

Clarifying a muddy pond: A Pākehā therapist's account of navigating a critical moment in the integration of narrative therapy and person-centred therapy

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I am a Pākehā/non-Māori woman therapist, educator and supervisor. I draw on social constructionist ideas in my practice which assist in critiquing ideas and noticing the effect of theories on my work (Burr, 2003; White, 2007). In this paper, I write about my own journey in integration, and particularly my navigating of one critical point where I struggled to integrate person-centred therapy and narrative therapy. I thus focus on theoretical integration, but also reflect on integration between these modalities and my personal beliefs. I begin by briefly exploring the arguments for integration and also some critiques of it.

Constructing and Deconstructing Integration

Within the array of potential agendas of counsellor education, one agenda is for the novice counsellor to be able to integrate (Norcross, 2005; Palmer & Woolfe, 2000). Integration means “an act or instance of combining into an integral whole” (Dictionary.com, 2020). Integration in counselling might mean an alignment in a counsellor’s practice between multiple, diverse traditional modalities (Cooper, 2019), between Indigenous healing practices and traditional Western modalities (Beaulieu, 2011), and/or between the personal and professional selves of the therapist (Giovazolias, 2005; Horton, 2000).

In discussing the value of an integrative approach, British therapists Cooper and McLeod (2011b) describe an integrative approach as being where a therapist has been trained in one modality and then goes on to weave in other theories, skills or methods from another approach. One arguable benefit of this interweaving of modalities is that it can leave behind the rigid adherence to particular models of therapy, or “schoolism” (Cooper & McLeod, 2011a). In this way, a therapist can cross bridges into other modalities beyond their initial training, in order to learn and grow as practitioners. An integrated practice such as this can arguably benefit the client as it offers an approach tailored to client needs (Cooper & McLeod, 2011b). It avoids an *ad hoc*, “fragmentary, disjointed, and disconnected” practice (Cooper, 2019, p. 3), which might be confusing both for the counsellor and the client (Horton, 2000). The alignment of a variety of approaches also

resists a “haphazard, uncritical, and unsystematic combination of theories and practices” (Cooper, 2019, p. 4). Integration can thus assist a counsellor to be able to remain close to their practice and articulate “what they are doing and why they are doing it” (Horton, 2000, p. 319).

Integration can be thought of as a desire both for coherence in one’s practice and congruence between personal and professional selves. For example, Canadian psychologist Chang (2011) conducted research with eight counsellors in training (six non-Indigenous, one Aboriginal and one Latina participant). One non-Indigenous participant stated that the learning she had gained during her first year of study “gave me this huge suitcase full of stuff [but] I didn’t know ... how to put it into place. I was not able to incorporate it into myself” (p. 414). The words of this participant highlight two aspects of integration: the desire to order or make coherence from the theories/models taught, and the desire to incorporate it into her emerging counsellor self. One possible narrative of a counsellor’s growth is the devising of one’s “personal theory of counselling” to grow towards a “personally congruent theoretical approach” (p. 415). Thus, integration can mean “a process by which the counsellor’s personal and professional selves move into some sort of harmony or congruence” (Fear & Woolfe, 2000, p. 329).

Integration is something I value in my practice. I see benefit in seeking to bring into alignment different modalities which are used to serve the client’s needs and also offer a coherent story of who I am as a practitioner. Yet, the actual *practice* of integration remains a significant question. Even describing a process of integration can be difficult (Lowndes & Hanley, 2010). Research with seven non-Indigenous newly qualified British counsellors discussing their therapeutic integration found that practitioners reported the lack of a clear framework for how they were to integrate approaches (Lowndes & Hanley, 2010). The ambiguous and fraught nature of integration seemed to their participants to be “akin to wading through murky waters in which they were not quite sure about the direction they were supposed to head in” (p. 167).

In Lowndes and Hanley’s research (2010), counsellors felt they were “struggling to become and remain integrative practitioners when faced with such ambiguity” (p. 167). Some realised that their training course saw this integration as a personal project for each counsellor to make sense of. Other counsellor development authors echo this reality, that therapists themselves must decide *how* to integrate approaches together (Cooper & McLeod, 2011b); that this is their personal journey (Giovazolias, 2005).

