Mission Statement

The Society for the Exploration of Psychotherapy Integration (SEPI) is an international, interdisciplinary organization whose aim is to promote the exploration and development of approaches to psychotherapy that integrate across theoretical orientations, clinical practices, and diverse methods of inquiry.

President's Column

As I write this, it is almost time for the 35th annual SEPI conference in Lisbon, Portugal. I hope that many of you are planning to attend. If you are, and you are like me, you may still be preparing slides for a presentation, or deciding which sessions you want to attend and desperately hoping that they are not all at the same time. The theme of the conference is Building Alliances. As befits this theme, the program includes many submissions that focus on the development and maintenance of the therapeutic alliance, which is one of the most consistent predictors of good outcome across therapeutic orientations.

In addition, this conference will feature symposia, structured discussions, mini-workshops, and posters examining other kinds of alliances that are important to psychotherapy, such as alliances across theoretical orientations, modalities, disciplines, generations, countries, and cultures, as well as alliances between supervisors and supervisees, and between researchers and practitioners.

I have no doubt that there will be many great presentations at the conference, and I encourage everyone to attend as many as possible! I also encourage everyone to attend at least one session that is new for you—a topic you are unfamiliar with, or a presenter you have never heard of. Openness to new ideas and different perspectives is a hallmark strength of integrative therapists.

I also hope we can all make the most of the spaces between the presentations to build alliances with other SEPI members. Every coffee break, lunch break, and poster session is a rich opportunity. The moments in between can be some of the most meaningful parts of a conference, moments of real engagement and dialogue.

And then, once the conference is over—what comes next? We can and should look forward to the 2020 SEPI conference in Vancouver, Canada. But what about the time between now and then? How can SEPI facilitate engagement and dialogue between conferences?
"If anyone is up to the task, it is integrative therapists who are skilled at finding a way to work in the spaces in between different approaches and orientations."

Certainly, our journal and this newsletter are ways of engaging members between conferences, as are SEPI regional networks. We are also exploring special interest groups as a way for SEPI members with a shared interest to connect. In addition, a special task force will soon initiate efforts to improve the SEPI website in order to better facilitate communication.

But I think we can find additional ways to make the most of the time between conferences. If anyone is up to the task, it is integrative therapists who are skilled at finding a way to work in the spaces in between different approaches and orientations. Those in between spaces can be fertile ground for creative ideas and innovations.

Portuguese legends tell of mouro encantadas, mythological beings who live in between this world and the next, and facilitate movement across boundaries. Mouroas are flexible shapeshifters with great powers to teach, create, and build. People are more likely to encounter mouroas when the boundaries between worlds are “entrefeito” or “ajar”.

As we move through the Lisbon conference and into an in-between time, if—or maybe I should say, when—inspiration strikes, please share your ideas about new ways SEPI can teach, create, and build.

Catherine F. Eubanks

There is still time to join us at the this year’s international SEPI Conference, in Lisbon, Portugal!

Go to the SEPI Website to see the full conference program.

Click here to register for the conference.

See you all very soon!
"We are delighted to welcome our first RN from China, The ChongQing Regional Network."

"The RN coordinators have been aware of SEPI for several years, largely through the involvement with SEPI of colleagues in the field of experiential dynamic therapy, and colleagues conducting psychotherapy research."

"We are delighted to welcome our first RN from China, The ChongQing Regional Network."

The coordinators are Drs. Mark Stein, Hui Yang, and Zhengli Fan. The RN is based at the ChongQing Mental Health Center, the main state mental health provider in ChongQing.

Hui Yang is the chief physician and Director of the Mental Health Department at ChongQing Mental Health Center. She has previously been a visiting scholar at Gottingen University in Germany. She is familiar with a variety of therapeutic approaches. Her accomplishments in China include working on crisis intervention, EMDR, family therapy, and sleep health.

Zhengli Fan is the chief physician in the Psychiatry Department at ChongQing Mental Health Center, and is also a clinical and counseling psychologist. She has worked with many integrative approaches, including CBT and family therapy.

Mark Stein is a clinical psychologist who worked in the UK National Health System for over 15 years. He currently works on a contract with the ChongQing Mental Health Center. He is particularly interested in psychotherapy and clinical health psychology. He is a member of the British Psychological Society, and Society for Psychotherapy Research. He is an IEDTA certified teacher and supervisor in ISTDP, and co-edited Theory and Practice of Experiential Dynamic Psychotherapy (2012).
"We are very proud and happy to be a RN for SEPI, and will do our very best to assist and promote SEPI and the regional network."

"Representatives of the ChongQing RN will attend SEPI events, and will promote those events, and disseminate information about and from those events through our professional networks within the region."

A Message from the new ChongQing Regional Network
Hui, Zhengli, and Mark write:

The ChongQing Mental Health Center is the main state mental health service provider in ChongQing. There is a new awareness of the need for high quality psychological therapies and counseling services, for the general population, in contrast to what may be referred to as a psychiatric population. This is what mental health service providers and commissioners are keen to develop. Staff at the ChongQing Mental Health Center are trained and training in a variety of therapeutic approaches and whenever we do teaching and training we speak to and encourage staff to think about psychotherapy integration in relation to clinical practice but also integration of theory, research and clinical practice. Part of the mission of the Chongqing Mental Health Center is to reduce stigma associated with mental health problems, and to improve people’s willingness to seek help for psychological difficulties rather than seeing the center as only for psychiatric patients. There is also support and interest for staff to be involved in international research and staff are very keen to cooperate and collaborate with colleagues overseas. The hospital has five main functions: (i) carrying out a variety of assessments including psychometric and neuropsychological testing, as well as diagnosis, (ii) psychological counseling and psychotherapy, (iii) mental health crisis and disaster intervention, including suicide prevention telephone helpline, (iv) in-patient treatment and rehabilitation, and (v) public mental health education, training for mental health professionals, and some employee assistance services.

