and evolving pathway to the unification of integrative practice in psychotherapy (Marquis et al., 2021), which can be uniquely and idiosyncratically applied by each individual practitioner.

The 'Integration by Immersion' model brings fresh insights into the realm of integration in psychotherapy by focussing reflectively and reflexively on a practitioner's theoretical, philosophical and personal development across the lifespan (Erikson, 1982; Lewis, 2008). It also acknowledges the impact of therapeutic change and learning through practice (Rogers, 1957), the foundational importance of the concept of love in therapy, ethically applied as part of a relational framework (Charura & Paul, 2015) and the importance of having a pathway of unification towards integration in psychotherapeutic practice.

The forerunners of psychology and psychotherapy, including Sigmund Freud, Carl Jung, Donald Winnicott, Anna Freud, Melanie Klein, John Bowlby, Mary Ainsworth, Carl Rogers and other contemporary writers such as John Lee, Robert Sternberg, Helen Fisher, Peter Schmidt and Sue Gerhardt, have made reference to the importance of love and the impact of its absence on the human psyche and relationships. In working therapeutically with individuals, couples, families and communities, we concur with Charura and Paul (2015) that love is one of the central forces to life and social justice. We

also acknowledge the impact of not receiving love, being raised in families or communities where love is withheld, confused or compromised, often resulting in psychological distress, 'dis-ease' or maladjustment (Charura & Paul, 2015).

It is now widely accepted in the fields of neuroscience and psychotherapy that from the moment that we are born we are in relationship, and the love we receive and attachment patterns that we form in our early years influence how we will relate to others in our adult relationships (Charura & Paul, 2015). Therefore, we assert that any conceptualisation of human development across the lifespan or model of integration would not be complete without utilising a framework of love and relationship. We have also noted elsewhere in our research the importance of a holistic conceptualisation of the human condition through the bio-psycho-social-sexual-spiritual-existential and cultural realms of humanism (O'Brien & Charura, 2023; O'Brien & Charura, 2024b).

1.1 | A critique of integration

Before exploring our contemporary model of 'Integration by Immersion', we felt it was important to first outline the historic

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Implications for Practice and Policy

- This research paper proposes 'Integration by Immersion' as a contemporary model that encapsulates a holistic and unified approach to integrative psychotherapeutic practice across the 'bio-psycho-social-sexual-spiritual-existential' realms of professional human development (O'Brien & Charura, 2023).

- 'Integration by Immersion' is a cohesive and adaptively responsive model, which trainees and practitioners can adopt in their personal–professional development and practice.

- The research findings highlight the pedagogical need for actively supporting trainees in their development of integrative practice in ways that encourage and facilitate cohesive, reflective and reflexive integration of different philosophical, theoretical and personal development domains.

- 'Integration by Immersion' can inform policies by providing a novel and more befitting framework to integrative psychotherapeutic practice, as it is a framework that demonstrates the holding of seemingly opposing modalities paradoxically, side-by-side. Its strength as a model is that it recognises the interdependence of theory, research and practice and can be authentically, congruently and ethically applied and utilised by members of any mental health-related professional frameworks or governing bodies.

forms of integration and their critiques. We begin by briefly exploring the four primary models of integration, noting their strengths and limitations, before considering 'Integration by Immersion', and the innovative depths of understanding and unification it brings to psychotherapeutic practice.

1.1.1 | Eclecticism

Hollanders (1999) stated that eclectic integration constitutes the use of therapeutic techniques from a variety of sources without any regard for theory. Eclecticism instead aims to improve therapeutic outcomes without the need to create a new model or theory (Charura, 2016; Cutts, 2011). Many authors have critiqued eclectic integration, suggesting that one of its main challenges is a lack of systematic criteria to guide the decision-making process concerning which techniques are integrated by the therapist (Charura, 2016; Cutts, 2011; McLeod, 2009).

Even technical eclecticism, an empirically based approach in which the best techniques are combined to maximise therapeutic outcomes regardless of their theoretical origin, falls foul to a similar critique. Namely, that although the decision-making process in technical eclecticism is directed by the current research evidence, concerns are still raised regarding what evidence is being used to guide these decisions about which techniques are best to integrate (Charura, 2016; Cutts, 2011; Lampropoulos, 2001).

Schottenbauer et al. (2007) also asserted that there is a paucity of research looking at the way in which psychotherapists make decisions in practice. In addition to these critiques, it has been further stated that one of the shortfalls of the model of eclectic integration is that it often lacks clarity surrounding its links to psychotherapeutic theoretical frameworks of personality and psychopathology, which offer an explanation of human behaviour and change (Charura, 2016; Gaete & Gaete, 2015; Schottenbauer et al., 2007).

1.1.2 | Assimilative integration

Messer (1992) offered an alternative to technical eclecticism in assimilative integration. Assimilative integration is a form of integration in which there is a single, coherent theoretical system constituting a firm core theoretical foundation, accompanied by an openness to incorporate techniques from other therapeutic approaches. Lampropoulos (2001) suggested that the benefits of assimilative integration are that it allows therapists to continue practising within the framework in which they have firm theoretical orientation and fluency, without losing the benefits of effective techniques generated in other orientations and modalities. Raskin (2007) argued, however, that in the assimilative integrationist process, both the imported components and the host theoretical approach are changed, thereby resulting in a new approach (Charura, 2016).

Another critique of assimilative integration regards the complexity of assimilating interventions from outside a core theoretical model that the therapist is familiar with, whilst maintaining a consistent

theoretical sense of the original context from which the strategy was taken (Charura, 2016; Lampropoulos, 2001; Raskin, 2007). Despite this critique, assimilative integration may represent a balance for therapists as it draws upon theory despite not having to arrive at a unified model (Charura, 2016; Cutts, 2011), as opposed to eclecticism, which utilises theoretical components without reference to theory.

Although some of the critiques presented so far warn of the complexity and dangers of integrating some components of different modalities, there are common and effective therapeutic techniques which span across all theoretical psychotherapeutic processes (Charura, 2016). This has contributed to another form of integration, namely common factors.

1.1.3 | Common factors

This approach to integration identifies the common factors that exist among practitioners regardless of their theoretical orientation (Bickman, 2005). These include the therapeutic alliance or relationship (Bordin, 1979; Rogers, 1957); the client's exposure to prior difficulties followed by a new corrective emotional experience; the therapist's and client's expectations for positive change; the therapist qualities that are beneficial to the therapeutic process, such as empathy and unconditional positive regard (Charura, 2016; Rogers, 1957); and a formulaic rationale towards the client, which enables a conceptualisation of their problems (Bickman, 2005; Charura, 2016; Lampropoulos, 2000).

There has, however, been a critical analysis offered towards the common factors approach too, namely that there is no consensus in the psychotherapy literature on what these common factors are (Lampropoulos, 2000). There is also a lack of systematic consensus on which common factors to integrate as therapists could pick the technique that suits them, but what appears to be common factors may represent differences upon analysis (Chwalisz, 2001).

Furthermore, it has been argued that there are many serious methodological issues in common factors research that blur its further development. Another critique is that as an approach, common factors only provides a general framework for psychotherapeutic integration, but cannot satisfactorily guide integrative practice and research (Lampropoulos, 2000). Despite these criticisms, it is clear from this approach to integration that its focus on pan theoretical common factors unequivocally details a paradigm shift from unified theories.

