

Beyond Tribalism: The Case for Intermodal Collaboration in Psychotherapy

A Call for Professional Maturity and Open Dialogue

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Abstract

This article examines the phenomenon of modality-based isolation in the psychotherapy profession and argues that dogmatic adherence to therapeutic schools — while serving legitimate psychological needs — has become a significant obstacle to professional growth and client welfare. Drawing on meta-analytic research demonstrating that therapeutic modality is not a primary determinant of client outcomes, the author explores the institutional, psychological, and ethical dimensions of professional tribalism in psychotherapy. Concrete proposals are offered for fostering intermodal collaboration at the levels of professional associations, accreditation bodies, and training institutes.

What Research Tells Us: The Evidence Against Modality Supremacy

One of the most robust and replicated findings in psychotherapy research is that therapeutic modality is not the key factor in determining client outcomes. This conclusion, often referred to as the “Dodo Bird Verdict” after Alice in Wonderland’s declaration that “all have won and all must have prizes,” has been demonstrated across decades of meta-analyses.

Bruce Wampold’s landmark work, *The Great Psychotherapy Debate* (2001, 2nd ed. 2015), synthesised hundreds of comparative studies and concluded that so-called “common factors” — the therapeutic alliance, empathy, agreed-upon goals, and the relational quality between therapist and client — account for far more variance in outcomes than the specific techniques of any given modality. Lambert’s estimates suggest that common factors explain approximately 30% of outcome variance, while specific techniques contribute around 8%.

Further, Luborsky and colleagues (1999, 2002) identified a troubling phenomenon known as the “allegiance effect”: researchers who are loyal to a particular modality systematically produce more favourable results for that modality in their studies. This finding is significant not only for research methodology but for what it reveals about the broader culture of the profession — that ideological commitment to a school of thought can unconsciously distort both scientific inquiry and clinical practice.

Castonguay and colleagues (1996) demonstrated a paradoxical finding that is particularly instructive: strict adherence to cognitive-therapeutic techniques was negatively associated with outcomes when the therapeutic alliance was poor. In other words, therapists who prioritised protocol compliance over relational attunement — who “followed the model” at the expense of the client in front of them — achieved worse results. Flexibility, responsiveness, and genuine curiosity about the individual client matter more than fidelity to a framework.

The rapid development of neuroscience and clinical technology further underscores this point: findings from neuroimaging, psychophysiology, and digital therapeutics consistently transcend modality-specific frameworks, suggesting that the most clinically relevant knowledge is being generated precisely in the spaces between our traditions

Taken together, this body of research leads to an uncomfortable but important conclusion: we know what works in psychotherapy, and modality accounts for *less* variance than common factors. This raises a fundamental question that the profession has been reluctant to confront openly: if the modality is not what heals the client, why do we continue to organise our professional identities, training structures, and institutions as though it is?

The Legitimate Function of Modalities: Frameworks for the Therapist

It would be a mistake to conclude from the above that modalities are without value. On the contrary: this article does not argue against modalities, but against their misuse. Therapeutic frameworks serve a genuine and important function — primarily for the therapist rather than the client.

Every therapist requires a phenomenological and theoretical framework within which to make sense of human experience. How we understand suffering, change, and the relational field is shaped by our values, our cognitive styles, our comfort with ambiguity or need for structure, and the ways in which we ourselves make meaning. Different modalities offer different answers to these questions, and it is entirely appropriate for a therapist to be drawn to a framework that resonates with their particular way of being in the world.

In this sense, the plurality of modalities is a richness. It provides a broad palette of theoretical and practical possibilities from which therapists can draw according to their temperament and the specific needs of their clients. Different frameworks also cultivate different capacities in the therapist — some support the development of tolerance for uncertainty and inconsistency, while others provide scaffolding and structure for those who need it to feel secure in their practice.

The problem arises not from the existence of modalities, but from their transformation into closed ideological systems. The point at which a framework stops being a lens through which to explore clinical reality and becomes a doctrine to be defended is the point at which professional growth ends.

When Modality Becomes Tribe: Tribalism in the Psychotherapy Profession

The contemporary landscape of psychotherapy is, in many respects, organised less like a scientific and clinical profession than like a collection of competing ideological movements. Conferences are predominantly organised within single modalities. Journals publish along school lines. Supervision and intervision networks are largely homogenous. Practitioners from different traditions rarely meet as equals to share clinical experience and challenge one another's thinking.

The parallels with political tribalism are difficult to ignore. Each modality promotes itself as superior, dismisses competing approaches with stereotypes (“analysts are cold,” “humanists are naïve,” “CBT therapists are robots”), and organises its members into in-groups with shared language, rituals of belonging, and explicit or implicit norms about what may and may not be questioned. Arnold Goldfried observed that the field had become a collection of “Towers of Babel” — each speaking its own language, unable or unwilling to communicate with the others.

