

# INTEGRATIVE ECLECTICISM IS A METHOD ACTING AS A VEHICLE IN THE PROVISION OF COMPREHENSIVE SERVICE FOR PSYCHOTHERAPY.

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**Abstract:** *An interesting thing to focus on in psychotherapy is integration, because it seems to be the main door that allows us to look at the gap between theory and practice. Here we do not mean the unity of training and the use of all available and existing tools to treat symptoms, although training under different therapies often adds new tools that the psychotherapist uses. The integrative eclectic current invites us to rethink the basic assumptions of psychotherapeutic work. We see it as linked to how therapists confront their integrative models and the way in which they are activated in clinical situations to treat patients. One of the implicit goals that we believe is to encourage practitioners to have an open therapeutic attitude that prioritizes the patient's satisfaction at the end of each session, and aims for an effective treatment that leads to optimal adaptive cognition – whether it is a specific treatment method that the therapist pre-determines and then delivers without any compromises or is overly designed at the expense of patients' requirements.*

**Keywords:** Mental Health, Integrative eclectic approach, Modern psychotherapies, Client-Centred Therapy.

## 1. Introduction

Integration refers to the bringing together of diverse elements, whether theoretical or practical, with the aim of forming an authentic and practical whole that includes a specific goal and contributes to shaping a more efficient assessment and therapeutic practice for the patient. The goal is to go beyond the application of a single practice, when the latter does not allow or only partially allows the achievement of the previously defined goal (Bachelart et al., 2011). Integration can also be understood as an attempt to see beyond the limits of each of the theoretical approaches what can be learned from other perspectives (Stricker, 1994). This ambition is shared by many clinical practitioners, but it requires a specific implementation to avoid engaging in unstructured and illogical practices that rely on elements here and there to create a whole that lacks meaning. Therefore, we believe that a comprehensive reflection on the integration of psychological treatments partly answers the need for clarification between clinical psychology, theoretical models and clinical practices formulated by Raoult (2006: 12).

Beitman et al. (1989) noted that some factors have supported the eclectic and integrative approach to psychotherapy, such as the fact that none of the existing schools can respond to all cases, (Beitman, 1989: 140) which leads to a more flexible approach; the lack of effective differences which indicates the importance of common factors and their role in therapeutic change; and the focus on the characteristics of the patient and the therapeutic relationship, at the expense of specific techniques, which leads to greater adaptation of the treatment and the relationship with the patient.

Martin notes that psychological therapies, especially for institutions, have been in part shaped by other movements: the consolidation of a biomedical model of treating mental disorders (pharmacotherapy), specifically psychopharmacology combined with psychotherapy, and increasing coverage indicated treatments. (Weyeneth et. al., 2004: 79)

The term eclecticism is often associated with the term integration in psychotherapy according to (Norcross, 2005: 411), and there are three movements that all tend towards integration: technical eclecticism, theoretical integration and common factors. We will not discuss the different forms of eclecticism (Duruz, 1994: 14). We note that these developments have led, over the past twenty years, to an abundant literature, and to a trend towards a new intersection in psychotherapies; this leads to distinctions that rely more on empiricism (evidence-based treatments) than theory. The danger would be to confuse technical eclecticism with syncretism. The latter, says (CHAMBON) represents the negative side of eclecticism (Chambon, 1999: 144). Through this approach, it is necessary to speak in this context about the authority of syncretic techniques that would be a way of making unsystematic/uncritical combinations (NORCROSS), of mixing and combining techniques without distinction, leading to a random set of virtual methods. Technical eclecticism is, on the contrary, a movement that considers that the best treatments should be chosen for each case and each problem, without distinction of school. (Norcross, 1990: 213)

Given the diversity of psychotherapies and the multiplicity of therapeutic models, a fundamental challenge arises in how to achieve effective integration between different therapeutic theories and practices in a manner that suits the individual needs of patients, while maintaining a focus on achieving satisfactory and adaptive therapeutic outcomes. How can an eclectic integrative psychotherapist balance the requirements of multiple theoretical frameworks with the flexibility to meet the diverse needs of patients in clinical situations?

