



Book Review

Owen's Intentionality Model in Integrative Psychotherapy

Ian Rory Owen (2009). *Talk, Action, Belief: How the Intentionality Model Combines Attachment-Oriented Psychodynamic Therapy and Cognitive Behavioural Therapy*. New York: iUniverse Inc.

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by **Tharina Guse**

Ian Rory Owen practises as a Principal Integrative Psychotherapist at the Leeds Partnerships NHS Foundation Trust in the UK. His career in the field of psychotherapy spans 23 years and he was awarded his PhD in Counselling and Psychotherapy in 2005. Owen's interest in philosophy and phenomenology as applied to mental health and the theory and practice of individual psychotherapy is reflected in his authorship of 65 papers and three books. This interest has culminated in the conception and development of the intentionality model which Owen introduces in his most recent book, *Talk, Action, Belief: How the Intentionality Model Combines Attachment-Oriented Psychodynamic Therapy and Cognitive Behavioural Therapy*.

In this book, Owen aims to explain how relationship-oriented therapy and techniques from cognitive behavioural therapy can be combined into one model, based on the key premise of intentionality. He refers to intentionalities as the "... mental processes that create linguistic meaning and non-verbal senses, like those of affect, empathic understanding and self-understanding" (p. xi). Although Owen discusses the intentionality model in detail in Chapter 3, a succinct sentence or two that captures its essence would have been helpful in the earlier pages of the book to orient the reader.

This expansive book consists of 22 chapters, divided into four parts. Part I provides an overview, Part II is focused on psychodynamic facets, and Part III deals with cognitive aspects of the intentionality model,

while the concluding Part IV deals with its practical application. Each part starts with an overview, and each chapter has specific aims stated that help to guide the reader through Owen's densely written arguments and explanations.

In the first part of the book, Owen sets out to argue the importance of an experiential approach to meaning and relating. The main point taken from this section is that clinicians should be sensitive to the unique presentations of psychological problems, and, more specifically, to the manifestation of personality disorders and complex psychopathology. Intervention must accordingly be tailored to the individual client. This stance is not new, and has been proposed by other authors (e.g. Duncan, Sparks & Miller, 2006; Frederick & McNeal, 1999). What Owen brings to the table is his view that a phenomenological understanding of the client's problem is needed to be able to deliver appropriate interventions, as well as to help clients understand themselves. He states: "What is of concern is *literally* how clients and therapists *make sense*" (p. 20).

Owen continues to elaborate on the importance of attachment theory and relationship issues in Part II of the book. Specifically, he describes in detail how the therapeutic relationship should be understood in terms of attachment dynamics. I found the discussion on criteria for bad practice (pp. 113-115) and the recommendations for good practice (pp. 118-119) in building the therapeutic relationship both helpful and interesting, although the preceding pages were often

written in a style that was cumbersome and made it difficult to sustain attention. I found myself getting impatient at times, wanting to skim over some of the passages to get to the essence of the argument. Owen concludes this chapter by referring to the limitations of what he refers to as “talking therapy”, therewith paving the way to the next section, which deals with more action-orientated work.

In Part III, Owen explicates his stance on the importance of belief in the development and maintenance of psychological problems. He painstakingly expounds his view that “... belief and understanding are living occurrences that create problems” (p. 142). Although I again tended to get lost in the dense text, I enjoyed his example of the character of Brian in the Monty Python film, *The Life of Brian* (p. 143), which clearly demonstrates the meaning of experiences to individuals. I also found myself agreeing with Owen’s call for a holistic understanding of clients in terms of a biopsychosocial approach, although this too is not a new concept. It would, however, have been helpful if this section included an elucidation of the similarities and differences between “pure” cognitive behavioural therapy and the intentionality model in a more digestible format.

Part IV is aimed at providing practical examples and more details on assessment and intervention using the intentionality model. This part of the text was often easier to read, although most chapters still contained pages of densely detailed and cumbersome writing. Chapter 15, which focuses on treatment planning, is one of the few chapters that flowed smoothly. In Chapter 16, Owen explains case formulation and working with belief. Especially insightful here is his explication of formulation as interpretation, where the contribution of the intentionality model to integrative practice comes to the fore more clearly. Similarly, the presentation in Chapter 18 of six worldviews, as evident in six psychological problems, provides valuable, if unduly expansive, insights on the application of the intentionality model in relation to

problems such as eating disorders, suicide and self-harm, as well as shame and low self-esteem in relating to others. In general, Part IV is the section of the book that most practitioners will find relevant. It also deals with details such as structuring sessions, agenda-setting and problem solving.

Against the backdrop of the summary above, the strengths and weaknesses of the book can be commented on. The strength of the book lies mainly in the fact that Owen succeeds in integrating psychodynamic and cognitive behavioural orientations by working from a phenomenological stance. This is thought provoking and guides clinicians to be more sensitive to individual clients’ meanings in the experiencing of psychological problems. Owen also demonstrates that integrative psychotherapy is more than eclecticism. Indeed, integrative practice involves the thoughtful integration of theory and consideration of the unique presentation of the client’s problems (cf. Duncan, Sparks, & Miller, 2006).

My main criticism of the work is the densely written text which is not only cumbersome but at times appears to be repetitive. I sometimes lost interest, had to re-read many parts, and took longer than I usually do to finish reading the whole. My concern is that this aspect of the book may prevent many readers from gaining the potentially valuable insights embedded in the text.

In conclusion, although Owen states that this book is intended “...for a wide audience” (p. ix), it requires some grounding in phenomenology to really understand how the intentionality model can inform practice. While seasoned therapists with an interest in phenomenology will appreciate Owen’s thoughtful presentation, therapists currently practising from either a psychodynamic or a cognitive behavioural perspective may be discouraged by the sheer effort required to read this book, as will novice therapists. A condensed, simplified version would thus make this valuable approach more widely accessible to a professional audience.

About the Author



Dr Tharina Guse is a Counselling Psychologist and coordinator of professional training in the Department of Psychology at the University of Johannesburg. She spent 15 years in private practice before returning to academia, and is now extensively involved in training student psychologists as well as presenting workshops on positive psychology and hypnotherapy to registered psychologists. Dr Guse’s research interests include the training of psychologists, interventions based on positive psychology, and integrative therapeutic approaches.

References

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