One way counsellor education has seen integration as happening is across a linear time-bound trajectory. American psychologists Skovholt and Ronnestad (1992) have depicted integration as a linear process occurring in a series of eight stages through which a professional self evolves. A novice therapist having transitioned into professional training while being a student might go through stages of “imitation of experts” and “conditional autonomy” (p. 508). Being a new graduate might correlate to a stage of “exploration”, and then the therapist might arrive at “integration” where “an emerging personally selected

synergistic and eclectic form” of practice emerges. The last two stages might feature a therapist’s “individuation” and “integrity” (p. 509). In Skovholt and Ronnestad’s model, the “integration” phase takes between 2 and 5 years and occurs after graduation.

Counsellor training is currently dominated by Western counselling world views (Letendre, 2017; Paq’tism & Bowers, 2008) in a form of cultural “monotheism” (Letendre, 2017, p. 20). Linear models such as this echo grand Western meta-narratives, namely models of human development and human progress as occurring naturalistically over chronological time.¹ Stage models of integration can coalesce therapists’ identity journeys into defined stages, and erase their own local understandings. For example, Skovholt and Ronnestad’s model can presume that a position of integrity, if it is desired, is reached at the end of a counsellor’s professional lifespan, rather than during training.

Other non-linear ways of viewing integration might involve seeing integration always occurring, without any fixed end point. We are thus always “becoming” in relation to others and the social world (Combs & Freedman, 2016). Integration might also occur in sporadic, rhizomatic, and fragmented ways. Within a Canadian First Nation ontology, integration might be understood as holistic and circular, rather than linear, following Indigenous cosmologies (Absolon, 2010). From a Māori worldview, integration might be conceived as a layering,² an intertwining of past and present, as Swann and Swann (2013) write in relation to the telling of *whakapapa* (ancestry) stories: “a process of folding layers one upon another... building, layer by layer, upon the past towards the present and on into the future” (p. 13).

While refuting a linear stage narrative, I resonate with the notion that as a practitioner I am moving towards integration over time. In this sense, integration is my overall *telos*, that is, “the goal or end-point that one seeks to arrive at in one’s identity project” (White, 2002, p. 56). Yet this movement over time occurs through moments of struggle, which can be storied and made meaning of. This paper highlights one of those moments, as I story dissonance through an act of writing, in line with an overall movement towards integrated practice. In this way, writing can create some sense of self-understanding.

My own journey of integration began with a desire to integrate two diverse modalities: person-centred therapy and narrative therapy. Through reflection, I have come to understand that at the level of theory, these two modalities are in tension. My focus has since shifted from trying to resolve the tension to moving towards accepting that there will be integrative tensions between diverse models. However, accepting tensions and possible dissonances between modalities does not mean that a practice must be ad hoc. Rather, a second project in integration is considering the intentions behind the use of particular modalities with particular clients. This second project shifts attention from trying to integrate diverse modalities at the level of theory to seeking to become more integrated as a practitioner. In this paper, I discuss this shift in considering the projects of integration, focusing on an example of integrative dissonance in my thinking.

Practice Example

In my counselling journey, I have sought to construct a strongly integrated practice, including prominent notes from both person-centred therapy (Mearns & Thorne, 2007) and narrative therapy (White & Epston, 1990). However, I found that while I could often integrate these modalities at the level of skill, I encountered an event where theoretical dissonance arose in how I tried to hold these theoretically diverse modalities in harmony.

I show below a vignette from my doctoral study which represented this moment of dissonance in my integrated therapy practice. My doctoral research was a counselling practitioner inquiry which focused on using a particular kind of poetry therapy with participants who were grieving a deceased loved partner (Penwarden, 2018). I invited participants into a therapy-like, research-focused conversation in which we “re-membered” the lost loved partner (Hedtke & Winslade, 2004; White, 2007). I had one re-membering conversation with each participant, exploring their knowing of the ongoing contribution of the lost loved partner to their life, before writing poetry from their speech and sending it to them as a folio. I show below a vignette from my therapy-research conversation with Peter.³ In the transcribed extract below, Peter was speaking about the death of his wife, Sue, who had died from cancer over 20 years ago.