## **2. Hypotheses**

The eclectic integrative trend may contribute to enhancing the effectiveness of psychotherapy by expanding the options of tools and techniques used based on the requirements of each patient's individual case.

Integration of different therapeutic theories may lead to higher patient satisfaction if treatments are provided with flexibility that suits their personal needs without strict adherence to a specific therapeutic model.

Therapists who adopt an open and integrative therapeutic stance may achieve better results in improving patients' adaptive cognition compared to those who adhere to traditional therapeutic approaches without integration.

The balance between adherence to different theoretical frameworks and clinical flexibility in the use of therapeutic techniques is a critical factor in achieving therapeutic goals and overall patient satisfaction.

### **• From Eclecticism to Integrative Eclecticism:**

Eclectic psychotherapies are inspired by an ancient philosophical school of thought, eclecticism, which is an intellectual approach that relies on drawing elements from different systems, such as Epicureanism and Stoicism, without bias towards a specific idea or opinion, and fusing them into a new coherent system. This methodological school was popularized by the Neoplatonic philosopher Potamon of Alexandria in the third century BC. Thus, while the eclectic philosopher likes to choose what he likes from the categories of things or people that he values for their diversity, rejecting any exclusive choice, the eclectic psychotherapist re-introduces the priority of listening to the patient's request and complaint, his expectations, his deep aspirations, and his choices regarding the technique used. The word "eclectic" comes from the Greek root "selective" meaning to choose or to exercise a selective choice", (Benchabane, 2018: 133) This non-exclusive choice results in eclectic psychotherapy offering a treatment proposal with a multiplicity of therapeutic tools and clinical procedures selectively. The patient is considered capable of being active in his own treatment, in his recovery or empowerment, and expressing his taste and personality (Zaannier, 2010)

Obviously, eclecticism in psychotherapy and counselling did not appear by chance. Given human nature, in addition to our knowledge of the historical reasons that allowed the emergence of this approach, the clinical experiences of practitioners and the various observations derived from therapeutic work as well as patient associations, especially the diversity of cases and problems encountered during treatment, prompted a reflection on practices to try to answer questions of feasibility and therapeutic effectiveness while highlighting the different characteristics that contribute to the success of the therapeutic relationship, especially the client and his needs.

### **• Different models for thinking about integration:**

Thinking about integration between theories began in the 1930s In the past in the United States, based on the observation that different psychotherapies are based on common factors and often from similar starting points before they differentiate into distinct schools (Rosenzweig, 1936: 413), there are four types of integrative models, and the following literature is usually mentioned, although the first model is rather an observation rather than a reflective and practical framework:

**1. Common factors model:** It is based on two double observations: first, that the effectiveness of psychotherapies is fairly constant regardless of the type of psychotherapy; and second, that common factors such as the therapeutic alliance weigh more in the balance than factors specific to each psychotherapy.

**2. Theoretical integration model:** It seeks to create a comprehensive theory that can accommodate existing theories, such as psychoanalysis and behaviorism. This is a complex goal that is difficult to achieve due to seemingly incompatible cognitive foundations.

**3. Assimilation integration model:** It aims to gradually integrate technical or strategic elements coming from other horizons into a given theory. The idea is that by incorporating external elements, they are modified to blend seamlessly with the host theory.