The RN coordinators have been aware of SEPI for several years, largely through the involvement with SEPI of colleagues in the field of experiential dynamic therapy, and colleagues conducting psychotherapy research. As psychological therapy provision and training is developing in the region, and the highly respected work of SEPI and its members is congruent with what we are trying to achieve in ChongQing, it was decided the time was right to make an application to become a RN.

Now that our application has been successful, we are very proud and happy to be a RN for SEPI, and will do our very best to assist and promote SEPI and the regional network, for example, in the first instance, hosting a launch event, inviting clinicians and psychotherapy researchers within the region to attend and participate, translating the SEPI brochure and other SEPI materials into Chinese.

Of course, in the future we will be promoting SEPI at all of our conferences and training events, and encouraging interested colleagues to join SEPI. Representatives of the ChongQing RN will attend SEPI events, and will promote those events, and disseminate information about and from those events through our professional networks within the region, as well as through the Chongqing SEPI Regional Network. Of course, language is a potential barrier for some, but many professionals in the region speak English and/or are developing their English language and we are accustomed to working through translators. It is not an insurmountable barrier. Having translators at events and videoconference link facilities would also help increase the accessibility of events for those colleagues whose first language is not English or who may be unable to attend an event in person. The RN members will also support and assist SEPI in relation to website/conference issues requiring Chinese language translations.
"My dissertation aims to increase understanding of dropout, or premature termination, by looking at the rates of co-occurrence between distinct operationalizations within a single dataset. Perhaps because of its ubiquitous nature across therapy modalities, dropout has been defined with great diversity, contributing to heterogeneous research. While dropout rates have been found to differ between definitions (Hatchett & Park, 2003; Pekarik, 1985; Swift & Greenberg, 2012), it is somewhat unclear if these findings are due to differences in study methodologies or populations. While a unifying “gold-standard” definition of dropout would certainly aid in consolidating dropout research, it also may not be clinically feasible. That is, because dropout represents a construct with multiple facets, any single definition could be overly inclusive or exclusive. To better explore this possibility, the rates of three distinct operationalizations were examined within a single dataset of 3,081 clients seen by 243 therapists, collected within a practice research network, the Center for Collegiate Mental Health.

Briefly, the three operationalizations of dropout were “attendance-based” (failure to attend a last scheduled session), “therapist-rated” (a provider indicating that the given course of treatment ended in dropout or termination against provider recommendation), and “symptom deterioration” (a client having ended treatment and reliably worsened on at least one clinical symptom subscale from the start of treatment). These were not mutually exclusive, and each participant had the capacity to meet any and all of these definitions. The operationalizations were chosen to emphasize different aspects of the dropout construct, including unilateral client-initiated termination, therapist judgment, and symptom non-improvement.

In order of increasing prevalence, 10% (n=308), 14% (n=430), and 15.5% (n=479) met criteria for “symptom deterioration”, “therapist-rated”, and “attendance-based” dropout operationalizations. 27.7% (n=854) of clients met criteria for any of the three operationalizations, and less than 1% (n=29) met criteria for all three. Of the individuals who met criteria for any dropout operationalization, the majority met criteria for only one. Further analyses are planned to examine therapist level effects independently modeled via multilevel logistic regression for each of the operationalizations.

Given these results, it appears that dropout operationalizations can be diverse enough that they can be measuring different subsets of a study’s population, rendering cross-study comparison of divergent definitions difficult to interpret. Any single operationalization or combination of definitions runs the risk of being overly inclusive or exclusive. Ultimately, it might be most beneficial for research to select operationalization based on the research and/or clinical needs at hand. Further discussion will follow as results of additional analyses are completed.
"In addition to my regular teaching duties, writing for scholarly journals, and riding herd on two children under six years of age, I have spent much of the last three years designing and implementing a multi-focal, integrative research program."

"If it is true that luck is nothing more than the residue of hard work, then my work over the last years has paid off in more luck than anyone person could fairly expect."

Introducing our new Associate Editor

Sasha Rudenstein,
City College of New York

I am a graduate of the clinical psychology doctoral at City College in New York City, and I am now an Assistant Professor on the tenure track in the program. And with all of the good fortune that fate can squeeze into a life, Paul Wachtel, who makes the CCNY program his intellectual home, is my senior colleague.

In addition to my regular teaching duties, writing for scholarly journals, and riding herd on two children under six years of age, I have spent much of the last three years designing and implementing a multi-focal, integrative research program. My INTERSECT Lab is a clinical and epidemiological research program that examines the intersection of trajectories of well-being and the urban under-resourced population, and it adopts a multi-level approach and ecological framework to understanding the cumulative effect of these chronic and yet quotidian experiences on well-being. In addition, we are documenting trajectories of clinical care and treatment outcomes among an urban marginalized population. We strive to identify for whom a particular treatment works (e.g. modality or therapeutic dyad) and to contribute to the rich discourse on the mechanisms through which change occurs. The Lab is now the research home to about 20 graduate students, many of whom are actively mining the data for their fascinating and varied research interests. The work of the Lab is stimulating and the mentoring opportunities it offers for me with my extraordinary graduate students is just out of this world.