This focus on pan theoretical factors aligns well with pluralistic philosophy in relation to psychotherapy, which asserts the perspective that a question can be followed by numerous conflicting responses that are equally plausible; therefore, numerous explanations of human development and change can be true (Charura, 2016; Cooper & McLeod, 2007; Cutts, 2011).

Pluralism has a post-modernist philosophical underpinning, which values various methods of therapeutic enquiry and practice in order to meet the client's needs through the therapeutic process, assisted by the setting of collaborative therapeutic goals and tasks

(Charura, 2016; Cooper & McLeod, 2011). As pluralism has a central ethos, which is argued to underpin counselling psychology (Cooper & McLeod, 2011), its ethical stance in integration has informed our development and critique particularly in noting that any attempt to reduce human experience and development into a single theory can be potentially dangerous.

Although this is a valuable stance, we are aware of the argument that pluralism cannot be considered as an aspect of integration, but rather as an aspect of resolution in dealing with, for example, potential tension that arises from the application of multiple perspectives in counselling psychology practice (Athanasiadou, 2012; Charura, 2016). Ong et al. (2020) also propose that if pluralism is suggesting ontological eclecticism that it would be fundamentally incompatible with some theories, such as the person-centred approach (Rogers, 1951). Crisp (2022) offered a response to Ong et al.'s (2020) assertions, arguing that the ontology underlying all psychotherapies is universal and invariant, and encompasses process and relationship. Also, that in being-in-the-world, both therapist and client are engaged in a process of organismic re-organisation, of self-development, of a co-created process, intersubjectivity and relationship development within a broader social context.

It is, however, important to note that there is a difference between pluralistic perspectives and pluralistic practice. Others have argued that pluralistic practice is in fact a form of integrative therapy, which incorporates elements of existing integrative approaches and a wide repertoire of interventions, such as eclecticism. Oddli and McLeod (2017), in their research on how experienced therapists integrate different sources of knowledge in clinical practice, highlighted a concept they termed 'knowing-in-relation', which they stated emerged as a means of representing moment-to-moment integration of knowledge and practice. They concluded that there exists a type of psychotherapy integration that occurs in the context of the therapeutic relationship between the client and the therapist. They also noted the importance within pluralistic practice of the therapist's flexibility and sensitivity to particular client needs, which are generally associated with strong alliances and good treatment. Additionally, in the context of integration, they highlighted the importance of therapists having an attitude of openness to theory and a capacity to be adaptive to the therapeutic relationship and contexts. Oddli and McLeod (2017) argued that integration may, therefore, be considered as an evolving, processual activity, which includes the implementation of specific integrative models. In our review of the pluralism literature and its developments, we have noted the articulation of its practice-based evidence; however, there continues to be debates and opposing perspectives in not only its application in practice but also its evolution within the domain of integration.

1.1.4 | Theoretical integration

Finally, we explore the model of theoretical integration, which Stricker (2001) considers to be the most difficult to achieve, combining theoretical concepts from disparate models, which may arise from fundamentally diverse worldviews, into a unified model. It involves integrating in depth at theory level rather than intervention level (Cutts, 2011), encompassing a formulation of specific problems, a theoretical exposition of the therapeutic change process and a decision-making model regarding the sequence of interventions (Charura, 2016; Wolfe, 2001). A key challenge in this integrative approach is how to reconcile both a theory of the stability of behaviour with a theory concerning the nature of change of that behaviour, which remains enigmatically elusive (Stricker, 2001).

Additionally, there remains the fundamental problem of an estimated 130–400 different theoretical approaches, spanning across a range of philosophical schools (Beitman et al., 1989; Goldfried, 1983; O'Donohue & McKelvie, 1993). It has been stressed that although the ideal aim of theoretical integration is to integrate as many theories as possible, the existing models only integrate two or three theories at most (Charura, 2016; Stricker, 2001). The intention of theoretical integration is ordering chaos rather than embracing diversity due to such a wealth of different theories and modalities (Goldfried & Padawer, 1982; O'Brien, 2021). Theoretical integrationists argue, however, that in attempting to work towards a more comprehensive model of psychotherapy, we may learn and benefit from the superior model that results with the advantage of its constituent parts (O'Brien, 2021; O'Donohue & McKelvie, 1993).

These challenges in attaining theoretical integration consequently result in many psychotherapists and trainees adhering to technical eclecticism, assimilative integration and to the common factors approach (Athanasiadou, 2012; Charura, 2016; Cooper & McLeod, 2011; Cutts, 2011).

1.1.5 | Reflections on gaps and limitations of current models of integration

Throughout this critique, we have asserted that no single theoretical model is currently comprehensive enough to explain all the facets of human experience (O'Brien, 2021). We summarise here the following gaps and limitations of models of integration, including the following:

1. A lack of clarity around how trainees or practitioners inform their decision-making process concerning which techniques are integrated in their practice.
2. Limited flexibility in many foundational approaches to incorporate the depth and continuous iterative and reflexive development that integration requires over time.
3. A paucity of longitudinal studies that follow therapists' integration and evolution over time.
4. The pedagogical limitations in current teaching approaches, which mostly focus on modular or modality development; that is, teaching which emphasises particular orientations, rather than focussing on the development and evolution of the practitioner as they continue to develop and reflexively adjust their integrational approach postqualification.

5. The construction of psychotherapy knowledge has been dominated eminently by the biomedical and Eurocentric psychological visions or worldviews. As such, the current models of integration require decolonisation as they have largely focussed on integration of knowledge that is limited in its contexts and cultural sensitivity.

In the sections that follow, we will describe our research method, discuss the findings and outline a new model that we are calling 'Integration by Immersion', which offers a holistic and unifying approach that practitioners can use as a map, and idiosyncratically apply as they develop and evolve over their working lifespan.

2 | METHOD

Based on a historic backdrop of these four traditional models of integrative practice, and following ethics approval for contemporary research into counselling psychologists' practices postpandemic, a survey was sent out to counselling psychologist trainees and professional practitioners through the British Psychological Society Division of Counselling Psychology (DCoP). Members of this division were also reminded of this research at the 2023 annual DCoP British Psychological Society conference. The research adopted a cross-sectional survey design using a single online Qualtrics survey, and this paper focusses on the responses relating to the preferred psychotherapeutic modalities and integrative models of 104 respondents (counselling psychology trainees and qualified practitioners) living in the UK. We then combined this with a multimethod approach utilising a duoethnographical process to explore the conceptualisation and application of the model of 'Integration by Immersion' (Hills et al., 2023; Sawyer & Norris, 2013).

2.1 | Participant recruitment

Participants self-selected to take part in the research, and we used a convenience sample of volunteers (Stratton, 2021). The study was open to all counselling psychology trainees and practitioners without prejudice. The sample size of 104 was based on the need to establish stable estimates of effect and exceed requirements of analyses (Preacher & Hayes, 2004; Schönbrodt & Perugini, 2013). Inclusion was part of a clear, informed consent process detailed within the survey. No incentives or rewards were offered, and the participants were given the option to remove their data from the study at any time prior to publication.

2.2 | Survey

A single online Qualtrics survey was operationalised, comprising of 22 questions. In general, the wider research questions aimed to find out about the nature of practice that counselling psychology trainees and practitioner counselling psychologists are engaging in post-COVID-19 pandemic, and how they are inspiring, adapting, building and evolving in their practice. Data were organised on the Qualtrics secure platform, and once analysed, were exported to an Excel spreadsheet and securely stored on the York St John University OneDrive, which only the researchers had access to.

