

Psychotherapy integration end the emergence of instinctual territoriality*

Frank M. Dattilio¹, John C. Norcross²

¹ Harvard Medical School

² University of Scranton

Summary

The professional literature is replete with expressions of resistance to psychotherapy integration. Most of the literature highlights the pragmatic, methodological, and underlying philosophical differences that impede integration. Although these arguments possess validity, there may be other reasons to explain the pervasive resistance to integration among mental health professionals over the decades. One of these reasons is the human instinctual drive toward territoriality and demarcation among clinicians. Aspects of ego identification and a territorial imperative are hypothesized to be at the core of some resistance. If the human instinct of territoriality is indeed one cause, such resistance may be difficult to change and may forever limit the potential and acceptance of psychotherapy integration, or even the appreciation for what other modalities have to offer.

Key words: Psychotherapy integration, eclecticism, territoriality, instinct, resistance.

Rivalry among theoretical orientations has a long and undistinguished history in the field of psychotherapy, dating to Freud. Psychotherapy systems compete for attention and affection in a “dogma eat dogma” environment [1]. Clinicians frequently operate from within their own particular theoretical frameworks, often blind to alternative conceptualizations and potentially superior interventions.

As the field of psychotherapy has matured, a rapprochement has gradually emerged. Since the early 1990s, the field of psychotherapy has witnessed both a general decline in ideological struggle and a movement toward integration. Most psychotherapists now acknowledge the inadequacies that exist with a single theoretical system and the potential value of incorporating others [2]. While the prevalence of integration/eclecticism has remained flat/stable for the past 15 years, the integration movement has actually increased [3, 4].

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A number of indicators attest to the increasing acceptance of psychotherapy integration. *Eclecticism*, or the more favoured term *integration*, is the model theoretical orientation of English-speaking psychotherapists [5]. Psychotherapy textbooks routinely identify their theoretical persuasion as integrative or eclectic, and an integrative chapter is regularly included in compendia of treatment approaches. Handbooks on integration have been published in at least six countries. Reflecting and engendering the movement have been the establishment of interdisciplinary organizations devoted to integration, notably the Society for the Exploration of Psychotherapy Integration (SEPI). And the integrative fervour will apparently persist well into the 2000s. A recent panel of psychotherapy experts portended its escalating popularity into the new millennium [6].

Although psychotherapy integration has indeed come of age, we have not yet attained consensus or convergence. Seventy to seventy-five percent of psychotherapists in the United States ascribe to a pure-form theory and disavow any affiliation with integration or eclecticism. As Lazarus [7] notes, the field of psychotherapy is still populated by cult members, those devoted followers of a particular school of thought. Hence, a competitive strife still exists, particularly in countries outside North America and Western Europe.

Much of the resistance toward psychotherapy integration is due to skepticism about whether or not philosophical and methodological conflicts among theoretical orientations can be overcome. These obstacles have disinclined many practitioners from integration and fostered a retreat into theory-of-origin. Messer [8] addressed this issue extensively in his paper on, *Visions of Reality*, which refers to assumptions about the nature and content of human reality and have been used to describe different genres of literature, as well as psychoanalytic, behavioural, and humanistic modes of therapy. Messer speaks about four visions - the tragic, romantic, comic, and ironic - as applied to a single case, spelling out the way in which each can direct the focus of a therapist's attention to different aspects of a client's problems. According to Messer, each vision can also influence the process of therapy and its goals. Keeping the several visions in mind can broaden both the therapist's and the client's view of the client's life situation and problems, thereby opening up possibilities for integrative work. The paper also spells out the shift in visions of reality that is necessary when conducting brief versus long-term therapy.

Aside from the inevitable philosophical clashes and methodological differences, we believe that there may be a deeper human instinct at the base of this resistance to psychotherapy integration. Territoriality may be a useful construct to explain at least some of this behaviour.