Like most, my career has not been linear. My initial work after graduating from one of America's smallest liberal arts colleges, Haverford College, with a BA in anthropology, was in Urban Public Health. As luck would have it, I secured a position as a researcher coordinator at the New York Academy of Medicine, where I met Sandro Galea, MD., the now Dean of the Boston University School of Public Health. Sandro taught me how to run a vibrant and multi-dimensional research lab, how to think broadly about big ideas, but also narrowly so that I could tie big ideas to everyday life. Mostly he modeled a respectful and supportive stance toward all who worked for and with him. He was and is an exquisite mentor.

SEPI has, at its heart, not only an integrative stance toward theory and research, but also an implicit mentorship model. Young clinicians/researchers are actively supported and given a platform. I am truly grateful for the opportunity to be an Associate Editor The Integrative Therapist and if it is true that luck is nothing more than the residue of hard work, then my work over the last years has paid off in more luck than anyone person could fairly expect.
"JPI: In Focus" are exclusive video-recorded talks focusing on a recent published paper or special issue on the Journal of Psychotherapy Integration.

In this issue, we talk with Dr. Giancarlo Dimaggio, the Journal of Psychotherapy Integration's Senior Associate Editor. He recently organized and edited a Special Issue for the journal on PTSD and what every integrative therapist should know about it.

Click HERE to watch our exclusive video interview.
"Recent meta-analytic studies reveal that individuals with externalizing coping styles benefit from behavioral oriented interventions and individuals with internalizing coping styles benefit from interpersonal/insight-oriented interventions."

The concept of coping is understood to involve personal efforts. Recently, it has moved to an emphasis on the way individuals deal with adverse and stressful events in order to survive or to deal with both external events and internal emotional experiences. Beutler and Clarkin (1990) summarized these different aspects of coping dimensions as existing along two continuums of trait-like variables regardless of environmental changes. These two continuums describe a stress-specific pattern that reflects the effectiveness with which individuals prevent their perceptions, emotions, and cognitions from interfering with their life functions. As defined by Beutler and Clarkin (1990), the group of people manifesting “externalizing coping styles” may be described as impulsive, hedonistic, action or task-oriented, gregarious, aggressive, stimulation-seeking, and lacking insight. A second group of individuals was defined as having “internalizing coping styles,” which were manifested as shyness, self-critical, withdrawn, self-contained, over controlled, self-reflective, worried, and inhibited. Recent meta-analytic studies (d=0.55-0.60) reveal that individuals with externalizing coping styles benefit from behavioral oriented interventions and individuals with internalizing coping styles benefit from interpersonal/insight-oriented interventions (Beutler et al., 2011; Beutler, Kimpara, Edwards, & Miller, 2018).

At our clinic, the Gronowski Center of Palo Alto University, we train student therapists in their second year of clinical training using the following two principles:

**Principle for individuals with externalizing coping style:** Clients whose personalities are characterized by “externalizing” styles (e.g., impulsivity, social gregariousness, emotional liability, and external blame for problems), benefit more from direct behavioral change and symptom reduction efforts, including building new skills and managing impulses, than they do from procedures that are designed to facilitate insight and self-awareness. Therapists should focus on direct change, enhancing external cues to gain emotional control, and developing problem solving and self-control skills. Therapeutic change is likely if therapists help such clients accept, tolerate, and at times fully experience their emotions.

**Principles for individuals with internalizing coping styles:** Clients whose personalities are characterized by “Internalizing” styles (e.g., low levels of impulsivity, indecisiveness, self-inspection, and over control) tend to benefit more from procedures that foster self-inspection, self-understanding, insight, interpersonal attachments, and self-esteem than they do from procedures that aim at directly altering symptoms and building new social skills. The therapist treating such clients should especially focus on cognitive change, emotional expression, and physiological response as a way of modifying behavioral and emotional change.

We train student therapists to help the internalizing clients to feel and be aware of their own anxiety, to understand their roots, and to experience their new relationships with therapist.

We train student therapists to help the externalizing clients to do things differently when they feel stuck. Thus, the externalizing clients gain insight and awareness to discover the origin of the conditions surrounding their feelings and symptoms. In contrast, the externalizing clients become more focused on specific symptoms and things they can do and change. The preponderance of our work should be appropriate to these differential goals: feeling vs. doing.

"We train student therapists to help the internalizing clients to feel and be aware of their own anxiety, to understand their roots, and to experience their new relationships with therapist."
For supervisors, we can assess the student therapists’ understanding of clinical work based on how they assist clients with different coping styles. For internalizing clients, therapists should focus on the historical significance of the problem and the thematic re-enactment of critical relationship patterns. For externalizing clients, therapists should focus on the here and now, on current problems and symptoms, and on targeted skills that need to be developed.