**4. Technical eclecticism model:** It is not concerned with theoretical aspects but rather focuses on purely technical and strategic aspects, as its name suggests. Technical eclecticism does not seek to create a comprehensive theoretical framework as theoretical integration suggests. (Norcross, 2005) says that technical eclecticism is like preparing a menu of different dishes, while theoretical integration is like preparing a new dish using different ingredients. In other words, eclecticism does not innovate, but rather selects what is available, case by case. (Bachelart, 2017b: 172)

As an example, we mention EMDR psychotherapy, which clearly follows the trend of an eclectic integrative trend. This is the opinion of the contributors and what "Francine Shapiro, Shapiro.F" agrees on, but with reservations. In addition, it is a treatment that has developed its own methods and its own model. (Medjahdi, 2021: 49)

This trend allows for multiple visions (Pluralistic) by using the various therapeutic methods (Terms and conditions) to help beneficiaries in a way that is tailored to the need and to reap results as quickly as possible, by focusing on the beneficiary's focus of interest. It also makes the therapist broaden his outlook and learn about other treatments and theories and not remain confined to one or a few of them, so as not to be biased towards them and to maintain the objective view required by the field of clinical psychology. (Abdel Wali & Al-Ouri, 2017: 204-206)

This does not mean that EMDR is a treatment transferred from various other treatments and theories, but rather that it developed its own methods in addition to its own model for explaining its mechanism in treatment.

If we want to set limits for both, we must mention that the eclectic trend is nothing but a branch of the integrative trend. This type emerged in the 1980s, seeking to reach a combination of different theoretical systems. (Roques, 2015: 30)

We can see the eclectic dimensions of the various theories that supported "Shapiro's" view in accomplishing her work, for example, psychoanalysis that uses free associations in order to let the client express his inner feelings to reach the focus causing the disorder, and this same process is the basis of the therapeutic dialogue between the therapist and the client in order to reach a more comprehensive identification of all aspects related to the client's past and history. (Medjahdi, 2020: 560)

There are many similarities with hypnosis when the therapist has to urge the beneficiary to float towards the past and use the senses as a bridge in order to reach deeper events rooted in his mind and affecting his quality of life, EMDR and hypnosis allow the beneficiary to pass to levels that were previously unknown to him and to perceive them and he can come into contact with his inner world that has become far from his perception as in reality and the present, and EMDR represents an effective assistant in stimulating self-healing or automatic healing of psychological wounds as a natural phenomenon that is considered a blessing enjoyed by every being. (Ginger, 2010: 23) With the addition of relaxation exercises, Gestalt therapy is an empirical approach that focuses on present awareness and the quality of the connection between the individual and his environment. (Troll, 2007: 607) Shapiro derived from the Gestalt theory some ideas related to the growing awareness of the impact of the feelings felt by the beneficiary during the therapeutic session and the quality of his performance (Kazdin, 2000: 162) as they govern his behavior and form his self. When the therapist investigates negative beliefs and replaces them with positive beliefs desired by the client, he has used one of the Gestalt techniques, and this happens in the here and now time "the present" which is what this treatment focuses on, as the past and future constitute an aspect of the present lived experience, where Shapiro went beyond that and included the various times that affect thinking in order to explore the past and know the present and look forward to the future in the best feeling, in addition to improving the physical feeling and feeling comfortable. (Ginger, 2010: 23)

As happens in cognitive behavioral therapies (CBT), EMDR conducts periodic assessments of the extent of discomfort and the extent of the resulting relief. After exposure to the treatment steps, the (SUD) and (VOC) scales are two scales inspired by the work of the scientist "Wolp" who introduced this type of assessment to the cognitive behavioral school. (Ginger, 2010: 24) In addition, Shapiro also includes some techniques of exposure therapy and restructuring inspired by cognitive behavioral therapies and uses them by processing emotional information associated with negative thoughts. There is also an eclecticism that includes positive psychology techniques that he uses in the future scenario stage in the eighth stage and the safe location in the second stage. It is also worth noting that the (EMDR) protocol with its

techniques for reprocessing information is completely compatible with a variety of other methods and techniques, except that (EMDR) adds the neurophysiological dimension. (Ginger, 2010: 24)

• **The project of the eclectic integrative approach:**

Adopting an integrative approach does not aim at mixing at all costs, and we realize this more by observing theoretical integration models such as the cyclical psychodynamic model (Wachtel, 2005: 180) and the transtheoretical model (Prochaska. & De Clemente, 1992: 310), or cognitive-analytic therapy (Ryle, 1990: 90), each of which has its own specificities and has made choices to integrate some theories or practices at the expense of others.