Given the magnitude of the wider data attained, we have focussed this paper on the questions directly related to integration. First, Question 13 that asked the participants to identify the top four interventions and modalities they employed or integrated the most in practice by ticking all that applied to them. Participants had a choice of 43 modalities (Figure 1), and they also had a qualitative box in which they could note any additional modalities that they practised or integrated. Second, Question 14 then stated that, historically, four main models of integration have been utilised by practitioner psychologists to underpin their practice rationale, namely eclecticism, assimilative integration, theoretical integration and common factors. Participants were then asked to describe their integrative approach.

3 | RESULTS

The sections that follow chart the answers to the survey questions for this study, which explore both the main modalities and integrative models utilised by our surveyed participants.

3.1 | Question 13 results

Figure 1 shows that the top four modalities utilised by this convenience sample were cognitive behavioural therapy (CBT) [69], compassion-focussed therapy [42], person-centred therapy [41] and integrative therapy [39].

3.2 | Question 14 results

Figure 2 shows that the main model of integration utilised by this convenience sample was assimilative integration [37], with 16 professionals unable to state their integrative model and three trainees not yet able to choose their model based on their level of training. Common factors was the second main model of integration used [14], followed by technical eclecticism [12], and theoretical integration [9]. Only four participants selected pluralistic integration.

Overall, these results highlight that despite the concept of integration having likely existed for as long as philosophy and psychotherapy themselves (Lunde, 1974; Norcross & Arkowitz, 1992), and with four main traditional models of integration being historically taught, debated and disseminated, many trainees and practitioners alike still battle with clearly adopting and aligning to a congruent model of psychotherapeutic integration. These results show that 27% of our convenience sample (Stratton, 2021) were unable to
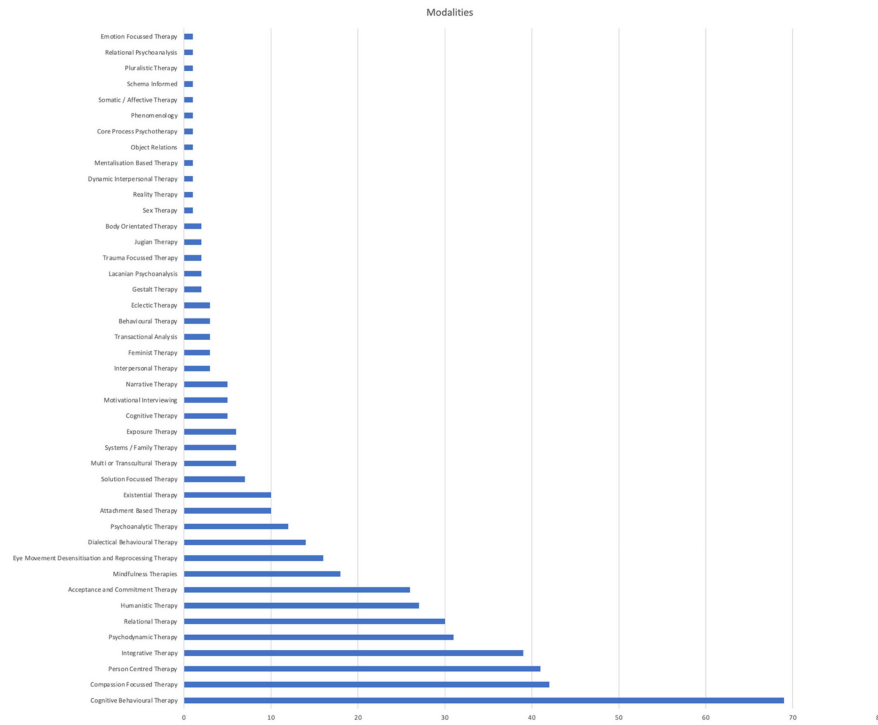
FIGURE 1 Results of the interventions and modalities integrated most in practice.
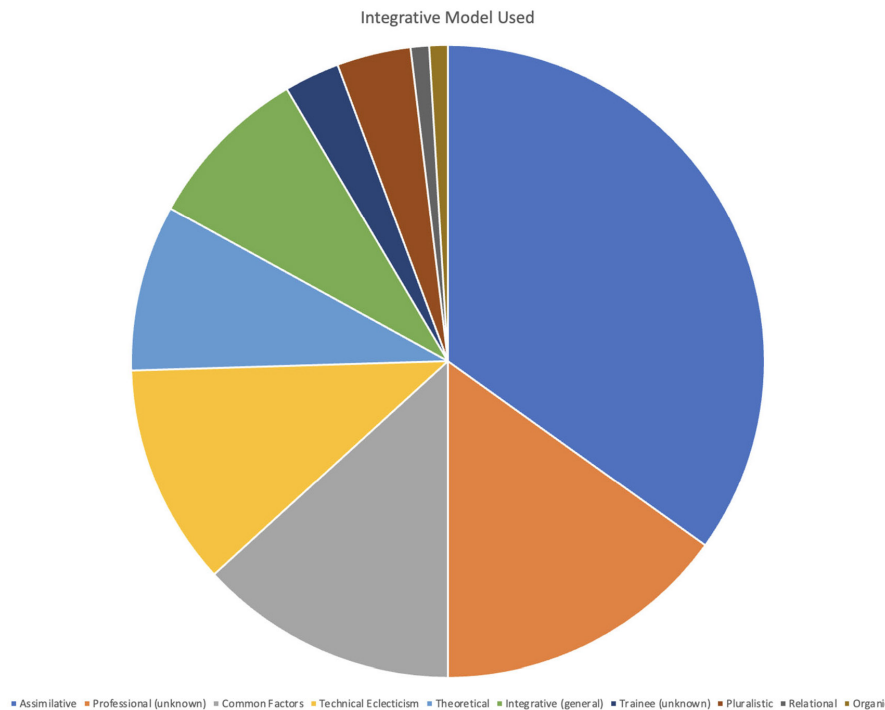

FIGURE 2 Results of integrative model used to underpin practice.

verbalise their current integrative model, or used a generally termed 'integrative' approach with no further explication of the term. This study, therefore, highlights the fact that we still have some way to go in formulating a model of integration which is tangible, intelligible and practically useful for practitioners and their clients today, and which embraces novel thinking about contemporary psychotherapeutic practice and change in our modern world (Norcross & Arkowitz, 1992).

Indeed, Schiepek and Pincus (2023) acknowledged that one of our biggest challenges in psychotherapeutic integration sits within the assumption that it is a linear paradigm, which is not befitting to the dynamic processes in which psychotherapy occurs. Whilst traditionally it has perhaps been *en vogue* to create seemingly new models of integration, which are steeped historically in one of the four foundational models, they are seemingly doppelgangers (i.e. differently named yet functionally equivalent models), which has

led the profession to an evidentiary impasse (Nuttgens, 2023). It is with this perspective in mind that we have reflexively catalysed and duoethnographically explored (Sawyer & Norris, 2013) our own evidence-based practice and teaching, harnessing it as our mechanism of change, to provide an entirely new model of integration, which fits flexibly and evolves dynamically with today's psychotherapeutic practitioners. We will now go on to present and discuss our new model of 'Integration by Immersion'.

4 | DISCUSSION

Having considered the four main traditional approaches to integration, critiquing both their merits and challenges, we acknowledge from our survey sample that there are still many practitioners who are unable to describe or utilise a befitting model of integration. We now introduce our novel approach of 'Integration by Immersion', which aims to provide a new lens and positionality within which to explore the creation, development and evolution of a unified model of integrative psychotherapeutic practice across the continuum, and enhance the teaching and learning of integration in the field of psychotherapy.