However, we often encounter clients that exhibit either high externalizing and internalizing coping styles or low externalizing and internalizing coping styles. Further studies are required to investigate how best to treat clients with these simultaneous coping styles. However, from our clinical observations, we noted that clients with both high externalizing and internalizing coping styles have high levels of distress and mood swings. This is likely because their fluctuating coping styles may cause unrealistic appraisals and volatile emotional experiences. These clients may benefit from dialectic behavioral therapy (DBT) because DBT synthesizes and integrates the condition of client ambivalence from past to present (Linehan, 1993). Clients (high internalizers) own internal experiences which are rooted in past trauma and clients (high externalizers) avoid the targeted behaviors to simultaneously avoid this discomfort in present which cause additional inhibitory emotion, anxiety. DBT teaches mindfulness/distress tolerance skills with validation (reflecting emotional experiences) and implements interpersonal effectiveness and emotional regulation skills to learn adaptive behaviors with others and self in the present. On the other hand, clients with both low externalizing and internalizing coping styles may have dissociative experiences and feelings of numbness because avoiding these coping styles may cause detachment from physical and emotional experiences. These clients may benefit from body-oriented/grounding approaches to increase their awareness of their physiological sensations.

The following resources can provide clinicians and supervisors with more information on how to assess a client’s coping style. The direct/indirect measurements of client coping style are described in our meta-analysis paper (Beutler et al., 2018). We also have developed Innerlife assessment (www.Innerlife.com) as well as online training programs (http://webpsychcorp.com) for additional training and service planning/delivery. Moreover, the summary of Beutler and his colleagues’ work, called Systematic Treatment Selection (STS), is listed as one of the efficacious interventions on the website of APA Division 12.

Finally, we need to posit cross-cultural considerations and matching interventions of coping styles to increase the internalization process. STS data from USA, Spain, and Argentina showed that these coping styles and matching interventions appeared in each country (Fisher, Beutler, & William, 1999; Corbella, Beutler, Fernández-Alvarez et al., 2003). Furthermore, when analyzing Asian samples whose culture emphasizes internalizing coping styles (i.e., they suppress individual needs to maintain interpersonal harmony), we found that anger/hostility, conflicts of family origin, and current non-intimate relationships significantly related to psychopathology (Chen, Wang, Kimpara, & Beutler, in press). These cross-cultural findings support the idea of individualism vs. collectivism in line with the works of Markus and Kitayama (1991) and Hwang (2009). We appreciate the work of Drs. Beutler, Clarkin, Bongar, Castonguay, Norcross, and Wampold to help initiate and define these coping style mechanisms as well as describe how these systems integrate differentially.
"Dr. Benjamin has been a spokesperson for high quality, long-term psychotherapy treatment for decades."

"[Her model] incorporates aspects of biological, interpersonal and psychoanalytic attachment theories into a case formulation model that explains symptoms in relation to the client's experiences of safety and threat."

"Intro from the Editor"

One of the world’s premiere researchers on personality disorders and their treatment, Dr. Benjamin has been a spokesperson for high quality, long-term psychotherapy treatment for decades. In the age of managed care and increasingly tighter demands on treatment duration, her research has been a rare clinical gift in showing that even the most complex of clinical cases can, indeed, be effectively tackled.

Her academic accomplishments are too vast to accurately sum up in a short paragraph. She developed and, over the decades, has done extensive research on her interpersonal model of personality and personality assessment, the Structural Analysis of Social Behavior (SASB). This model has been successfully applied in hundreds of research studies, investigating different therapy models for a myriad of clinical issues. She is also the main developer of Interpersonal reconstructive therapy (IRT), a model specifically designed for treatment-resistant and severe personality disordered clients. It incorporates aspects of biological, interpersonal and psychoanalytic attachment theories into a case formulation model that explains symptoms in relation to the client’s experiences of safety and threat.


I sat down with Dr. Benjamin for a quick interview on May 8th, 2019, in Barcelona, Spain. I was not my first time interviewing Lorna, and this counts as only one of the many conversations where I've had the chance to experience her warmth, humor and wisdom. I guess we will always be (joyfully) in debt to those who came before us.

Click here to watch video interview
"We have witnessed first-hand the last 15 years of the psychotherapy training process in Turkey."

"One day, we had the opportunity to listen to Tahir Özakkaş about integrative psychotherapy at a conference, and we thought about how deep and how well the human psyche was embraced."

The following are two text contributions from two professionals from Turkey who recently started their path on a more integrative training and clinical practice.

As one of them humorously put it: "I am not necessarily considered young (40 years old), but I am excited about being new and young in integrative psychotherapy."

Contribution from Esra Yazici, MD
Psychiatrist Sakarya University, Medical Faculty, Department of Psychiatry Sakarya - Turkey

My spouse and I are working as clinicians, academicians and educators at the Psychiatry Clinic at Sakarya University Medical Faculty. I am primarily interested in perinatal psychiatry and group therapy, while my spouse is interested in substance use disorders and personality disorders. Both of us have received psychotherapy training from different schools—we can say that although we are always familiar with the practices of other schools, we were largely dependent on our own schools. I should confess that sometimes we might be a little sniffy about the schools we did not even know that much about.

Meeting with integrative psychotherapy

We have witnessed first-hand the last 15 years of the psychotherapy training process in Turkey. While we have been learning new approaches from different courses, we have also been offering psychotherapy and psychiatric training simultaneously for the last few years. Until last year, when we met Tahir Özakkaş in a conference about Integrative Psychotherapy and decided to take a break in receiving new trainings.