For decades, anthropologists have contended that, by our very nature, human beings are decidedly a territorial species [9]. The term, territorial instinct, first evolved when vital resources became viewed as dependent factors for survival. It follows that if humans are instinctively territorial, the need to protect and preserve may, in part, be a significant aspect in avoiding integration in addition to some of the theoretical matters, such as what constitutes emotional and behavioural change. This raises the question for where territoriality fits into the overall scheme of potentially relevant

factors. In part, this might serve as an explanation for the reason that some develop a rigid commitment to a belief system, while others remain open and flexible to new ideas. More so, if territoriality is partly the case, then how does it interact with other explanatory factors, such as ego identification?

In this article, we outline our working thesis that one portion of the resistance to psychotherapy integration may be a by-product of instinctual territoriality. However, we first attempt to lay the foundation by offering a definition of psychotherapy integration and several of its pathways, as well as the concept of territorialism.

Psychotherapy Integration

Psychotherapy integration is characterized by dissatisfaction with single-school approaches and a concomitant desire to look across various boundaries to see what can be learned from other styles of conducting psychotherapy. Although the labels differ - eclecticism, integration, convergence, and rapprochement - the goals are similar indeed. The ultimate goal of integration is to enhance the efficacy, efficiency, and applicability of psychotherapy.

Psychotherapy integration, like other maturing movements, is frequently described in confusing terms. One routinely encounters references in the literature and in the classroom to integrating therapy formats/modalities (individual, couples, family), integrating psychotherapy and pharmacotherapy, integrating spirituality into psychotherapy, integrating self-help and psychotherapy, integrating research and practice, integrating Western and Eastern perspectives, integrating social advocacy with psychotherapy, and so on. All may have benefits, but we restrict ourselves in this article to the traditional meaning of integration: the blending of diverse theoretical orientations and the techniques traditionally associated with them.

There are numerous pathways toward the integration of the psychotherapies; many roads lead to Rome. The four most popular routes are technical eclecticism, theoretical integration, common factors, and assimilative integration. Recent research [10] reveals that all four are embraced by considerable proportion of self-identified eclectics and integrationists (19% to 28% each). All four pathways are characterized by a general desire to increase therapeutic efficacy by looking beyond the confines of single theories and the techniques generally associated with those theories; however, they do so in different ways and at different levels.

Technical Eclecticism

Eclecticism is the least theoretical of the four routes, but should not be construed as either atheoretical or antitheoretical. Technical eclectics seek to improve our ability to select the best treatment for the person and the problem. This search is guided primarily by data on what has worked best for others in the past with similar problems and similar characteristics. Eclecticism focuses on predicting for whom interventions will work: the foundation is actuarial rather than theoretical. The systematic treatment selection (STS) of Beutler [11, 12] and the multimodal therapy of Lazarus are exemplars of technical eclecticism.

Proponents of technical eclecticism use procedures drawn from different sources without necessarily subscribing to the theories that spawned them, whereas the theoretical integrationist draws from diverse systems which may be epistemologically or ontologically incompatible. For technical eclectics, no necessary connection exists between metabeliefs and techniques. "To attempt a theoretical rapprochement is as futile as trying to picture the edge of the universe. But to read through the vast amount of literature on psychotherapy, *in search of techniques*, can be clinically enriching and therapeutically rewarding" [13].

Theoretical Integration

In this form of synthesis, two or more therapies are integrated in the hope that the result will be better than the constituent therapies alone. As the name implies, there is an emphasis on integrating the underlying theories of psychotherapy - "theory smushing" - along with the integration of therapy techniques from each - "technique melding" [14]. Proposals to integrate psychoanalytic and behavioural theories illustrate this direction, most notably the cyclical psychodynamics of Wachtel [15, 16], as do efforts to blend cognitive and psychoanalytic therapies, notably Ryle's [17] cognitive-analytic therapy. Grander schemes have been advanced to merge most of the major systems of psychotherapy, for example, the transtheoretical approach of Prochaska and DiClemente [18, 19].

Theoretical integration involves a commitment to a conceptual or theoretical creation beyond a technical blend of methods. The goal is to create a conceptual framework that synthesizes the best elements of two or more approaches to therapy. Such integration aspires to an emergent theory that is more than the sum of its parts, and that leads to new directions for practice and research.