4.1 | What is 'Integration by Immersion'?

The word *immersion* can be defined as the act of immersing, or the state of being immersed to the point of absorbing involvement, or extensive exposure to the object of study (Merriam-Webster, 2022). This concept can also be understood from its origins in the early Judaic and Christian scriptures relating to the act of baptism through full immersion in water (English Standard Version Bible, 2001, Matthew 3:13–17).

By drawing upon this concept of immersion as absorbing one's whole self in a submersive activity, educators in the field of medical training have developed the term *clinical immersion*

(Kriebel-Gasparro & Doll-Shaw, 2017). Clinical immersion aims to narrow the theory-to-practice gap, assisting students in the transition from the classroom to the clinical practice environment by embarking upon a concentrated and intensive clinical experience (Fowler et al., 2018). We suggest that this approach is similar to the training required to become a psychotherapeutic practitioner.

The following diagram helped us to conceptualise 'Integration by Immersion' using a swimming pool analogy:

We will now explain the main aspects of 'Integration by Immersion', shown in Figure 3.

4.2 | Immersion in self

The *self* in its most basic form can be conceptualised as human existence in opposition to death (Scalabrini et al., 2021). However, our definition of self can be more fully explicated as that which encompasses our holistic, biological–psychological–social–sexual–spiritual–existential elements (O'Brien & Charura, 2023), inherently including our idiosyncratic intersectional parts of difference and diversity, which make us unique (Burnham, 2013; Crenshaw, 1989; Moodley, 2005). The self can be seen to develop and change intra- and intersubjectively across the lifespan, in parallel with the developments and changes across all the streams as part of the iterative process of 'Integration by Immersion'.

The DSM-5 (American Psychiatric Association, 2022) also defines psychopathology in terms of impairments in the self (including aspects of identity and self-direction) and interpersonal functioning, including empathy and intimacy (Pincus et al., 2020). Yet, we must also consider a non-pathologising, positive psychological lens of self, as that which struggles with disease as an impact of environmental and relational factors, which thwart our development across the lifespan (Rogers, 1957). Zelenski (2021) also encouraged us to consider cultural concepts of the self, which can be rich in individual, collective or universal difference according to people's experiences of a particular culture, in terms of
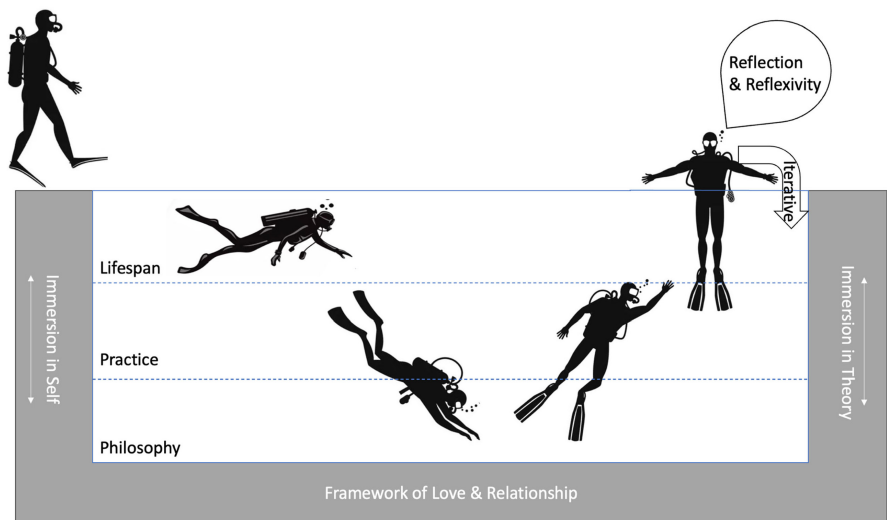

FIGURE 3 Diagram of 'Integration by Immersion'.

subjective well-being, authenticity and a sense of meaning in life (Steger et al., 2008; Suh et al., 1998).

4.3 | Love and integration within an ethical relational framework

As human beings, from the moment we are born, we are in relationship with our primary caregivers, with the love that we receive in our formative attachments, establishing patterns which affect our relationships throughout our lives (Charura & Paul, 2015). From a psychotherapeutic perspective, the centrality of the therapeutic relationship to successful outcomes is undisputed (Orlinsky et al., 2004) and has been cited by the founders of different modalities, such as Freud (1915) maintaining the importance of love in psychoanalytic therapy, Brazier (2015) purporting that Rogers' necessary condition is ultimately love (Rogers, 1957, 1959), and Bowlby (1965) and Ainsworth (1967) citing the growth of love as central to the theory of attachment. We also note the importance of relationship, love and attachment to all our human relationships across the lifespan, including those relationships that are central to our own roles as authors, ethical researchers, practitioners and also held within the supervisory relationship (Hiebler-Ragger et al., 2021). Therefore, the framework of love and relationships, both in the therapeutic relationship and beyond, can be seen as one of the holding, containing foundations to unifying integrative practice.

4.4 | Immersion across the lifespan

Life is a process of human development, learning, change and actualisation across time, which can be conceptualised pan theoretically, and observed across modalities in whichever guise it may manifest itself (for example, Erikson, 1963; Freud, 1991; Piaget, 1952, 1971; Rogers, 1957, 1959; Vygotsky, 1978). It is vital to keep this lane of the pool in mind as we metaphorically swim across our life path, due to the fundamental impacts we encounter to the self along the way. Be this learning and assimilating new information, reflecting and being reflexive on our own self and therapeutic lens, changing and developing through relationships and losses or ageing and maturing in our approach to integration through immersion over time.

This phase also includes any psychopathological impacts, trauma or psychological maladjustment that we may encounter along our way, in the self or in relationship to others, to which even the practitioner is not immune (Victor et al., 2022). Here, our natural human development can be thwarted, impaired, blocked or suppressed by traumatic events, resulting in distress which, depending on the lens, is either seen as pathologically situated within the self as a diagnosed mental health condition, or non-pathologically due to external environmental factors and adaptations which are normative under extreme conditions and which cause clinical levels of distress (Diamond et al., 2013).

4.5 | Immersion in theory

One of the key pillars to providing a unified pathway to integration in psychotherapy alongside development of the self is immersion in theory. Immersion into psychological theory can be seen as a life's work across the lifespan, from the formative training years where we begin at the surface, exploring the shallows of one or two core theoretical approaches according to the approach of the course or educational institution (Lewis, 2008). Perhaps we might even begin to challenge our Eurocentric curricula, which often exclude transcultural perspectives on mental health and treatment (Charura & Lago, 2021; Williams, 2021). We then begin to immerse into the deeper waters of theoretical learning, occasionally coming up for air (e.g. in supervision) with reflexivity, examining who we are becoming or the ancestor we wish to be (Charura & Lago, 2021; Downes & Taylor, 2021), and taking time to reflect on our own use of theory through practice and the application of our emerging skills. This iterative process takes place across our development as human beings and as therapists or practitioner psychologists, as we grow in our practice and maturity, learning from our clients and our own lived experiences, integrating and unifying our knowledge further. This approach to the theoretical element of 'Integration by Immersion' is therefore experiential in nature, sifting the wheat of authenticity from the chaff of our own unresolved traumas across the practice lifespan, assisted by our client work and using practice-based evidence as our grounding approach to what works integratively in psychotherapy.