Indeed, we were already familiar with this integrative Turkish Psychotherapy Institute (TPI) for years, through their web pages and from mental health workers, but we did not care much about what it was doing because of the distance to our working place and the relatively long length of the training process compared to other schools. We did not know much about integrative psychotherapy, much like many psychiatrists and mental health professionals in Turkey. One day, we had the opportunity to listen to Tahir Özakkaş about integrative psychotherapy at a conference, and we thought about how deep and how well the human psyche was embraced. Instead of rejecting other schools of psychotherapy, it accepted and added them to one’s own approach. That year, we stopped taking a break from receiving new educations and we took a hypnosis course from him. During the course, we witnessed how a wide range of therapy techniques is applied to hypnosis. Our motivation for discovery and curiosity increased, and we decided to find out exactly what he was doing. This was the beginning of our integrative psychotherapy adventure. Long training durations and distances were no longer a problem, and now we have been training for a year, and the theoretical process is about to end.

We have validated some of the methods and approaches that we have already learned and practiced in this year, as well as revised some of them and learned many new things about which we had never heard before."
"It was hard in the beginning
In the beginning, we did not understand what we were doing and learning exactly—the unconscious, behaviour, cognition, neutrality, mirroring… In my inner process, the month dedicated to the Masterson approach helped to clarify the first joining of the theories. Practicing cases during the lessons and watching videos of previous sessions helped for a better understanding, though I am still engaged in the learning process. The education continues…”

Each piece of the puzzle takes its place and makes sense
Without being bound by the rules and patterns of a school/theory and without rejecting other schools/theories, we have observed a balanced, flexible, integrative, inclusive approach. It was delighting to see how the information that in the books seemed quite distant from each other actually turned into a mutually integrated theory. It was as though the pieces of the puzzle were put in place.

Integrating psychotherapy with neurobiology and cultural aspects
Not only psychodynamic, psychoanalytical, behavioral, cognitive, existential, etc. approaches, but also the current neurobiological studies are integrated in the education. In addition, the education has aspects of integration with the unique cultural structure of Turkey.

Integration with academic studies
Students who receive integrative psychotherapeutic training are preparing an academic thesis in their last year before graduation, and academic studies are encouraged throughout the entire education period.

Masters of Psychotherapy in Turkey
In previous years, such theorists as J. F. Masterson and O. Kernberg were invited to Turkey, and the Psychotherapy Institute provided its trainees with in-person training. Finally, this year, Lichtenberg was the guest of the institute, and a three-day workshop was organised. It was a unique experience for the trainees. I should also mention that this year, over the four years of integrative psychotherapy training, the students of the 18th term were accepted to education programme and the pre-interviews are continuing.

Education, Congress, journal and books
In the meantime, we took part in the 2nd National Integrative Therapy Congress in 2018. Now, we are delighted to be preparing for the 3rd National Integrative Therapy Congress at September 20–22, 2019 (www.2019kongre.psikoterapi.com), this time with the 1st International Congress on Integrative Psychotherapy, and the Institute is preparing to welcome valuable international guests. The first issue of the Journal of Integrative Psychotherapy was published in January 2018, and it continues to be published. Throughout this entire process, the Psychotherapy Institute has worked in cooperation with SEPI (www.sepiweb.org) and the American Psychological Association. On the other hand, books about integrative psychotherapy in Turkey and around the world have found their place in the translation and publishing process of the Institute.

I call it Mevlana style!
Education in integrative psychotherapy is continuing simultaneously in Istanbul and in Turkey’s many provinces. In addition, concerning training in Istanbul, those who are recognised as the pioneers of their own school around the world and in Turkey are attending and giving lectures. Therapists with highly different approaches, and even those who share a great deal of approaches with each other, meet with the audiences at these conferences. I think of it as ‘a kind of Mevlana approach’: ‘Come whoever you are’. Incoming knowledge/approaches/theories are integrated into the current approach, and we see an integrative treatment model ‘that constantly evolves and renews itself’.

"Books about integrative psychotherapy in Turkey and around the world have found their place in the translation and publishing process of the Institute."
"While examining patients during psychotherapy sessions and even lecturing, I am now seeing that I am evolving to take on a more integrative approach."

"Like a butterfly effect, we come together once in a month, receive educations and, with brand new field knowledge, we scatter around each part of Turkey. To touch the wounded hearts."

SEPI Congress in Lisbon

In June 2019, we will be in Lisbon, Portugal, for the SEPI international conference. We are excited that we will have the opportunity to share our experiences at SEPI and to meet other therapists there.

A kind of peace

There is a serious need for psychotherapy training in Turkey, as well as all over the world. The Turkey Psychotherapy Institute meets this need with an integrative approach, and I am proud to be 'a young student' there. While examining patients during psychotherapy sessions and even lecturing, I am now seeing that I am evolving to take on a more integrative approach. Despite the separate interests between my spouse and myself, we have undertaken the same school of psychotherapy education for the first time. Thus, we have both been given appropriate instruments for this multifaceted multidimensional approach that we can use in our individual fields integratively, without denying others or totally devoting ourselves to any theory. I think this would be considered peace, and I love peace.