Adopting an integrative approach means selecting and selecting elements from different theoretical and practical approaches in a purposeful and thoughtful way, with the aim of improving therapeutic efficiency and adapting better to the needs of each patient. This requires a deep understanding of the different theories and knowing when and how to combine them to achieve the best possible therapeutic results. (Bachelart, 2017b: 172)

• **Reasons of Eclecticism:**

Beitman et al. (1989) point out that some factors have supported the eclectic and integrative approach in psychotherapy, such as the inability of any of the current schools to respond to all cases (Beitman, 1989: 140), which led to a more flexible approach; the absence of differences in effectiveness, which indicates the importance of common factors and their role in therapeutic change, and the focus on the characteristics of the patient and the therapeutic relationship, at the expense of specific techniques, which leads to a greater adaptation of the treatment and the relationship with the patient. It seems to us that other movements have had an impact on the integration and diversity of practices and interventions within the framework of psychotherapies, especially in institutions:

- Naturalism in psychiatry through the biomedical approach, the combination of psychotherapy and psychopharmacological therapy, the expansion of indications, and the influence of non-psychodynamic psychotherapies.

Medicalism in psychiatry prompts us to consider the relationship between psychotherapy, the supportive medical relationship and supportive therapy. (Schneider, 1976) points out that this type of treatment works to support the patient's personality in its various defensive actions so that he is able to bear the conflicts that we deal only with its conscious and personal aspects; Knowing that the supportive relationship includes psychotherapeutic aspects, among its techniques are interventions such as counseling, suggestion, reassurance, education or re-education.

Psychiatry includes some psychotherapies but differs from the general field of psychotherapy, with increasing reference to psychobiology. In the institutional field, psychiatry offers the widest range of psychotherapeutic applications, corresponding to the diversity of methods and practices and the need to adapt the therapeutic tool to very different cases.

This has consequences at the borders of medical practice and psychotherapy in psychiatry, with the effect of strengthening descriptive techniques that are only distantly related to psychodynamic psychotherapies. The extension of indications to severe cases, essential in terms of public health, such as psychosis and borderline states, has led to modifications in classical psychotherapeutic practices, especially psychotherapies with an analytical inspiration, such as supportive psychotherapy; this type of treatment is tasked with responding to a large number of clinical cases that conventional treatments cannot deal with. (Schneider, 1976)

The impact of non-analytic forms of psychotherapy, such as behavioral-cognitive psychotherapies, is not easy; For example, we see psychotherapeutic approaches with a dynamic inspiration, such as supportive psychotherapy, that are consistent with principles and procedures that focus on eliminating symptoms or even solving problems.

- Confusing technical eclecticism with random syncretism produces nothing but pseudoscience.

The latter refers to the negative side of eclecticism. In this context, there has been talk of a "salad of techniques" (Chambon et al., 1999). Random syncretism is a way of combining techniques unsystematically and uncritically (Norcross, 1990), as referred to by (Broschka & all, 1999) mixing and adding techniques indiscriminately, resulting in an arbitrary set of hypothetical methods. Technical eclecticism, by contrast, is a movement that believes that the best treatments for each case and each problem should be chosen, without distinction of school.

However, some experiments should not be dismissed out of hand. However, the worrying thing about claims that all mixtures without evidence-based study and others are true is the large gap between

the large number of people who hold these beliefs and the paucity of scientific evidence to support them. (Scott, 2011: 23-24)