Common Factors

The common factors approach seeks to determine the core ingredients that different therapies share in common, with the eventual goal of creating more parsimonious and efficacious treatments based on those commonalities. This search is predicated on the belief that commonalities are more important in accounting for therapy success than the unique factors that differentiate among them. In specifying what is common across disparate orientations, we may also be selecting what works best from among them. The contributions of Beitman and others [20, 21, 22, 23, 24, 25] have been among the most important contributions to this approach.

Assimilative Integration

This form of integration entails a firm grounding in one system of psychotherapy, but a willingness to selectively incorporate (assimilate) practices and views from other systems [26]. In doing so, assimilative integration combines the advantages of a single, coherent theoretical system with the flexibility of a broader range of technical interventions from multiple systems. A behaviour therapist, for example, might use the

Gestalt two-chair dialogue in an otherwise behavioural course of treatment. In addition to Messer's [27, 28] original explication of it, exemplars of assimilative integration include Stricker and Gold's [29] assimilative psychodynamic therapy, Castonguay and associates' [30] cognitive-behavioural assimilative therapy, and Safran's [31, 32] interpersonal and cognitive assimilative therapies.

Theories of Territoriality

The term *territoriality* is literally defined as an area ruled by a sovereign or other authority, a sphere or a field of scholarship [33]. Territoriality thus refers to an aspect that is limited to a specific territory. The notion of territory is not restricted only to physical space, but may also refer to areas such as philosophy or theory, as in the case of modalities of psychotherapy.

Anthropologists, ironically enough, are debating among themselves over the theory of territoriality. Discussions of human spatial organizations have become polarized into the ultimate dichotomy; that is, either humans are territorial by nature or they are not. One theory proposes that territoriality is a genetically fixed form of behaviour that has evolved in most species, including *Homo sapiens* [34]. Consequently, some contend that territoriality exists regardless of cultural influence. In contrast, other theories purport the existence of a fundamental human tendency to achieve territorial control, whether instinctively or culturally driven. Still other evidence seems to indicate a lack of rigid territoriality in many contemporary hunting and gathering groups, which is viewed by some theorists as support for the argument that humans are not territorial by nature [35].

Wilson [36, p. 225] defined territoriality as an "area occupied more or less exclusively by a species via repulsion through overt defence or advertisement." The phrase repulsion through overt defence or advertisement seems particularly applicable to the negative response to psychotherapy integration, in light of the resistance and the diatribes that sometime accompany it. However, Wilson and others do not specify whether territory refers to only tangible domain. According to the new *Webster's Dictionary of the English Language*, one of several definitions of the term territory includes "a sphere or field of scholarship" [33]. So, while the primary definitions pertain to economic and land factors involving human resources, a secondary definition can be readily applied to theoretical and philosophical domains.

Vigorous proponents of theoretical orientations mark their territory for social and economic purposes. This idea has also been advanced to potentially understand the discord between researchers and practitioners [37]. On the other hand, perhaps the internecine struggles have more to do with striving for a sense of autonomy and individual identity or perhaps a matter of ego drive. Indeed, some of the factional rivalry manifests in degrading comments or other behaviours that parallel the survival strategies exhibited by many infrahuman species, such as lions marking their territory for food and displaying overt aggressive behaviours in order to protect it. The discordance between the psychotherapies has created polarization, with members of one group assuming a righteous stance and engaging in inflammatory rhetoric against another.

If we consider territory as a subset of human resource, defence strategies and resource protection may, in turn, be defined as survival behaviours. Marking and defending one's territory may clearly be part of the human instinctual means of survival. There is little doubt that under some circumstances, we humans are territorial; for example, we occupy certain areas exclusively by verbal declaration or through a means of repulsion through overt defence [38]. So, the question rises: Might the resistance toward psychotherapy integration be, in part, the result of an instinctual drive to maintain territoriality?