This excerpt from Peter’s speech has been arranged as a poetic re-presentation (Richardson, 1992a, 2002). This mimesis of speech on the page differs to conversation analysis.⁴ Poetic re-presentation, as a research strategy, offers a variety of aims, such as to recreate the vibrancy of a person’s speaking style (Richardson, 2002), to condense data into a form that resonates with the reader (Furman, 2006), or to maintain the ethical distance between researcher and subject (Richardson, 1992b). I have used poetic re-presentation here to depict the viscosity of Peter’s speaking, as this was an aspect that created dissonance for me. Through line lengths and spaces, poetic re-presentation can remind the reader of the human being that speaks, pauses, and breathes (Penwarden & Richardson, 2020). I have brought my own emphasis to poetic re-presentation by paying attention to Peter’s body expressions in this vignette.

Peter’s story

Um, the significant thing that I’ll always look back on is um

[pause][tears come to eyes].

Phoo...[exhalation of breath][pause].

So things kind of go...things stop fairly quickly,

in the sense that Sue has the chemotherapy.

The initial results are really...

they’re saying we didn’t expect this to happen.

We can’t see the cancer any more.

So hope goes like this [raises hand up].

And then Sue gets a cough,

and they think, okay is it because she's gone on chemotherapy,

or is it something more significant?

We meet the specialist and he says, "this is the hardest part of my work,

I expect we won't be able to do anything for you..."

And I just said to him, "so how much longer have we got?"

And he [the specialist] said, "three weeks to three months..."

So she died very quickly,

within eight days of leaving hospital she was dead.

It was very peaceful. It was at home...

For our oldest girl it was terrible. It probably took her through to about

[tears][very long pause]...

Phoo [exhalation of breath]...

she was probably about eighteen

before she could go out to the cemetery [tears in voice][blows nose]

...the things you learn afterwards.

Dissonance in My Integrative Practice

In hearing Peter speak, I responded empathically to his raw story. In hearing him tell it, I was particularly aware of the embodied expressions he made. They were sounds, not words; groans and sighs, pauses and silences. I chose to pause and make time for his embodied expressions by sitting and waiting, breathing and being present. I responded in a person-centred therapy frame, by listening empathically, and inviting him to be present to these expressions also, with the aim of promoting congruence between his embodied expressions and self-understanding.

However, reflecting on this later, I was curious about *why* I chose to use person-centred therapy solely at this point, without seeking to move into a more inquiring frame of narrative therapy. I had previously seen both these modalities as strongly present in my practice, and had often used them together within one session. Reflecting on this moment

of practice, I realise I had made a choice as to what to listen to – the client's embodied expressions or the social world and stories the client was telling. I chose to focus on being present to his embodied experience.

Within a narrative therapy frame, I could have explored with Peter the meaning of the tears, and what the tears were saying about what was important to him. As White (2003) described:

If we were to think of these tears as little capsules that were thought-filled, what thoughts are you aware of at this time that might not be available to you at other times? If these tears contained other pictures or perspectives on your life, on what your life might be about, are you experiencing anything that might provide us with a clue to these? (p. 42)

Peter's tears might have represented what was "absent but implicit" in his life; a value that has been dashed, a hope disappointed, which nevertheless continued to resonate with his deeply held values (Carey, Walther, & Russell, 2009). Indeed, the tears might "testify" to "what is held precious" (Carey et al., 2009, p. 321). In this way, tears might have been "not a stopping point, but as a passageway" in how Peter is becoming as a person (Christle, 2020, para 16). I did not do this; instead I chose to respond *only* empathically.