Pseudoscience is not a search for a single criterion or a list of multiple criteria. Instead, (Hanson) uses the criterion of unreliability to conceptualize pseudoscience without using it directly as a criterion of distinction. The author proposes ten suggestions as guidelines for resolving the problem of distinction, and points out that a definition of pseudoscience that does not adhere to these requirements will not be entirely satisfactory. (Hanson) has made an original contribution in overcoming the limitations pointed out by (Laudan) in 1983, emphasizing the possibility of progress on the question of pseudoscience without abandoning the philosophical answer. We can say, then, that integrative eclectic psychotherapy arose because of the inability of current therapeutic schools to address all situations, and the focus on the common factors between different treatments and the importance of the relationship between the therapist and the patient. Modern psychiatry, with its integration of psychological and pharmacological treatments and the expansion of treatment indications, has contributed to the development of this approach. Eclecticism requires choosing the best treatments for each case rather than randomly combining techniques. Technical eclecticism aims to choose the optimal treatments for each patient, with an emphasis on the common factors between treatments such as empathy and acceptance. (Debray, 2023: 21-22)

While there are those who support these scientific fallacies, such as some fields that claim to be scientific and are accepted in academic circles, despite being considered a form of contemporary ignorance. (Bkouche) points out that the academic acceptance of some texts that appear to be unscientific shows leniency towards such texts. Which can be dangerous for education? Also, one should not be dazzled by technological tools that may be used magically instead of rational thinking. (2009: 2)

#### • Why do we move towards integration?

##### 1- Comparison between psychotherapies:

The integration of different practices or theories was not an accidental event. We believe that there are historical reasons that led to the emergence of this trend, especially with the increasing number of psychological treatments, which prompted clinicians to question the specificities or lack of specificities of their training.

Over the course of studies, it has been found that no single psychotherapy is statistically superior to others in terms of effectiveness (Luborsky et al., 1976: 1001), and at the same time, that there are common factors that unite them all (Lambert & Bergin, 1994; Wampold & Imel, 2015).

The development of professional organizations, networks and journals has encouraged dialogue between doctors and researchers. Including patient associations, as well as insurance companies, the former for ethical reasons and the latter for reasons of economic profitability, have also prompted reflections on therapeutic practices. (Bachelart, 2017b: 174)

##### 2-Focus on general principles

Integration has allowed a refocusing on what (Marvin Goldfried), one of the founders of SEPI, calls "general principles". He points out that the question of integration can be viewed in two ways: either through the common points between psychotherapies, or by conceiving them as targeting different aspects of human functioning (Goldfried, 1987).

According to the first view, basic phenomena that may be common will emerge despite the theoretical positions of each school (Goldfried, 1980: 991-999). According to him, psychodynamic, experimental and behavioral approaches focus on the same general strategy or principle: increasing the general awareness of the individual. But the clinical procedures or tools differ: interpretation, the use of paraphrasing as a mirror or the suggestion of self-observation using a notebook. For Goldfried, attention at this level allows for a dialogue to be opened between practitioners of different orientations.

The second way to conceptualize integration is to conceive of the different orientations as targeting specific aspects of human functioning and the process of change. In other words, the orientations become complementary to each other, and our different theories can address complementary elements of human understanding. In this context, it seems important to think of their coexistence, not on the public stage, but in the mind of the therapist.

### **3-Improving psychotherapy**

It is clear to practitioners that one of the stated or unstated goals is to increase the effectiveness of psychotherapy with the idea of optimal adaptation, whether through a finished final product, or through the adaptation of the practitioner to his patient. It is clear that it is important to interrogate a crucial element that appears little in the literature on this topic: the distinction between meeting patients' requests and understanding their real needs.

When the therapist seeks to meet the specific demands of the patient, he runs the risk of not dealing with the deeper issues, and may see the symptoms disappear, but may then notice that the patient's discomfort or suffering still persists. This tendency to "chase symptoms" tends to become common, with the increasing number of new practitioners of new psychotherapies (who avoid being called psychotherapists out of respect for the law). In their training, which is sometimes very rapid, they often prefer the tool, the work of thinking, to theory, and especially the solid psychopathological foundations that we consider necessary. (Bachelart, 2017b: 174-175)