Are the resources in our domain so paltry that we feel compelled to defend them? With respect to territoriality, is the instinct to defend our resources designed to maintain a sense of professional individuality? It is interesting to note that most wars are fought between neighbours, and the conflict usually involves physical proximity, power, or turf [8]. Actually, proximity itself is probably less likely to be the cause of a fight than to provide the opportunity for one. Proximity fosters interaction, but the effects of interactions give rise to conflicts of interest. This is germane to our thesis in that the conflict among psychotherapists whose orientations are comparably similar (i.e., cognitive, behavioural, constructivist) appears to be more intense than among those that with dissimilar orientations [2]. Psychotherapists with very dissimilar orientations (e.g., behavioural and psychoanalytic) are more likely to ignore each other than to fight with each other. Thus, proximity may very well have a role in how various schools of thought deal with one another, and resistance to psychotherapy integration in part may be a result of territorial clash and the need to protect one's professional identity.

Territorial Imperative

In his 1966 work on territorial imperative, Ardrey, expounds on the cause of conflict and man's unpleasantness to fellow humans [34]. Even though Ardrey, who was a popular science writer in the 60s and 70s, formed speculative ideas from scientific studies, his work does provide some food for thought. His explanation centres on the concept of demarcation and territorial behaviours. Ardrey believes that humans, as a species of animal, possess natural propensities, including the instinct of territorial aggression. Territoriality, as Ardrey conceived it, is an innate characteristic of the human species and a natural consequence of evolutionary inheritance. In essence, territoriality is a "genetically determined form of behaviour" (pp. 59, 62, 166) that, when applied to property, is a drive to gain ground. Therefore, according to Ardrey, those who hold rigidly to their theoretical beliefs may be protecting their ground so vigilantly that they become more absorbed in the territorial divide than what is most effective. Territory is literally ground or space, but the term can also be applied to more intangible aspects, such as theory.

Animals instinctively recognize the rights of ownership and will typically withdraw when threatened by the owner. Ardrey believed that this recognition and withdrawal was a display of individual restraint, which he characterized as a "natural morality." In one sense, this resistance or restraint in animals may be similar to some psychotherapists' resistance to integration. The restraint demonstrated by individuals who resist

any type of psychotherapy integration at all may involve a means of avoiding conflict by respecting ownership and territoriality of other theories.

According to some theorists [39], it is primarily the subjective experience of conflict that drives our reactions and behaviours, which may or may not be congruent with the objective nature of the conflict. Of particular interest is one characteristic of an intractable conflict: internal dynamics. When the internal dynamics involve weak ego functioning and insecurity, some of the more primitive defence mechanisms may be employed, such as retaliation or blatant denial. A higher, more sophisticated level of ego defence may involve passive resistance. This understanding may be relevant as we look for explanations of resistance to integration and its multiple manifestations.

Territoriality and the Integrative Pathways

In this context, we consider the interaction of the human instinct of territoriality and the different pathways to psychotherapy integration. As we suggested earlier, certain paths or routes to psychotherapy integration seem to be more acceptable than others. Specifically, assimilative integration is far more responsive to psychotherapists' territoriality than are common factors and technical eclecticism.

To its proponents, assimilative integration is a realistic way station to a sophisticated integration; to its detractors, it is more of a waste station inhabited by people unwilling to commit to a full evidence-based eclecticism. Both camps agree that assimilation is a tentative step toward full integration: Most psychotherapists have been and continue to be trained in a single approach, and most therapists gradually incorporate parts and methods of other approaches once they discover the limitations of their original approach. The odysseys of seasoned psychotherapists [see, e.g., 40, 41] suggest this is how therapists modify their clinical practice and expand their clinical repertoire. Therapists do not discard original ideas and practices; they rework them, augment them, and cast them all in new form. They gradually, and inevitably, integrate new methods into their home theory (and life experiences) to formulate the most effective approach to patients' needs.

As an incremental movement toward integration within the safety of a theory-of-origin, assimilative integration is the most compatible with the territoriality instinct. Psychotherapists still possess their marked theoretical territory and only tentatively incorporate unfamiliar, even formerly competitive methods.

By contrast, the common factors approach directly threatens territorial instinct. Here, very little of psychotherapy is marked and owned as unique territory. The very notion that one psychotherapy theory may exclusively possess the key to effectiveness or the truth - the exclusivity myth [42] - runs deeply counter to the territorial imperative. Goldfried [25, p. 996] argued:

To the extent that clinicians of varying orientations are able to arrive at a common set of strategies, it is likely that what emerges will consist of robust phenomena, as they have managed to survive the distortions imposed by the therapists' varying theoretical biases.