Navigating Dissonance Through "Bond's Pond"

Hearing Peter speak, and responding to him in this therapy-like research engagement, I became aware of a theoretical dissonance between the two modalities I practice. My initial training was in narrative therapy (White & Epston, 1989), which I practiced for 10 years, before learning person-centred therapy (Mearns & Thorne, 2007). From these influences, I sought to develop an integrated style which involved valuing and acknowledging a person's embodiment through congruence and immediacy, while also viewing a person as living a storied life, shaped, in part, by social discourses (White & Epston, 1989). The prominent values of my practice were thus offering presence, encounter, and congruence (Mearns & Thorne, 2007), while also seeking to highlight client agency and co-generate preferred identities through re-authoring (White, 2007). At the level of skills, I was integrating these two modalities together. Yet, at deeper levels, my response to Peter suggested theoretical dissonances.

In this paper, I describe how I see my practice as a "pond" with layers (Bond, 1995).⁵ A counsellor's personal belief system is at the sludgy bottom of the pond. Above this comes formal theory (of human development or personhood for example) and then clinical theory (counselling modalities). Therapeutic skills are the uppermost layer of the pond with "the clearly visible water on the surface of the pond . . . [being] what the therapist actually does" (Horton, 2000, p. 319). Arguably, a reflective therapist knows, and can articulate, the layers of their pond of practice, being aware of the movements between theory and practice.

From a decolonising perspective, the “Bond’s Pond” model is Eurocentric in its depiction of a therapist as an individual pond entire unto themselves. In fact, a pond is part of an integral ecosystem within a natural setting. This sense of a counsellor as part of a wider system may reflect more strongly an Indigenous ontology. Here, a person might exist within a nest of concentric circles of “self, individual, family, community, nation, society and creation”, all of which are reciprocal and interlinked (Absolon, 2010, p. 76). In this way, the pond is neither static nor self-contained, but connected in a microcosm of wind, water, and land. Wind that moves across the pond can be likened to social/cultural ideas that influence a person. For example, in Canadian Indigenous social worker Absolon’s (2010) work, one of the directions within an Indigenous “four directional circle” is “West” (p. 74). This direction focuses on a “critique of the mechanism of colonization” and the “knowledge of political contexts of practice” (p. 77). This political critique is one wind that can stir the pond.

Two other decolonising critiques can be raised in regard to Bond’s Pond. One critique can be made of formal theories of human development – one layer in the pond. These theories can be seen as part of a Eurocentric canon of linear stage models which can colonise and dishonour local, Indigenous understandings. For example, Nabigon’s (2010) writing about Medicine Wheel Teachings highlight other movements: circular, cyclical movements of potential wellbeing. A second critique is that this layered model depicts the therapist’s lived experience as the bottom layer of the pond. Indigenous therapists might in fact highlight and prioritise their own lived experience as significant features in the work.

I bear in mind this critique and also see a value in this model in its depiction of multiple layers. While some Indigenous therapists might have a strong sense of being integrated and holistic in their practice, I found that I experienced dissonance between various layers of my “pond” at the point described in this paper. This dissonance occurred through the jostling of the aims of competing modalities and my own hidden personal beliefs. This writing was an attempt to make sense of this dissonance; to grow in self-understanding and congruence between my professional and personal selves. The Bond’s Pond model allowed me to see the strata of my practice, and also to wonder about the way in which movements under the surface (ideas, theories, beliefs, intuitions) might mysteriously shape my practice. This model enabled me to rigorously reflect on my practice and remain close to it.

In my response to hearing Peter, I could see integration between the two modalities at the uppermost level of the pond – the skills – yet I discovered that there was significant dissonance at lower levels, at the level of clinical theory and formal theory.

Personhood in Person-Centred Therapy and Narrative Therapy

At the level of formal theory, beneath the modality itself, person-centred therapy and narrative therapy present key philosophical differences in their view of human beings. Rogers viewed humans as having a “contained core self”, while narrative therapy sees the self as representing “socially created selves that are relational and unbounded by skin

or mind” (Anderson, 2001, pp. 354-355). One aim of person-centred therapy is for the person to grow into greater congruence with the felt emotions and thoughts of their fixed self (Mearns & Thorne, 2007). Person-centred therapists may thus prioritise paying attention to the phenomenon of the person’s experience, the “kinaesthetic, sensory, visual, and ‘felt sense’ dimensions of bodily lived experience” (Finlay, 2011, p. 30).