### **4-Power in meeting and integration**

We also believe that the integrative project ultimately addresses the question of the encounter, and asks how the therapist deals with the moments in which he or she takes control or relinquishes control. The desire to understand, to model as best he or she can, and to respond in the quickest, most profound and most effective ways to the patients' problems brings the therapist back to the concept of control over the encounter. It is possible that multiple theories, or on the other hand, the intensive technical work directed towards the elimination of symptoms, are a response to a demand (individual and social) for effectiveness as a defense mechanism by the therapist against his feeling of helplessness. Discussions about psychotherapies sometimes seem to make us believe that it is easier and more convenient to intervene in psychological disorders, a materialist discourse that tends to ignore the individual who bears these disorders and deflects the question of the meaning of symptoms. (Bachelart, 2017b: 175)

#### **• Psychological integration teaches us a lot for advanced therapy:**

The debate between theories, strategies and tools through the Anglo-Saxon perspective has been imported to France and from there to other countries. Integration seems to be a reasonable lens of thought, but it can lead to an attitude that aims to eliminate symptoms as the sole goal. We believe that there is a continuum between, on the one hand, a radical dogmatic position that is limited to recognizing the existence and usefulness of only one theoretical approach, and, on the other, an excessive pragmatism that denies the importance of theoretical thinking in favor of a purely technical application.

Some therapists take measures such as saving money instead of considering its potential function, which is not at all the work of psychotherapy. Psychotherapies must still exist even for the purpose of integrating models, and we have points of agreement about symptoms despite ideological wars.

#### **• Common factors:**

The integrative approach to psychotherapy reminds us that there are common factors, and also that there are convergent visions of treatment that unite psychotherapies. Common factors include motivations, patient expectations, as well as variables related to the therapist, such as his psychological balance and ability to build a trusting relationship, etc. These common factors represent a large part to which change in psychotherapy can be attributed. (Bachelart, 2017b: 176)

Some therapists behave in a way that psychotherapy should never succeed: prioritizing cost-saving measures over the potential effectiveness of the intervention. Even as we strive towards an integrative model, it is necessary to recognize common points - especially regarding the manifestation of symptoms - amidst ideological wars. Its primary goal is not to eliminate symptoms. In an attempt to organize and provide a strategic way of looking at symptoms, each approach reveals different aspects: cognitive-behavioral (which focuses primarily on the function of symptoms) or its context or value; existential - for the humanistic approach; or a place in psychological economy - for psychoanalysis (the latter two are aimed preferentially at the subject). Sometimes, unlike the cognitive behavioral approach, he does not, he says he is an economist because it is all about the assessment, not the symptoms. It seems that the symptoms have already been covered in every way. Some therapists take actions that lead to saving money without considering the potential benefit of work that is not psychotherapy in any way. And in order to bring the models together - despite the ideological wars and points of agreement - we still need to be there with the symptoms (this is the case to some extent). The origins lie in France. On this subject, it cannot be said that all psychological interventions, although different, have something fundamental in common: by highlighting this point, we can distinguish between psychotechnology and psychotherapy - so we shed more light on the ground where the method can be used. And put it on the integration

### Conclusion:

Integration is a relevant idea for our practice in psychotherapy because it seems to provide a key that can question the gap between theory and practice in psychotherapy. It allows for the distinction between theory and practice in psychotherapy. It allows for the distinction between the practitioner-technologist and the psychotherapist in the strict sense of the word by focusing on the symptom and what the therapist can do in the face of suffering. In fact, integration does not mean training and deploying all the tools available to confront a "resistant" symptom, although some models often fill this basic fear felt by the therapist. Therapists can be observed on a spectrum ranging from radical identification with theoretical models to highly technical without theoretical or reflective positioning. The integrative approach invites us to reconsider some of the basic assumptions of psychotherapeutic work and we believe that it is linked to the question of the encounter between the therapist and the therapeutic models he integrates and how they are activated in the clinical setting.