In specifying what is common across orientations, we may also be selecting what works best among them, an idea distinctly inhospitable to those psychotherapists committed to maintaining and expanding their singular niche (or territory) in psychotherapy.

Moreover, territorial theorists would probably agree with Hardin's [42] famous concept of the tragedy of the commons. Biologist Hardin offered the analogy of the herdsmen who graze their cattle in open, shared land (the commons), which is the property of all and the property of none. With free access to communal resources, each individual seeks to maximize his or her grain. Their self-interest inevitably results in the commons being overgrazed and the earth exhausted. That is, actions that benefit the individual in the short run often wind up hurting the commons in the long run.

This equation certainly seems to be the tragedy of the common factors approach. Precisely because it is shared (belonging to all and belonging to none) it is rarely cherished or taught in graduate school [43], except as an ideal. Territoriality leads psychotherapists to embrace the new and distinct at the expense of the basic and generic.

The technical eclectic path to psychotherapy integration has probably suffered a similar fate according to territorial theorists. The eclectic maxim of using what works devalues territorial markers and theoretical doctrines. Pragmatic blending is explicitly anti-territorial and, as such, is likely to encounter heavy resistance from those invested in owning or preserving ownership of ideas.

Those heavily invested in clinical work, on the other hand, are probably more predisposed to technical eclecticism. Eclecticism is more likely to evolve out of doing psychotherapy and making a living, than out of creating a philosophy [44]. In the words of Ricks and colleagues [1976, p. 401]:

So long as we stay out of the day to day work of psychotherapy, in the quiet of the study or library, it is easy to think of psychotherapists as exponents of competing schools. When we actually participate in psychotherapy, or observe its complexities, it loses this specious simplicity.

Territoriality: Human Instinct or Learned Behaviour?

Resistance to psychotherapy integration can be construed as learned behaviour, human instinct, or both. The vast majority of authors have favoured the former explanation. In his classic explication of the structure of scientific revolutions, Kuhn [45] attributed ideological warfare and paradigm intransigence largely to interpersonal and social reinforcers. In his pioneering *Persuasion and Healing*, Frank [21] posited that the features that distinguish psychotherapies from each other receive special emphasis for reasons of professional recognition and financial gain. The prestige and financial security of psychotherapists hinge on their claiming that their particular approach is more widely applicable or successful than that of their rivals. Goldfried [25], one of the founders of the integration movement, believes that the antagonism among schools of psychotherapy reflects the competition so characteristic of our society at large.

How, then, can we determine if a complex human behaviour like territoriality is learned or instinctual? Anthropologists and sociobiologists favour three indirect

methods in arguing for instinct. First and most prominently, they interpret identical behaviour across cultures and time periods as reflecting instinct. If a behaviour is human nature or instinct, then we expect to find it anywhere we find humans. Witnessing territoriality everywhere, no matter where or when, supports an instinctual explanation. Second, sociobiologists compare human behaviour to the behaviour of closely related species, such as our genetic cousins the chimpanzees. Territorial behaviour expressed in numerous species lends credence to an instinctual basis. And third, support is occasionally garnered by experimental evidence from brain studies in which an anatomical deficit in a particular brain region specifically alters behaviour. This may be seen as evidence for a hard-wired instinct.

Unfortunately, none of the aforementioned triad of methods is available to us on the matter under consideration. We are unable to empirically demonstrate that resistance to psychotherapy integration, in part or in whole, is hard-wired instinct. Of course, complex human behaviour is rarely nature or nurture; an evolutionary view of human nature is compatible with a shared cultural determination of territorial behaviour [36].

At the same time, we are mindful that it is a fallacy to think that hunger, thirst, and sex are biological but that reasoning, learning, and interpersonal relations are non-biological. In his book, *The Blank Slate: The Modern Denial of Human Nature*, Pinker [46] stresses that genes are powerful sources for all human behaviour, including social behaviour. He argues that we frequently avoid discussions of the biological roots of human nature because a biological understanding threatens fundamental values of political equality, personal responsibility, and higher purpose. And the scientific reductionism of evolutionary theory is feared and resented on many fronts.