In narrative therapy, the aim is not for a person to come to know their essential self and grow in congruence. The aim is for a person to exercise agency in how they are noticing the stories others tell about them, and in how they are telling their own preferred stories. In this sense, humans are both storytellers and story-livers, shaped by the stories others tell of them (White, 2007; White & Epston, 1989). People’s stories are also shaped by the social world of discourses (Monk, Winslade, Crocket, & Epston, 1997). People are positioned in social discourses in all the various contexts and identities of their lives. Looking through a Foucauldian (1980) lens, body experiences and sensations can be seen as an effect of adverse positioning in particular discourses (Stoppard, 2000).

To describe the different philosophical positions of both of these therapies in a broad brushstroke would be to see person-centred therapy as focusing on the sensory specificity of an individual’s material body, while narrative therapy focuses on the person as existing between others through stories and discourses. When it comes to responding to a person’s tears, a person-centred therapist might see the tears as the person’s body speaking and thus need to be valued. A narrative therapist might see the tears as actions that carry meaning; meaning which might contribute to the broader identity stories the person carries about themselves.

A narrative therapist might also consider how social ideas are present for the person in the events that give rise to tears, as Denborough (2019) explains about narrative therapy: “it couples emotion and meaning, and refuses to separate them. It also refuses to separate emotion and meaning from action. In this way, emotion is also never separated from culture, politics and ethics” (p. 21). Considering the layers of Bond’s Pond (1995) again, while person-centred therapy and narrative therapy can both be used at the uppermost level of skill, dissonances might emerge from time to time at the level of formal theory (view of personhood) and clinical theory (aim of the therapies).

Being Curious

Reflecting on my response to Peter, I questioned whether or not it is in fact possible to integrate two diverse modalities at the level of theory. Horton (2000) suggests that “it does not seem possible to incorporate as an entity, one complete theoretical model with another” (p. 324). Indeed, it may be that “a high level synthesis of any two theories is only feasible to the extent that they share deeper levels of theoretical assumptions and belief systems” (Neimeyer, 1993, p. 144). Thus, two or more humanistic and psychodynamic approaches may be integrated, as can postmodern approaches such as solution-focused and narrative therapy, yet there are questions about whether theoretically diverse models can be integrated.

It may not be possible, as Horton (2000) described, to “incorporate one complete theoretical model with another” (p. 324). Yet there are still nuances in which integration can realistically occur. When living within the tensions of drawing on diverse models, tensions might not *always* emerge. It is possible, I suggest, to practise diverse therapies at the level of skills and be effective with a client using various approaches within the arc of a single session or across a sequence of sessions. In this way, a therapist can offer encounter and presence at one micro-moment in a session, *and then* move to asking inquiring questions within a narrative therapy frame, in the next moment. However, given the diversity of underlying philosophies, integrative tensions may be bound to emerge at some point. Yet this is not to be feared.

I have come to see that being an integrative therapist involves a number of projects, one of which is being present at and curious about the dissonances that arise on the integrative therapist’s own “nomadic” journey (Lowndes & Hanley, 2010, p. 169). In reflecting on this dissonance through writing, I have become more curious about how person-centred therapy and narrative therapy jostle for prominence within my therapy. I also have become more curious about the decision-making process by which I choose which modality to privilege in a session. This, I argue, is a second and important project in a therapist’s integration – to come to understand the rationale for how and why a therapist practises as they do.

Micro-Theories Behind Therapeutic Actions

An integrative therapist might aim to live with the tensions created by multiple methods. Yet this living with tensions does not mean an acceptance of ad hoc and disorganised thinking when it comes to practice. Indeed, an integrative practice also involves an awareness of *why* a therapist is using an approach with a client in a micro-moment in therapy. As Horton (2000) suggests: “If therapists offer to intervene in the lives of their clients they cannot expect to be taken seriously unless they are able to explain what they are doing and why they are doing it” (p. 319). I explore now the second project in integrative practice – knowing the intention behind my approach, and why, from a repertoire of possible responses, I chose to respond to a client in the way I did.