### References:

1. Abdel Wali, I. & Al-Ouri, F. (2018). Selective and Integrative Therapy: Two Renewed Approaches in Psychotherapy. *Graduate Studies Journal - Nile University*, (Vol. 10), (Issue 38-1), ISSN 6228. (Arabic edition)
2. Bachelart M, (2017a). L'approche intégrative en psychothérapie Entre tentative de déradicalisation des thérapeutes et invitation à la rencontre, *Psychothérapies* 2017/3 (Vol. 37), Éditions Médecine & Hygiène
3. Bachelart M. (2017b). *L'approche intégrative en psychothérapie: un anti-manuel à l'usage des thérapeutes*. Paris, ESF.
4. Bachelart M., Bioy A. & Bénony H. (2011). Les courants intégratifs en psychothérapie. *Annales Médico-Psychologiques*.
5. Beitman B.D., Goldfried M.R. & Norcross J.C. (1989). The movement toward integrating the psychotherapies – An overview. *Amer. J. Psychiat.*, 146/2: 138-147.
6. Benchabane, A. & Charifi, H. (2018). Une nouvelle approche en counseling et psychothérapie «L'éclectisme», *Psychological Studies*. [online] available at: <https://www.asjp.cerist.dz/en/article/66886>
7. Bkouche, R. (2009). *Des pseudosciences variations sur l'obscurantisme contemporain*, Univ de Lille 1.
8. Chambon O. & Marie-Cardine M. (1999). *Les bases de la psychothérapie*. Paris, Dunod.
9. Debray, S. (2023). La définition de la pseudoscience chez Sven Ove Hansson: enjeux, limites, perspectives, la revue *Société de Philosophie des Sciences (SPS)*. [online] available at: <https://ojs.uclouvain.be/index.php/latosensu/article/view/66593>
10. Duruz, N. (1994). *Psychothérapie ou psychothérapies? – Prolégomènes à une analyse comparative*. Neuchâtel, Delachaux et Niestlé.
11. Ginger, S. (2010). L'EMDR, une approche intégrative, *International Journal of Psychotherapy (IJP)*, Volume 12, N° 2 [online] available at: <http://www.sergeginger.net/37.html?fbclid=IwAR1wbGcvjqzfdxtbLvosz40l4pKWwPyIk3dbT1T0qo2hPFN5XZkgxT4fc>
12. Goldfried, M.R. (1980). Towards the delineation of therapeutic change principles. *Am. Psychol.*, 35 (11): 991-999.
13. Goldfried, M.R. (1987). Rapprochement en psychothérapie: historique, état de la situation et perspectives d'avenir, in: C. Leconte et G.L. Castonguay: *Rapprochement et intégration en psychothérapie: psychanalyse, behaviorisme et humanisme*. Montréal, Gaëtan Morin.
14. Kazdin, A. (2000). *Behavioral Disorders in Children and Adolescents*. (Translated by Adel, Hassan Abdullah Mohammed), Cairo: Dar Al-Rashad. 1st Edition. (Arabic edition)
15. Lambert, M. J., & Bergin, A. E. (1994). The effectiveness of psychotherapy. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 143-189). New York: Wiley.
16. Lilienfeld, S.O. (2011). Les 10 commandements pour aider les étudiants à distinguer la science de la pseudoscience en psychologie. *Revue électronique de Psychologie Sociale*. (V5). [online] available at: [https://www.researchgate.net/profile/David-Vaidis/publication/350374063\\_Les\\_10\\_Commandements\\_pour\\_Aider\\_les\\_Etudiants\\_a\\_Distinguer\\_la\\_Science\\_de\\_la\\_Pseudo-Science\\_en\\_Psychologie/links/605c5e3b458515e8346cf361/Les-10-Commandements-pour-Aider-les-Etudiants-a-Distinguer-la-Science-de-la-Pseudo-Science-en-Psychologie.pdf](https://www.researchgate.net/profile/David-Vaidis/publication/350374063_Les_10_Commandements_pour_Aider_les_Etudiants_a_Distinguer_la_Science_de_la_Pseudo-Science_en_Psychologie/links/605c5e3b458515e8346cf361/Les-10-Commandements-pour-Aider-les-Etudiants-a-Distinguer-la-Science-de-la-Pseudo-Science-en-Psychologie.pdf)