4.6 | Immersion in practice

Rogers (1961) noted that in order to truly understand another person, we ourselves must also be changed. This is true of the journey throughout our therapeutic practice whereby (whatever our modalities of practice) our encounter with the client changes us as practitioners. It also arguably requires an individualised assessment, formulation and idiosyncratic treatment plan according to each person's needs, which may unify and develop within us as practitioners as different integrational skills or a deeper understanding of advanced psychological process.

As our practice deepens and advances through immersion in practice, our integrational approach will also meld and refine catalytically over time, as not only do we as practitioners learn our theories well but also we are urged to put them aside when confronting the miracle of the living soul which we encounter in our practice (Jung, 1928).

4.7 | Immersion in philosophy

Perhaps the bedrock of 'Integration by Immersion' is the philosophical underpinning, which encapsulates our ontology and epistemology for practice. In our experience as trainees and subsequently as

practitioners, this is perhaps the last part to be explored and understood after the inevitable and organic immersion in human development across the lifespan, examination of the self in training and personal therapy, and exploration of theory and experiential practice within the relational framework.

In order to make sense of our theoretical and practitioner approaches, we must explore what is known (ontology) and our ways of knowing (epistemology). This then provides the bedrock of the model of 'Integration by Immersion', and a solid foundation that supports all other streams within the pool. Mellone ([1894](#)) notes that our philosophy must be made up of a whole, whose parts can be intelligibly distinguished and yet which are also connected together. Due to the philosophical nature and depth of thought required for this understanding, we position this at the bottom of the pool, requiring the need to resurface to reflect and engage in reflexivity before iterative re-immersion to secure a solid philosophical underpinning, which may develop over time.

4.8 | Practice application and implementation of integration by immersion

Using a reflexive process, we now provide two concrete examples of 'Integration by Immersion' from our duoethnographical dialogue over the past 2 years during the time that we have been writing this paper. The section that follows presents excerpts of how we have experienced the other models of integration noted in this paper and their limitations as previously noted. 'Integration by Immersion' was therefore born out of our own challenges, which were primarily centred around the absence of explicit openness to epistemologies that were central to our ways of being as therapists and people. In this example, we will focus particularly on the cultural and spiritual limitations. To guide our succinct response, we engaged with and also ask the reader to reflect on this question:

> How have you evolved in your integration journey
> and how does the 'Integration by Immersion' model
> apply in your practice?

DC responded to this question: 'Having trained on a 4 year classical client centred psychotherapy programme, I initially started from a purist approach in which I was focussed on this modality and did not fully appreciate the depth of other orientations, but dismissed them without sufficient understanding. However, as I developed over time and worked in different contexts with different people, I noted the limitations of my practice and incongruences of some of the person centred theory with my own philosophical and cultural worldviews. As a man of African heritage, drawing from Ubuntu philosophical perspectives I found the self-actualising tendency which is hypothesised to end at death did not fit with my cultural and spiritual orientation relating to conceptualisations of humanity pre-birth and after death (Bacchus et al., [2022](#)). Over time, I immersed myself in continual professional doctoral development and trained in cognitive behavioural and psychodynamic approaches, and found limitations with the conceptualisations of the human psyche which were at times at odds with my understanding of intrapsychic and inter-relational dynamics. This, for example, was around concepts such as core beliefs from the CBT traditions, and interpretation of dreams and topography of the psyche from the psychoanalytic traditions. Furthermore, these approaches were also all Eurocentrically orientated and sadly often missed in their conceptualisation the centrality of the spiritual, cultural, and relational domains of my African worldview. At worst, some of the language used within the theory was discriminatory and dismissive of other epistemologies and mental health worldviews that are non-Eurocentric (see Charura & Bushell, [2022](#); O'Brien & Charura, [2024a](#); O'Brien & Charura, [2024b](#)). In a bid to articulate my own integration pathway, I began to think about a model that would allow me to integrate all my learning and development as a person and arrived at 'Integration by Immersion' as it allows for a decolonised practice and pedagogical approach in relation to difference and diversity of self, philosophy, theoretical underpinning and professional development over time'.

COB responded to this question: 'In a similar way, my own experience of training, firstly as a psychotherapist, was to develop my skills and theoretical underpinning using a purist person centred approach to client work. Pedagogically, it was only latterly in my personal development as a trainee that I was introduced to the concept of integration and what that meant to me, which forced me into exploring other modalities without necessarily holding the depth of philosophical and theoretical knowledge that I now have. My learning through psychotherapeutic practice has also allowed me to swim to the depths of human experience, and appreciate both my own sense of self as same and different (Totton, [2008](#)) within relationships with others. This has produced a tension for me regarding the WEIRD and predominantly white patriarchal positionality of psychotherapy, and the work that we still have to do on decolonising ourselves, our curriculum, and ways of thinking about theory and philosophy, to see if they truly fit ourselves and the clients that we serve. A significant shift for me in my own personal integrational development was in practice where I considered my own theoretical position on the transpersonal approach, seeing my own conceptualisation of this spiritual and energetic manifestation of psychodynamic transference intertwined with my own intuitive and embodied sensing moment-by-moment. Through my own experience as a white western woman in a world and psychological field that is dominated by patriarchal ideas and theories, I am attuned to the pain of being othered through my own experiences in practice, and hence I am constantly drawn to reflecting and working in ways that are anti-oppressive and anti-discriminatory, and which redress the power imbalance in the therapy room. Finally, I reflect on my educational and pedagogic journey through the development of my own doctoral research thesis. The process of writing my thesis reflexively enabled me to deeply explore at this developmental stage, my own philosophical underpinning at the depth of my practice, and iteratively integrate that into practice, whilst acknowledging the vital importance of assisting others to do the same through my teaching'.

Based on our learning, and on our different training, practice and integration journeys, we have both found that 'Integration by Immersion' facilitates our capacity to consolidate our different experiences, theoretical approaches, learning and continued development. With particular reference to practice application and implementation of the framework, 'Integration by Immersion', as drawn from the examples we have given, begins with reflection and reflexivity on our 'self' and flows with us into our own decolonised practice and pedagogical approach, philosophy, theoretical underpinning and professional development over time. This way of integrating has enabled us to arrive at the conceptualisation of our practice as orientated towards the bio-psycho-social-sexual-spiritual-existential (O'Brien & Charura, 2023) and cultural understanding of human beings in therapeutic relationships. With particular reference to the 'immersion in self' (and in relationship), this approach facilitates a holistic and decolonised understanding of the individual and their domains through the lens of *what happened to you* within your system and context, rather than *what is wrong with you* (pathologisation) (Charura & Smith, 2024; O'Brien & Charura, 2024b).

The novelty of this integrational approach is that it has illuminated practice-based evidence, and an appreciation of openness to philosophies, methods, theories, pedagogical approaches and epistemologies which are decolonised and transculturally inclusive (Bacchus et al., 2022; Bleile et al., 2024; Mattonet et al., 2024; O'Brien & Charura, 2023, 2024a; O'Brien & Charura, 2024b). Having explicated our conceptualisation of 'Integration by Immersion', we will now conclude this study with how this model enhances our ability to integrate in our practice and facilitate a depth of experiential teaching and learning for trainees.