Since the conversation with Peter, I am now particularly aware that when a client cries, I strongly move towards person-centred therapy and respond empathically, through embodied practices of pausing, waiting, breathing, and giving the person time to cry. Welcoming tears is a value of person-centred therapy, as Mearns and Thorne (2007) explain: “When he [the client] cried, Janet [the therapist] does not do any of the hundred things that the nervous companion might do to take him out of his tears – she simply stays with him in his crying” (p. 56). In reflecting on this, I am curious about *why* this client enactment brought to prominence one therapeutic posture in me (the embodied presence of person-centred therapy) over others (questioning, reflecting, and inviting meaning-making of narrative therapy).

If “everything that a therapist says or does in the presence of a client can be viewed as a therapist activity” (Cooper & McLeod, 2011b, p. 93), then my pausing and waiting for Peter to grieve through his embodiment *is* an action. It is an action that contains its own “micro-theory” (Horton, 2000, p. 319). My choice of this approach of allowing time for him to express tears might be seen to fit with Peter’s desire to share his story freely. In this sense, my therapeutic choice sought to match him. Yet my therapeutic choice also reflects what I was listening *for*. I was listening to and for the tears. It makes me wonder how I am sensitised to tears, through my own personal beliefs and life experience.

The Clarifying of a Muddy Pond

Returning again to Bond’s Pond (1995), below the skills, clinical theory, and formal theory, comes the counsellor’s own personal philosophy. This is the rich, sludgy bottom layer of the pond; the “rich and fertile soil” (Horton, 2000, p. 319). This layer can contain the therapist’s worldview (Horton, 2000). In considering my own worldview about tears, I realise I see tears as an embodied expression that should be valued. Tears can precede words, and *become* words. A therapist can help “scaffold” between the embodied sensations a person experiences and their words for this (Carey, 2017, p. 47). In this way, the tears can become stories.

This personal philosophy of tears connects to my own experience of grieving a close family member 30 years ago. There were times in the first year of grieving them when tears appeared first. Later, these became words, and stories. My journey was in seeking to understand their meaning. My view of tears is that they are portentous of meaning that might take time to express. Thus, the layer of my life history – my personal beliefs and philosophy about tears – sits beneath the clinical theory of person-centred therapy and narrative therapy. These personal beliefs are meta-beliefs about therapy as a meaningful encounter where, through time and attentive listening, a person can come to know the tears as they become stories. This layer of meta-belief lies beneath the modalities, subtly informing my practice choices.

In reflecting on this, I have discovered a less theorised aspect of my own work, which I can now continue to reflect on. Noticing and paying attention to this dissonance has enabled me to gain a clearer sense of the intention behind my practice in that micro-moment of a conversation. This reflective process was reminiscent of the image attributed to Zen philosopher Lao Tzu: “Muddy water/ let stand/ becomes clear” (Proggoff, 1977, p. 35).

In this reflection I have discovered the importance of seeking to understand more astutely my therapeutic intentions behind a micro-moment of practice. These intentions can be described as the “covert rationale, the ‘why’ of the myriad of counsellor activities during a session” (Heppner, Wampold, & Kivlighan, 2008, p. 479). While a therapist who has assimilated more than one therapy into their practice can select a response based on any of these approaches, they need to know *why* they are doing this. This is not only in order to assess the potential benefit to the client, but for the therapist to gain a stronger sense of coherence about their own practice; in order to offer a “plausible account” of their

theories-in-use (Horton, 2000, p. 319). Through reflecting on the lowest layer of the pond, by the invitation of a dissonant event in my practice, I believe I have become more integrated in myself, between the layers of my personal history and professional self. Through self-reflection, the muddy pond has become clearer.

Implications for Practice

In reflecting on what my experience in this journey might offer others wrestling with becoming integrated practitioners, I suggest two implications. An integrative journey might involve some “tolerance of ambiguity” (Consoli & Jester, 2005, p. 359); some acceptance of the muddiness about the project of therapist integration. Yet I suggest that remaining with ambiguity is not enough for those therapists who desire a sense of coherence in how and why they are practising as they are. For these therapists, one way they can actively *make* sense of coherence is to listen for areas of discomfort, confusion or questions in their own practice and to bring these to supervision.