Esra Yazıcı
MD, Assoc Prof, Psychiatrist, Sakarya University
Turkey Psychotherapy Institute

Contribution from Sibel Toy: "We Have a Dream"
Psychotherapist & Psychological Counsellor

We are a huge family as the Holistic Psychotherapy Education Groups of the Psychotherapy Institute in Turkey. Every month for a 3-day education, we, from almost every region of Turkey, come together in Psychotherapy Institution in Darıca. In the first years of psychotherapy education we get acquainted with theoretical knowledge. We continue the second psychotherapy education year increasing our clinical knowledge built on the first year. Later, with guidance from the President of the Psychotherapy Institute, Tahir Ozakkas, we study clinical cases and work on creating formulations for these cases. The third year, for us, is a time schedule in which we pursue fieldwork independently. In this period, we do supervisions related with our own cases. This “magical journey” ends in the fourth year with the study of hypnosis, dreams and the Masterson approach. I say a magical journey as this education process has a distinct value for us on the way to become therapists. Like a butterfly effect, we come together once in a month, receive educations and, with brand new field knowledge, we scatter around each part of Turkey. To touch the wounded hearts.

Let me mention the Institution where we get all these educations. This institution is like a family home for us. Everything is planned and taken into consideration in a detailed way. For example, the breaks between classes are long enough to let the members unite, but short enough to prevent the group to scatter around. There are some places where education groups can feel themselves at home. Hotel services, kitchen services, relaxing and reading areas… Local food services, which can be considered as a proof of a family mosaic drawn by the members all around Turkey, are enough to prove the effectiveness of the social area use. Most important of all, this Institute has education areas where group members can improve themselves by facilitating therapy sessions. Group members, who learn and make use of these education areas, become so close that, despite belonging to different groups, they behave as if they were in a family relationship.

The Psychotherapy Institute, which started its journey in Gebze/Darıca, in order to reach more colleagues, has continued its journey by opening centres in different provinces of Turkey. It has branches in Ankara, Bursa, Gaziantep, Istanbul / Anatolia and Istanbul /Europe, Izmir, Kayseri, Konya
"The interest that field workers show in the education is a clear indication of the insufficient psychological support still present in this area."

and Samsun. In these branches, conferences and workshops are organized for field workers in the regions by experts who received group therapy education.

I, by attending the fifteenth of Holistic Psychotherapy Education groups, received their psychotherapy education for four years. The Gaziantep branch, in which I also take part, helps field workers to improve themselves through psychotherapy educations in South-eastern and Eastern Anatolia Regions. The interest that field workers show in the education is a clear indication of the insufficient psychological support still present in this area.

Although by means of the nine branches in Darıca and different provinces, we eliminate the education shortage in psychotherapy education, we have a bigger dream: To multiply the number of experienced employees working in mental health. For this, we work altogether constantly.

Sibel Toy
Psychotherapist & Psychological Counsellor

Esra Yazici

Sibel Toy
The Integrative Therapist joins thousands of colleagues and clients in mourning the death of Dr. Abraham W. Wolf, who died on February 28, 2019 after courageously battling cancer.

A written memorial by John C. Norcross and Marvin Goldfried, for the Journal of Contemporary Psychotherapy, can be read here: https://link.springer.com/content/pdf/10.1007%2Fs10879-019-09428-5.pdf

Dr. Marvin Goldried has also provided a video tribute for the SEPI YouTube Channel:

Click here to watch this video tribute

"I’d like to share here the interdisciplinary tend-and-befriend psychotherapeutic response I have developed in the past 25 years as I’ve sought to address systemically suffering in an anxious world."

In the spirit of the wise address of SEPI President Catherine Eubanks in the February 2019 newsletter, I’d like to share here the interdisciplinary tend-and-befriend psychotherapeutic response I have developed in the past 25 years as I’ve sought to address systemically suffering in an anxious world.

My path into psychotherapy was interdisciplinary and cross-cultural from the beginning. I was first an educator, and a student of literature, linguistics, philosophy and art history in Bulgaria; and for as far back as I can remember, a student of human motivation. The question that brought me to doctoral studies in Human Development in the U.S. was shaped by growing up in a communist totalitarian society – by the
"Why do we betray ourselves, and in that, also betray each other?"

"It became clearer how past, present, and future, both in our personal stories, and in our collective human story, could be meaningfully integrated into a healing evolutionary process."

time I was 25, it was clearly articulated in my mind as ‘why do we betray ourselves, and in that, also betray each other?’ Constructivist developmental perspectives, now recognized as among the theoretical integrative approaches to psychotherapy, offered me, 30 years ago, a way to grasp self-betrayal, and its resulting individual and collective pathologies, and still preserve my faith in the human spirit. It was a gift, a breath of fresh air, a way to keep faith in the potential of our meaning-making processes to grow beyond personal distortions and become increasingly honest and life-affirming.

As I discovered the explanatory power and poetics of Robert Kegan’s (1982) constructions and reconstructions of the evolving self, I also felt something equally powerful missing in my training. It was the context – the vast socio-historical context that had shaped me, a story about human evolving not yet told. How can we possibly understand the human journey if the only contexts we explicitly recognize in our theories are those of family systems and family history? Critical theory tells a larger story, and Eric Fromm’s grasp of the modern escape from freedom spoke to my experience. Yet I kept trying to see how the constructivist developmental approach could be coherently integrated with the psychoanalytic historical perspective of Fromm and other Critical theorists. I did not even know at the time that there was a movement for psychotherapy integration. Always self-taught, with one foot in different worlds, and restlessly crossing disciplines, I had one lasting loyalty – to understanding how it all comes together. Feminist approaches spoke to issues of systemic oppression, but could not quite articulate for me the sense of a larger horizon beyond our systemic struggles as a collective humanity. Transpersonal approaches seemed to point more clearly to the telos of the evolving self, yet, even as they propose a theoretical conceptualization of the collective dimension in quadrants of human functioning, the epistemological angle still feels limitingly individualistic (Marquis, 2018). So, what was missing, and how could I speak to it? That question pestered me as I developed my dissertation on the ontogenesis of critical moral consciousness, began to translate it into integrative work toward healing and optimal development, accompanied clients on their personal journeys, taught Masters level students and future psychotherapists, and continued to travel and lecture internationally on what it means to thrive in an increasingly unstable world.