5 | CONCLUSION

Reflection and reflexivity have helped us to conclude that 'Integration by Immersion' in psychotherapy is only possible by holistically drawing upon our own idiosyncratic bio-psycho-social-sexual-spiritual-existential (O'Brien & Charura, 2023) immersive experiences of self and other, of theory and philosophy, built solidly upon the firm foundations of a framework of ethics, love and relationship. In this study, we have explored and critiqued the historic roots of integrational psychotherapeutic practice. We have introduced and explicated an innovative model of 'Integration by Immersion', which, in our view, provides a unified pathway across the diversity of approaches, research findings, processes and techniques of psychotherapy (Marquis et al., 2021), bringing them into a holistic and comprehensive framework, which can be idiosyncratically applied by each practitioner. We conclude that our new model of 'Integration by Immersion' is an iterative process across the lifespan, which enables a deep dive into our holistic self-concept (O'Brien & Charura, 2023), theory, practice and philosophy, which is held together within a framework of love in relationship (Charura & Paul, 2015).

'Integration by Immersion' can be seen as a cyclical process repeated across the lifespan as we develop as human beings and

practitioners, learning from being in relationship with ourselves, others and with our clients. Pedagogically, this contemporary model of integration enables educators to move beyond the constraints of traditional models, including their theoretical frictions or clash of approaches, embracing a wider school of thought that engages with each individual and their client work across all realms of human development and conditions (O'Brien & Charura, 2023).

We conclude by proposing that 'Integration by Immersion' supports educators and practitioners alike by:

1. Embracing *change* and the *dynamic nature* of personal, professional and practitioner *development over time*, and the ability to *engage in theoretical critique*. This openness to integrating different modalities that may be seemingly incompatible should be encouraged as a strength and developmental process, rather than conceptualised as a difficulty to be avoided. This can be achieved through training, personal therapy, exploration of theory, clinical supervision and continued professional development.
2. Clarifying their integrative view of the *structure of human development* across the lifespan and *process of psychological maladjustment*. In this exploration, learners are encouraged to move away from narrow, diagnosis-focussed interventions towards a *spectrum-based, integrationist perspective*.
3. Holistically embracing *unification* of psychotherapeutic integration across the *bio-psycho-social-sexual-spiritual-existential realms of the human condition* for clients, practitioners and trainees alike.
4. Enhancing clarity of thought around a *solid theoretical framework*, linking it to a framework of personality and psychopathology, which offers an explanation of human behaviour and change.
5. Prizing the *therapeutic relationship, love and attachment as common factors and facilitators of the process of change*. These can be individually and idiosyncratically applied according to the practitioner's way of being, research lens and personal perspectives.
6. *Being unrestricted*, for example by the goals and tasks in pluralism, which may not apply to all practitioner and trainee approaches, and rather seeks to be culturally inclusive, not reducing any elements of practice or human experience by applying an integrative model.
7. Enabling trainees and practitioners to *reflectively and reflexively explore* the depths of relationship, personal development, theory and philosophical underpinning and make changes over time.

6 | LIMITATIONS

In concluding this paper, we acknowledge that we have in no way fully reached an end point in our 'Integration by Immersion', but rather see this as part of our progress in conceptualising human development and therapeutic change in our professional practice. We note that the limitations include the following:

1. Further research is required over time to establish the further strengths and limitations of this approach.

2. As the curriculum remains mostly Eurocentrically orientated, and with decolonised approaches being accepted but still needing further application, the potency of an integrative model such as this is dependent on continued development and openness of facilitators of psychotherapy training and of practitioners to be open to do the deep and immersive work as well as reflexivity that an anti-oppressive stance requires.

3. The research from which we drew is a sample of 104 counselling psychologist and, therefore, needs to be expanded to include other therapeutic training pathways.

Although we acknowledge these limitations, we assert that this journey to a unified pathway is one that we will continue along as people and practitioners, as we continue to learn, develop and integrate as part of an ongoing and iterative process of growth, and is a journey that we encourage the reader relationally to join us on.

CONFLICT OF INTEREST STATEMENT

The authors have no conflicts of interest to declare.

DATA AVAILABILITY STATEMENT

All data sets used in this research will be available in accordance with open science policies via a DOI upon publication.

ETHICS STATEMENT

This research was authorised by the York St John University Ethics Committee (Ref: ETH2223-0140). All participants provided informed consent in writing as part of the survey, and all participants were adults not in any vulnerable category. Participant consent was given as part of the survey for the anonymised publication of the resulting data sets.

ORCID

Charlotte O'Brien https://orcid.org/0000-0002-9903-3325
Divine Charura https://orcid.org/0000-0002-3509-9392

REFERENCES

Ainsworth, M. D. S. (1967). *Infancy in Uganda: Infant care and the growth of love*. John Hopkins University Press.

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev). American Psychiatric Association. https://doi.org/10.1176/appi.books.9780890425787

Athanasiadou, C. (2012). Pluralism as the forerunner of integration? A reflective account. *Counselling Psychology Review*, *27*(4), 18–26.

Bacchus, G., Charura, D., & Fox, T. (2022). " It's made me reassess what I think and believe." an exploratory study of Therapists' experiences with their Clients' deathbed visions, deathbed coincidences, and after-death communication. *Journal of Near-Death Studies*, *40*(2), 95–119.

Beitman, B., Goldfried, M., & Norcross, J. (1989). The movement toward integrating the psychotherapies: An overview. *American Journal of Psychiatry*, *146*(2), 38–147. https://doi.org/10.1176/ajp.146.2.138

Bickman, L. (2005). A common factors approach to improving mental health services. *Mental Health Services Research*, *7*(1), 1–4. https://doi.org/10.1007/s11020-005-1961-7

Bleile, A. C. E., Koppenol-Gonzalez, G. V., Orech, B., Verreault, K., & Jordans, M. J. D. (2024). Evaluating a movement-based mental health promotion intervention for refugee children in Uganda: A quasi-experimental study. *Journal of Clinical Child & Adolescent Psychology*, 1–16. Advance online publication. https://doi.org/10.1080/15374416.2024.2330073

Bordin, E. (1979). The generalizability of the psychoanalytic concept of the working Alliance. *Psychotherapy*, *16*(3), 252–260. https://doi.org/10.1037/h0085885

Bowlby, J. (1965). *Childcare and the growth of love*. Penguin.

Brazier, D. (2015). Forward. In D. Charura & S. Paul (Eds.), *Love and therapy in relationship* (Vol. *2015*, pp. XVII–XXIV). Karnac.

Burnham, J. (2013). Developments in social GGRRAAACCEEESSS: Visible-invisible, voiced-unvoiced. In I. Krause (Ed.), *Cultural Reflexivity*. Karnac.

Charura, D. (2016). A 5000 word personal philosophy Statement in which the trainee articulates their personal creative synthesis/theoretical standpoint. [unpublished manuscript].

Charura, D., & Bushell, S. (2022). A duoethnographic exploration of colonisalism in the cultural layer of the objective psyche. *The Journal of Analytic Psychology*, *68*(1), 27–47. https://doi.org/10.1111/1468-5922.12878

Charura, D., & Lago, C. (Eds.). (2021). *Black identities + white therapies: Race, Respect + Diversity*. PCCS Books.

Charura, D., & Paul, S. (Eds.). (2015). *Love and therapy in relationship*. Karnac.

Charura, D., & Smith, P. (2024). A duoethnographic exploration of relational Psychotraumatology: Research, training, and practice considerations. *Counselling and Psychotherapy Research*, *24*(3), 972–981. https://doi.org/10.1002/capr.12749

Chwalisz, K. (2001). A common factors revolution: let's not 'cut off our discipline's nose to spite its face'. *Journal of Counselling Psychology*, *48*(3), 262–267. https://doi.org/10.1037/0022-0167.48.3.262

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

Cooper, M., & McLeod, J. (2011). *Pluralistic counselling and psychotherapy*. Sage.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics [1989]. In K. T. Barlett & R. Kenndey (Eds.), *Feminist legal theory: Readings in law and gender* (p. 24). Routledge.