17. Luborsky, L., Singer, B., & Luborsky, L. (1976). Comparative studies of psychotherapies: Is it true that "everyone has won and all must have prizes"? *Archives of General Psychiatry*, 32(8), 995–1008.
18. Medjahdi, O. (2021). *The Contribution of EMDR in Reducing the Severity of Post-Traumatic Stress Disorder: A Therapeutic Approach for Adolescents Abused by Their Families*, PhD Dissertation, Mohamed Ben Ahmed University, Oran 2. (Arabic edition)
19. Medjahdi, O. & Moutassem-Mimouni, B. (2020). Contribution De La Psychothérapie Emdr (eye Movement Desensitization and Reprocessing) A L'atténuation De Tspt (trouble Du Stress Post-traumatique) Aux Victimes De Violence. étude De Cas. *Revue des Sciences Humaines & Sociales*. Volume 6, Numéro 1 [online] available at: <https://www.asjp.cerist.dz/en/article/119404>
20. Norcross, J.C. (1990). An eclectic definition of psychotherapy, in : Zeig J.K., Munion, W.M. (Eds) : *What is psychotherapy ?* San Francisco, Jossey-Bass.
21. Norcross, J.C. & Goldfried M.R. (2005). The future of Psychotherapy Integration: A roundtable. *J. Psychother. Integr.*, 15 (4).
22. Prochaska J.O. & Di Clemente C.C. (1992). The transtheoretical approach, in: J.C. Norcross and M. Goldfried: *Handbook of psychotherapy integration*. New York, Basic Books, pp. 300-334.
23. Raoult, P.-A. (2006). Crise de la psychologie et devenir de la psychologie clinique. *Pratiques Psychologiques*, 12: 483-500.
24. Roques, J. (2015). *Essai d'anatomie psychique basé sur les neurosciences*. (Tome1) de Psychoneurobiologie–Fondement et prolongements de l'EMDR.
25. Rosenzweig, S. (1936). Some implicit common factors in diverse methods in psychotherapy. *Amer. J. Orthopsychiat.*, (V6).
26. Ryle, A. (1990). Cognitive Analytic Therapy, in: *Handbook of Integrative Therapies*, vol. 1. Oxford, Oxford University Press, pp. 84-193.
27. Schneider, P.B. (1976). *Propédeutique d'une psychothérapie*. Paris, Payot.
28. Stricker G. (1994). Reflections on psychotherapy integration. *Clin. Psychol.: Science and Practice*.
29. Trull, T.J. (2007). *Clinical Psychology*. (Translated by Shaker Toaima Dawood, Fawzi; and Zain Al-Din, Hanan Lotfi), Amman, Jordan: Dar Al-Shorouk for Publishing and Distribution. 1st Edition. (Original work published in 2005). (Arabic edition)
30. Wachtel P.L., Kruk J.C. & McKinney M.K. (2005). Cyclical psychodynamics and integrative relational psychotherapy, in: J.C. Norcross, M. R. Goldfried: *Handbook of psychotherapy integration*. New York, Oxford, pp. 172-195.
31. Wampold, B. E. & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work*. (2nd ed.). New York: Routledge.
32. Weyeneth, M., Ambresin, G., Carballeira, Y., Contesse, V., Crivii, Ch., Glauser, F., de La Vega B.L., Matthey, B. & Bryois, Ch. (2004). La psychothérapie de soutien : un pas vers l'éclectisme., 2004/2, *Psychothérapies*, (Vol. 24) [online] available at: <https://www.cairn.info/revue-psychotherapies-2004-2-page-73.htm>
33. Zaannier, F. (2010). *Eclectisme et intégration en psychothérapie-intérêts et enjeux d'une profession*, Paris, éd. L'Harmattan.