In the meantime, I began to discover the global systemic evolutionary perspective of the Bahá’í spiritual paradigm. This largely unknown paradigm offered a historically meaningful way to make sense of my own cross-cultural experience and of the cultural journeys of the clients I had been privileged to accompany. It became clearer how past, present, and future, both in our personal stories, and in our collective human story (1), could be meaningfully integrated into a healing evolutionary process.

A cogent summary of this macro-evolutionary spiritual historical perspective is beyond the scope of this brief piece, but Al Gore’s reference to one of its key concepts is particularly relevant here:

"One of the newest of the great universalist religions, Bahá’í, founded in 1863..., warns us not only to properly regard the relationship between humankind and nature but also the one between civilization and the environment. Perhaps because its guiding visions were formed during the period of accelerating industrialism, Bahá’í seems to dwell on the spiritual implications of the great transformation to which it bore fresh witness: “We cannot segregate the human heart from the environment outside us and say that once one of these is reformed everything will be improved. Man is organic with the world. His inner life molds the environment and is itself deeply affected by it. The one acts upon the other and every abiding change in the life of man is the result of these mutual reactions.” (Al Gore, 1993)."
Just like Buddhist-oriented psychology contributed an understanding of the micro-dynamics of human emergence from the many prisons of self, and gave rise to the profound insights of mindfulness and neuropsychology, so too I began to discover in this integrated psycho-spiritual and evolutionary historical understanding the collective horizons that may be the ultimate holding environment of our individual emergence. From its perspective (dating back to 150 years before the Shift Network was established in 2010) (2), all of the turbulence we currently experience can we understood as the developmental emergence of a new level of collective consciousness; and its expression in the painstaking creation of an integrated global society, whose governance reflects the reality of interdependence, and the spiritual principles of unity in diversity and planetary stewardship.

In contemplating the life journeys of my clients, who came from every cultural background, I could see how Erikson’s vision of aging with integrity rather than despair could be possible for ordinary people in an extraordinarily unstable world. Clearly, it would have to do with people understanding not just the nature of their own struggles, but also the nature of the struggles of the times, so that they could construct their own paths of service that would give meaning to their emergence. The old European existentialist in me could finally see past pushing uphill Camus’ boulder as it keeps rolling back over us, and could translate Victor Frankl’s grasp of the power of meaning to deliver, onto the global stage.

In a global context where 1 million species are currently threatened with extinction due to human activity (UN Biodiversity Report, released May 6, 2019), and the planet’s ecological crisis is gaining momentum, we need to understand where we are headed in order to make sense of the massive suffering and loss. From an integrative spiritual historical perspective, ever since the mid-19th century, we have entered into a new cycle of human evolution, which is agonizingly deconstructing socio-historical and scientific half-truths, and steadily weaving together a more enlightened and just global society out of the many broken pieces of our national and individual pasts (3). This process, implicitly governed by collective spiritual principles, which all the wisdom traditions of the past have spoken to, and which quantum mechanics and energy medicine are now beginning to articulate, appears to be the ultimate stage on which our individual dramas and victories play out.

As Tolstoy wrote in 1908:
"We spend our lives trying to unlock the mystery of the universe, but there was a Turkish prisoner, Bahá’u’lláh, in Akka, Palestine, who had the key. … Very profound, I know of no other so profound."

My interdisciplinary psychological and philosophical perspective thus evolved into a modest pioneering effort toward a spiritually-informed globally responsible psychology and psychotherapy, and led to a collaborative volume on the topic (Mustakova et al 2014). Below, I will briefly describe my emergent vision of integrative psychotherapeutic accompanying in a global age.

When people come to our offices seeking psychotherapeutic help, they often present a picture, well-described by the psychoanalytic school as a split between conscious identifications and sub-conscious conflict. Very simply, it may be captured by this visual iceberg metaphor:
As they begin to tell us their stories, we gain a felt sense of their inner conflicts, and of the unconscious cognitive beliefs and mindsets that fuel their suffering. We may imagine it looking something like this:

Psychotherapists, then, begin to employ various methods to help bring increasingly into awareness these hidden beliefs, mindsets, unresolved developmental tensions, and overall conditioning. The goal, well-described in the literature, is to bring about greater permeability into the place of the conventional split between conscious and unconscious. In recent years, Buddhist-inspired mindfulness approaches have greatly enriched our skills in purposefully accessing that goal in the micro-moment.