Crisp, R. (2022). *Ontology, culture, person-centered and pluralistic practice: Reply to Ong, Murphy and Joseph*. Person-Centered & Experiential Psychotherapies. https://doi.org/10.1080/14779757.2022.2100814

Cutts, L. (2011). Integration in counselling psychology: To what purpose? *Counselling Psychology Review*, *26*(2), 38–48.

Diamond, G. M., Lipsitz, J., & Hoffman, Y. (2013). Nonpathological response to ongoing traumatic stress. *Peace and Conflict Journal of Peace Psychology*, *19*(2), 100–111. https://doi.org/10.1037/a0032486

Downes, R., & Taylor, F. (2021). Re-imagining the space and context for a therapeutic curriculum–A sketch. In D. Charura & C. Lago (Eds.),

Black identities + white therapies: Race, respect + diversity (pp. 88–97). PCCS Books.

English Standard Version Bible. (2001). ESV Online. https://esv.literal-word.com/

Erikson, E. H. (1963). *Childhood and society* (2nd ed.). W.W. Norton & Co.

Erikson, E. H. (1982). The lifecycle completed. In W. W. Norton (Ed.).

Fowler, S. M., Knowlton, M. C., & Putnam, A. W. (2018). Reforming the undergraduate nursing clinical curriculum through clinical immersion: A literature review. *Nurse Education in Practice*, *31*, 68–76. https://doi.org/10.1016/j.nepr.2018.04.013

Freud, S. (1915). *Observations on transference-love*. S.E. (Vol. *12*, pp. 157–171). Hogarth.

Freud, S. (1991). *The penguin Freud library: Volume 1 Introductory lectures on psychoanalysis*. Penguin.

Gaete, A., & Gaete, J. (2015). On theoretical integration in psychotherapy. *Journal of Psychotherapy Integration*, *25*(2), 158–174. https://doi.org/10.1037/a0038883

Goldfried, M. (1983). A behavior therapist looks at rapprochement. *Journal of Humanistic Psychology*, *23*(1), 97–107. https://doi.org/10.1177/0022167883231008

Goldfried, M., & Padawer, W. (1982). Current status and future directions in psychotherapy. In M. Goldfried (Ed.), *Converging themes in psychotherapy: Trends in psychodynamic, humanistic, and behavioral practice* (pp. 3–49). Springer.

Hiebler-Ragger, M., Nausner, L., Blaha, A., Grimmer, K., Kolarth, S., Mernyi, M., & Unterrainer, H. F. (2021). The supervisory relationship from an attachment perspective: Connections to burnout and sense of coherence in health professionals. *Clinical Psychology & Psychotherapy*, *28*(1), 124–136. https://doi.org/10.1002/cpp.2494

Hills, J., Christodoulidi, F., & Charura, D. (2023). A Duoethnographic study of power and privilege in the psychotherapeutic space: Dialogical research as professional development. *International Journal of Qualitative Methods*, *22*, 1–11. https://doi.org/10.1177/16094069231199903

Hollanders, H. (1999). Eclecticism and integration in counselling: Implications for training. *British Journal of Guidance and Counselling*, *27*(4), 483–500. https://doi.org/10.1080/03069889900760411

Jung, C. G. (1928). *Contributions to analytic psychology*. Confer Books.

Kriebel-Gasparro, A., & Doll-Shaw, M. (2017). Integration of palliative care into a nurse practitioner DNP program. *The Journal for Nurse Practitioners*, *13*(8), e383–e388. https://doi.org/10.1016/j.nurpra.2017.04.011

Lampropoulos, G. K. (2000). Definitional and research issues in the common factors approach to psychotherapy integration: Misconceptions, clarifications, and proposals. *Journal of Psychotherapy Integration*, *10*(4), 415–438. https://doi.org/10.1023/A:1009483201213

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

Lewis, Y. (2008). Counselling psychology training: Implications for 'self'. *Counselling Psychology Review*, *23*(4), 63–69. https://doi.org/10.53841/bpscpr.2008.23.4.63

Lunde, D. T. (1974). Eclectic and integrated theory: Gordon Allport and others. In A. Burton (Ed.), *Operational theories of personality*. Brunner/Mazel.

Marquis, A., Henriques, G., Anchin, J., Critchfield, K., Harris, J., Ingram, B., Magnavita, J., & Osborn, K. (2021). Unification: The fifth pathway to psychotherapy integration. *Journal of Contemporary Psychotherapy*, *51*, 285–294.

Mattonet, K., Kabelege, E., Mkinga, G., Kolwey, L., Nkuba, M., Masath, F. B., Hermenau, K., Schupp, C., Steinert, J. I., & Hecker, T. (2024). School-based prevention of teacher and parental violence against children: Study protocol of a cluster-randomized controlled trial in Tanzania. *BMC Public Health*, *24*(1), 2367.

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

Mellone, S. H. (1894). Psychology, epistemology, ontology, compared and distinguished. *Mind*, *3*(12), 474–490.

Merriam-Webster. (2022). *Definition of Immersion*. Merriam-Webster Dictionary. https://www.merriam-webster.com/dictionary/immersion

Messer, S. B. (1992). A critical examination of belief structures in interpretive and eclectic psychotherapy. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 130–168). Basic Books.

Moodley, R. (2005). *Diversity matrix revisited: Criss-crossing multiple identities in clinical practice'. Keynote paper at multicultural and counseling symposium*. Cornell University.

Norcross, J. C. (2005). A primer on psychotherapy integration. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (2nd ed., pp. 3–23). Oxford University Press.

Norcross, J. C., & Arkowitz, H. (1992). The evolution and current status of psychotherapy integration. In W. Dryden (Ed.), *Integrative and eclectic psychotherapy: A handbook*. Open University Press.

Norris, J., Sawyer, R., & Lund, D. E. (2012). *Duoethnography: Dialogic methods for social, health, and educational research*. Left Coast Press. https://doi.org/10.13140/2.1.2184.8644

Nuttgens, S. (2023). Of interventive doppelgangers and other barriers to Evidence-Base practice in psychotherapy. *Journal of Psychotherapy Integration*, *1*, 20–33. https://doi.org/10.1037/int0000279

O'Brien, C., & Charura, D. (2024a). Object elicitation: A compassionate and culturally informed method for psychotherapy research. *Counselling and Psychotherapy Research*, *24*(1), 39–50. https://doi.org/10.1002/capr.12703

O'Brien, C., & Charura, D. (2024b). Advancing transculturally informed humanistic therapeutic practice for refugees and asylum seekers presenting with embodied trauma. *Counselling and Psychotherapy Research*, 1–20. https://doi.org/10.1002/capr.12808

O'Brien, C. V. (2021). A personal philosophy Statement in which the trainee articulates their personal integrative standpoint. [unpublished manuscript].