As well as a forum for case consultations, supervision can be a site for a counsellor to bring their curiosity about their own practice, and explore some of the levels of the pond beneath the skills they practise. Supervision is thus one site wrestling with integration (Lowndes & Hanley, 2010). In reflecting together in supervision, a counsellor can come to know the micro-theory and/or personal beliefs that move under the surface of the pond. By unpacking micro-moments of practice to look for both theory and personal beliefs, a counsellor’s practice can grow in coherence and integration. Such “continuous reflection is seen as a fundamental developmental process in an evolving personal integration” (Horton, 2000, p. 327).

Another way that a therapist can explore their own curiosity about dissonance in their practice is through reflective writing (Boud, 2001; Wright & Bolton, 2012). Journalling is useful in that it allows for the evaluation of an experience. It invites reflection, “taking the unprocessed, raw material of experience and engaging with it as a way to make sense of what has occurred. It involves exploring often messy and confused events and focusing on the thoughts and emotions that accompany them” (Boud, 2001, p. 10). Journalling after a session is one way in which a therapist can be curious about dissonance in their own integration, as a means of “puzzling through” the confusion (p. 11).

Conclusion

Integration is one agenda for counsellor growth. It is also a particular *telos* a counsellor can move towards in desiring a practice in which diverse modalities are aligned in a way that is coherent for the therapist, and which fits with themselves as a person. Desiring an integrated practice is one expression of reflective practice. It is an expression of a desire to remain close to one’s practice, to make meaning of it as an evolving art.

In this paper, writing has been a method of inquiring into a dissonance in my own practice, along the bumpy journey towards my own integrated practice. Through writing, I have come to *know* more of the intentions behind my work. In this sense, “I write entirely

to find out what I'm thinking, what I'm looking at, what I see and what it means" (Didion, Dec 5, 1976, para. 8). Through this writing, I have explored one integrative tension in my integration journey in the use of person-centred therapy and narrative therapy. It has led me to continue to navigate the jostling of these two modalities within my work – without expecting a tight theoretical fit between them – while also wanting to be strongly aware of the intentions behind my use of one of them in the moment.

This exploration has also highlighted a deeper question about the personal beliefs that swim below the surface of practice. It has led me to consider integration as a journey with a number of projects. While therapy is about coordination between the therapist and client, it is also about a therapist coordinating with themselves. In this way, I advocate for a therapist being curious about aspects of theoretical dissonance, stepping towards them, to be able to grow in self-understanding.

The kind of self-reflection shown above may assist a multi-storied therapist to come to know some of the stories that comprise them; to know the personal life history that subtly and meaningfully informs their work. While as therapists we might seek to approach clients with "mystery, respectful curiosity, and awe" (Neukrug, 2016, p. 130), we might also bring such curiosity to ourselves, to discover what theories and beliefs shape our responses in micro-moments of therapy, and in this way to continue to evolve as therapists.

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Footnotes

¹ Notions of how time flows are strongly culturally shaped. The notion of linear time can be considered “the quintessential modernist [Western] construct” (Small, 2001, p. 40). In Indigenous Māori narratives, for example, the past and present might be collapsed into a sense of “spiral” time (Deloughrey, 1999). Thus, “for Māori, the past is inextricably woven into the present and future, and departed ancestors (tipuna) remain present in spirit (wairua)” (O’Connor & Macfarlane, 2002, p. 225).

² There are significant concerns with any attempt to make a direct link between a Western concept and te ao Māori, because of the radical difference of ontologies.

³ Both Peter’s and Sue’s names and any identifying information have been changed for their protection. This human subject qualitative research was approved by The University of Waikato’s Research Ethics Committee.

⁴ In conversation analysis, the focus is on the performative work of naturally occurring talk (Woofitt, 2005). Conversation analysis depicts in transcript precise details of talk, for example, laughter and facial expressions which the researcher then analyses to understand the “structure” of the talk (Woofitt, 2005, p. 8).

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