If a biological instinct for part of the resistance to psychotherapy integration is difficult to accept, then consider it yet another wound to our vanity. Ernest Jones, Freud's biographer, wrote that mankind has suffered three heavy blows at the hands of science. First was the cosmological blow dealt by Copernicus: We are not at the centre of the universe. Then there was the psychological blow dealt by Freud: We are neither conscious nor in control of much of our mind. And then there is the biological blow dealt by Darwin that we activate in this article: We are not so different than other animals in many of our behaviours.

Concluding Comments

From Aristotle onward, observers of the human condition have noted the ubiquity of territorial behaviour. Recent advances in evolutionary science, socio-biology, and cultural anthropology have highlighted the biological basis of multiple manifestations of territoriality, especially among humans. We have expanded the notion of human territoriality and applied it to psychotherapy integration.

Our thesis posits that the human instinct of territoriality is perhaps only one cause of the resistance to psychotherapy integration. Territoriality may explain some of the antagonistic response to integration, particularly in the past, but probably remains out of awareness. But being unaware of a territorial instinct or feeling insulted by the notion are hardly justifiable reasons for dismissing any thesis, as Freud warned us almost 100 years ago [47].

Four qualifications of our thesis should be made explicit. First, territoriality is only one of several causes of resistance to integration. All human behaviour emerges from an interplay between evolved human tendencies and sociocultural causes, and the latter, such as learned competition and economic self-interest are also at play here. The most likely aetiology is a combination of sociocultural and instinctive determinants. Second, there are other valid reasons (beyond territoriality) to be suspicious of the viability and effectiveness of integration, and we share several of these reservations ourselves, such as the success that clinicians may have experienced as a result of working from one theoretical orientation for many years. Third, territoriality also operates in the format of negative reactions to theoretical and methodological innovations within pure-form theoretical orientations. It is not restricted to objections to integrative and eclectic therapies. And fourth, ours is a thesis with little demonstrable evidence at this point. We might be wrong; the application of evolutionary theory must be subjected to empirical research and hence made mortal [36].

Many human behaviours and constructions are, at base, evolutionary without being explicitly identified as such. A classic example is survival, which operates on a number of levels from basic physiology to competitiveness in one's field of choice. The actions taken in order to survive in either situation may be quite similar. We suggest that territorial resistance to psychotherapy integration may be one of these survival methods. What has been popularly construed as economic competition -- founders of pure-form theories selling their wares and workshops -- may be partially rooted in unrecognized instinct.

If this is indeed the case, such resistance will be difficult to change. In the words of E. O. Wilson [36, p. 157]:

If human beings are to a large extent guided by programmed learning rules and canalized emotional development to favour their own relatives and tribe, only a limited amount of global harmony is possible. International cooperation will approach an upper limit, from which it will be knocked down by the perturbations of war and economic struggle, cancelling each upward surge based on pure reason. The imperatives of blood and territory will be the passions to which reason is slave.

This description aptly characterizes the historical strife among theoretical camps in psychotherapy. To the extent it continues, the potential and acceptance of psychotherapy integration may be forever limited.

But we are hopeful about the future of psychotherapy integration. Although human territoriality is strongly influenced by the genetics of a largely vanished Ice-Age hunter-gatherer, our behaviour is not so tightly controlled that it cannot be broken by will. We can shape and counteract our genetic evolution through the process of cultural evolution by using our knowledge and insight of territorial instinct. This area might best be addressed during graduate school training and internship programs where new clinicians are just beginning to develop their theoretical orientations. Promoting the notion of maintaining flexibility and open mindedness may be one of the key assets in facilitating change in this area. We would echo the words of E. O. Wilson [36, p. 200] that "The human species can change its own nature."

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Author's address:

Frank M. Dattilio, Ph.D., ABPP,
Department of Psychiatry,
Harvard Medical School.
E-mail: datt02cip@cs.com.