O'Brien, C. V., & Charura, D. (2023). Refugees, asylum seekers, and Practitioners' perspectives of embodied trauma: A comprehensive scoping review. *Psychological Trauma Theory Research Practice and Policy*, *15*(7), 1115–1127. https://doi.org/10.1037/tra0001342

Oddli, H. W., & McLeod, J. (2017). Knowing-in-relation: How experienced therapists integrate different sources of knowledge in actual clinical practice. *Journal of Psychotherapy Integration*, *27*(1), 107–119. https://doi.org/10.1037/int0000045

O'Donohue, W., & McKelvie, M. (1993). Problems in the case for psychotherapeutic integration. *Journal of Behavior Therapy and Experimental Psychiatry*, *24*(2), 161–170. https://doi.org/10.1016/0005-7916(93)90045-X

Ong, W. T., Murphy, D., & Joseph, S. (2020). Unnecessary and incompatible: A critical response to Cooper and McLeod's conceptualization of a pluralistic framework for person-centered therapy. *Person-Centered & Experiential Psychotherapies*, *19*(2), 168–182. https://doi.org/10.1080/14779757.2020.1717987

Orlinsky, D. E., Ronnestad, M. H., & Willutski, U. (2004). Fifty years of psychotherapy process-outcome research: Continuity and change. In M. J. Lambert (Ed.), *Handbook of psychotherapy and behaviour change* (5th ed., pp. 307–389). John Wiley & Sons.

Piaget, J. (1952). *The origins of intelligence in children*. International Universities Association.

Piaget, J. (1971). Developmental stages and developmental processes. In D. R. Green, M. P. Ford, & G. B. Flamer (Eds.), *Measurement and Piaget* (pp. 172–188). McGraw-Hill.

Pincus, A. L., Cain, N. M., & Halberstadt, A. L. (2020). Importance of self and other in defining personality pathology. *Psychopathology*, *53*, 133–140. https://doi.org/10.1159/000506313

Preacher, K. J., & Hayes, A. F. (2004). SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behavior Research*

Methods, Instruments, & Computers, *36*(4), 717–731. https://doi.org/10.3758/BF03206553

Raskin, J. D. (2007). Assimilative integration in constructivist psychotherapy. *Journal of Psychotherapy Integration*, *17*(1), 50–69. https://doi.org/10.1037/1053-0479.17.1.50

Rogers, C. R. (1951). *Client-centered therapy.* Houghton Mifflin.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, *21*(2), 95–103. https://doi.org/10.1037/0033-3204.44.3.240

Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of science* (Vol. *III*, pp. 184–256). McGraw Hill.

Rogers, C. R. (1961). *On becoming a person*. Constable.

Sawyer, R. D., & Norris, J. (2013). *Duoethnography.* Oxford University Press.

Scalabrini, A., Xu, J., & Northoff, G. (2021). What Covid tells us about the self: The deep intersubjective and cultural layers of our brain. *Psychiatry and Clinical Neurosciences*, *75*(2), 37–45. https://doi.org/10.1111/pcn.13185

Schiepek, G., & Pincus, D. (2023). Complexity science: A framework for psychotherapy integration. *Counselling and Psychotherapy Research*, *23*(4), 871–1154. https://doi.org/10.1002/capr.12641

Schönbrodt, F. D., & Perugini, M. (2013). At what sample size do correlations stabilize? *Journal of Research in Personality*, *47*(5), 609–612. https://doi.org/10.1016/j.jrp.2013.05.009

Schottenbauer, M. A., Glass, C. R., & Arnkoff, D. B. (2007). Decision making and psychotherapy integration: Theoretical considerations, preliminary data, and implications for future research. *Journal of Psychotherapy Integration*, *17*(3), 225–250. https://doi.org/10.1037/1053-0479.17.3.225

Steger, M. F., Kawabata, Y., Shimai, S., & Otake, K. (2008). The meaningful life in Japan and the United States: Levels and correlates of meaning in life. *Journal of Research in Personality*, *43*(3), 660–678. https://doi.org/10.1016/j.jrp.2007.09.003

Stratton, S. (2021). Population research: Convenience sampling strategies. *Prehospital and Disaster Medicine*, *36*(4), 373–374. https://doi.org/10.1017/S1049023X21000649

Stricker, G. (2001). *An Introduction to Psychotherapy Integration.* Psychiatric Times. http://www.psychiatrictimes.com/articles/introduction-psychotherapy-integration

Stricker, G. (2010). A second look at psychotherapy integration. *Journal of Psychotherapy Integration*, *20*(4), 397–405. https://doi.org/10.1037/a0022037

Suh, E. M., Diener, E., Oishi, S., & Triandis, H. C. (1998). The shifting basis of the life satisfaction judgements across cultures: Emotions versus norms. *Journal of Personality and Social Psychology*, *74*(2), 482–493. https://doi.org/10.1037/0022-3514.74.2.482

Totton, N. (2008). In and out of the mainstream: Therapy in its social and political context. In S. Haugh & S. Paul (Eds.), *The therapeutic relationship: Perspectives and themes* (pp. 145–155). PCCS Books.

Victor, S. E., Schleider, J. L., Ammerman, B. A., Bradford, D. E., Devendorf, A. R., Gruber, J., Guanaydin, L. A., Hallion, L. S., Kaufman, E. A., Lewis, S. P., & Stage, D. L. (2022). Leveraging the strengths of psychologists with lived experience of psychopathology. *Perspectives on Psychological Science*, *17*(6), 1624–1632. https://doi.org/10.1177/17456916211072826

Vygotsky, L. S. (1978). *Mind and society: The development of higher mental processes*. Harvard University Press.

Williams, M. (2021). Colour blindness as a microaggression. In D. Charura & C. Lago (Eds.), *Black identities + white therapies: Race, respect + diversity* (pp. 174–184). PCCS Books.

Wolfe, B. E. (2001). A message to assimilative integrationists: It's time to become accommodative integrationists: A commentary. *Journal of Psychotherapy Integration*, *11*(1), 123–131. https://doi.org/10.1023/A:1026637226683

Zelenski, J. (2021). *Positive psychology: The science of well-being*. SAGE.

Ziv-Beiman, S. (2014). Teaching psychotherapy integration from the start: A proposal to teach integration as a fundamental aspect. *Journal of Psychotherapy Integration*, *24*(3), 251–257. https://doi.org/10.1037/a0037800

AUTHOR BIOGRAPHIES

Dr Charlotte O'Brien is a counselling psychologist, BACP-registered psychotherapist and Programme Director on the Doctorate of Counselling Psychology at the University of Manchester. Charlotte has a special interest in humanistic approaches to psychotherapy, social justice and working with under-represented individuals who have limited access to psychotherapeutic interventions. Charlotte has worked therapeutically at the Young Offenders Institution, NHS mental health services for older adults, and currently works in the NHS cancer service, and in private practice. Charlotte's research centres around embodied trauma presentations in refugees and asylum seekers, transcultural modalities and unification of integration in psychotherapy. Charlotte has recently presented her research at the Biennial Conference of the European Society for Traumatic Stress Studies and the British Psychological Society European Congress of Psychology.

Professor Divine Charura is a a professor of counselling psychology at York St John University. He is a practitioner psychologist and counselling psychologist and is registered with the Health and Care Professions Council in England. Divine is also an Honorary Fellow of the United Kingdom Council for Psychotherapy and an Adult Psychotherapist. Over the last 17 years, Divine has also worked with refugees and asylum seekers internationally. Divine has co-authored and edited numerous books in psychology and psychotherapy. These include *Love and Therapy: In Relationship*, and *Black Identities + White Therapies: Race, Respect and Diversity*. His latest book is *The Handbook of Social Justice Theory and Practice in the Psychological Therapies: Power, Politics and Change*.