As our clients experience some liberating relief, and recognize their own power to begin to integrate their psyche, the picture starts to look increasingly like the one in Table 3. In widely varying degrees, clients recognize their own free will and choice, moment by moment, to create their experience of life. With that, they may enter the rewarding work of integrating their personal narratives, intergenerational legacy, and the communal, societal and linguistic contexts that constitute the holding environments of their lives. The depth, breath, and extent of this integration in the individual healing process seems to depend greatly on the degree of comprehensive understanding and skillfulness of the psychotherapist accompanying it. That, of course, implies the breadth and depth that informs our current clinical training programs, an issue, taken up in the relevant chapter 3 of our volume (Mustakova et al, 2014).
"My understanding of the tend-and-befriend psychotherapeutic response in globally responsible psychotherapy involves helping clients understand that their enduring individual health and resilience is connected to their ability to envision their own unique contribution to social health."

Unless we have opened up our own horizons to insights from anthropology and comparative religion, we may not feel competent or capable to continue to accompany our clients into finding the ultimately stabilizing axes of their experience of living in a dramatically unraveling world, adequately described by the Social Breakdown Syndrome. (4)

I see these axes as the Vertical dimension, which connects us to the Unknowable, and to the Earth that sustains us, as well as to the generations before us; and the Horizontal dimension, which captures expanding circles of relatedness, connectivity and social belonging. Both of these axes represent the common core of different cultural, spiritual, and religious constructions of reality. I envision it in Table 4 below.

Even though these may be the far reaches of our psychotherapeutic efforts, I find it helpful to hold them in mind from the very beginning, as the telos of a process, governed by the free will and choice of our clients, which, nonetheless, if lacking a telos, may shed “more warmth than light”, to quote Robert Kegan.

How I understand and facilitate the emergence of this inner center, and how it relates to the double helix of lifespan development, and the historical unfolding of our times, is the topic of a longer piece. Suffice it to say in closing here, that my understanding of the tend-and-befriend psychotherapeutic response in globally responsible psychotherapy involves helping clients understand that their enduring individual health and resilience is connected to their ability to envision their own unique contribution to social health, at any of the levels captured in Table 5.
Elena Mustakova-Possardt

Integrative psychotherapist, Health Realization Counseling & Consulting, Arlington VA USA & Sofia, Bulgaria

www.elenamustakova.net
www.globalsocialhealth.org

References


Notes

1. See Atkinson 2017
2. See Edwards 2005
3. See Mustakova’s piece on making sense of ancient cultural heritage in a global world in Deep Beauty volume
4. A deepening disintegration of the socio-moral fabric of life on the planet, characterized by a rising incidence and prevalence of psychosomatic diseases, mental disorders, anxiety and neurosis, prostitution, crimes, political corruption, and a variety of sexual diseases, including AIDS; the alienation of large segments of society and the depersonalization of individuals, with large groups of people living precariously on the periphery of society (Lambo, 2000)
Dear colleagues,

For the last decade, I have been consulting at Residential Treatment Centers and Outpatient Clinics who treat patients with Substance abuse and co-occurring psychiatric disorders. In my consulting capacity, I have written a Patient Handbook.

Instead of giving the Patient Handbook to a publisher, I have decided to give the Handbook away for free and use this effort as a fund raiser for the Melissa Institute for Violence Prevention that I have overseen as Research Director for the last 28 years since my retirement from the University of Waterloo, in Ontario. Please forward this Patient Handbook and the accompanying request for a donation to colleagues and encourage them to share this Handbook with their patients.

You can download the Handbook via this link: https://www.sepiweb.org/resource/resmgr/docs/Meichenbaum_RecoveryVoices.pdf

I welcome your feedback on the book. Please email me at dhmeich@aol.com
Final Words from the Editor

Alexandre Vaz

Dear friends,

The SEPI Conference in Lisbon, Portugal, is upon us! I’m beyond happy that our international family will gather in my hometown, and I think we have a great time ahead of us.

In the meantime, SEPI’s mission to build and strengthen alliances continues. As you can see in this issue, SEPI is continuing its expansion in many important ways, for instance via the oh-so-important Regional Networks and their invaluable work. A toast to them!

Still, the future of psychotherapy integration – maybe even its meaning? – is in our hands. While the turf war amongst therapy models persists, clear signs of integrative thinking, research and practice keeps creeping in everywhere we look. And newer models tend to be, by definition, integrative. This may be seen as part victory, part curse, and part inevitable: if all are integrative, what does the term even mean in 2019? And does it matter? I have my own ideas on it, but I’d much rather leave here questions than answers.

In the meantime, you will find our SEPI YouTube and Facebook pages in good health and, most importantly, I want to officially and joyfully welcome our new Associate Editor for the Newsletter, Sasha Rudenstein from NYC!

That’s all for now. I love to get feedback and hear your thoughts on any of these issues, so feel free to reach out at: alexmagvaz@gmail.com. Until next time!

Alexandre Vaz

The Integrative Therapist: Call for Content

The Integrative Therapist wants you to be an author. We are seeking brief, informal, interesting and actionable articles with a personal touch. Please limit references to those that are absolutely essential. Our bias is towards articles relevant to SEPI’s three missions: integration between researchers and clinicians, integration across cultures, and further development of psychotherapy integration.

Contributors are invited to send articles, interviews, commentaries and letters to the Newsletter’s Editor, Alexandre Vaz (alexmagvaz@gmail.com)

Submission Deadlines and Publication Dates
December 1 deadline for January 15 Issue
March 1 deadline for May 15 Issue
June 20 deadline for July 15 Issue
September 15 deadline for October 15 Issue