The most striking — and troubling — feature of this tribalism is how rarely it is named as such within the profession itself. We are a field dedicated to making the unconscious conscious, to recognising how unexamined assumptions shape perception and behaviour. And yet the tribal dynamics that organise our professional lives remain largely unexamined. Considerable energy that could be directed toward advancing clinical knowledge and improving client outcomes is instead expended on demonstrating which approach is superior — a competition that ultimately serves neither clients nor the profession.

Cui Bono? Who Does the Division Serve?

If the research is clear that clients are not better served by any single modality, and if professional fragmentation impedes knowledge exchange and clinical development, it is worth asking directly: who does this division serve? The answer is illuminating.

Training institutes have an obvious economic interest in maintaining the distinctiveness and perceived superiority of their approach. The branding of a modality — its trademarked techniques, its proprietary language, its certificates and advanced courses — constitutes a commercial enterprise. The market logic of training institutes, however understandable as a business reality, creates structural incentives against the kind of openness and integration that would genuinely advance the profession.

Insurance companies and healthcare systems, for their part, have their own interests in maintaining modality-based distinctions. Brief, protocol-based, and measurable therapies are more easily reimbursable than approaches that resist standardisation. The regulatory and financial architecture of

mental health systems thus reinforces particular modalities while marginalising others, for reasons that have more to do with administrative convenience than clinical evidence.

Finally, and perhaps most importantly, modality-based communities serve a deeply human need for belonging. Many people are drawn to the psychotherapy profession through their own experiences of vulnerability, loss, or difficulty. For those individuals — particularly when they begin training at a young age or during a vulnerable period — the training group and its shared framework can become a form of chosen family. The modality offers not merely a clinical approach but an identity, a community, and a sense of safety. This is not pathological; it is human. But it becomes problematic when the boundaries of that community are maintained through fear, shame, and the suppression of curiosity.

The Psychological Cost: Shame, Fear, and the Death of Curiosity

Dogmatic adherence to a modality does not arise in a vacuum. It is sustained by specific psychological mechanisms that are worth naming clearly, because they are the very mechanisms that psychotherapists work to address in their clients.

When a therapeutic framework becomes a tribal identity, exploring outside its boundaries generates anxiety, shame, and a felt sense of betrayal. A therapist who attends a conference from a different tradition, reads enthusiastically in an approach they were not trained in, or adopts an intervention from another school may find themselves asking: Am I allowed to find this useful? Will my colleagues think less of me? Am I being disloyal? In the most closed systems, these questions are not merely internal — they are reinforced by explicit or implicit community norms.

The irony is profound. Therapists who have been trained to recognise shame as a barrier to growth, who work daily to help clients free themselves from the tyranny of belonging-at-the-cost-of-authenticity, are often experiencing exactly those dynamics within their own professional communities. Bion wrote about the capacity to tolerate uncertainty as a foundational therapeutic virtue. Yet the very structures of professional training often reward certainty and punish doubt.

The result is a profession in which curiosity — arguably the most essential quality in a good therapist — is systematically inhibited. A therapist who cannot wonder freely about the client in front of them, who must always filter their perceptions through a pre-approved theoretical lens, is less present, less flexible, and ultimately less helpful than one who can hold multiple frameworks lightly and choose with clinical wisdom.

The Ethical Dimension: Vulnerability, Power, and Indoctrination in Training

There is an ethical dimension to this discussion that the profession has been particularly reluctant to address. Psychotherapy training involves a specific and significant power differential. Trainees are often young, frequently bring their own histories of difficulty or trauma to the work, and are in a position of considerable dependency upon their trainers and supervisors — both for the knowledge they need and for the professional validation that accreditation represents.

In this context, the closed ideological systems of some training institutes can shade into something more troubling than professional loyalty. When trainees are taught, implicitly or explicitly, that questioning the foundations of the approach is a sign of resistance or poor therapeutic development; when dissent is pathologised rather than engaged; when the training group functions more as an echo chamber than a place of genuine intellectual exploration — the conditions for indoctrination, rather than education, have been created.

This is not a marginal or rare phenomenon. Many practitioners, when invited to reflect honestly, can identify moments in their training when their curiosity was discouraged, when loyalty was demanded rather than earned, or when the authority of the trainer substituted for genuine clinical evidence. The fact that this is rarely discussed openly in the profession — that it is treated as an internal matter rather than a professional ethics issue — is itself a symptom of the problem.

Trainees deserve to be trained in environments where intellectual curiosity is celebrated, where the limits of any single approach are acknowledged honestly, and where exposure to diverse perspectives is considered a professional responsibility rather than a sign of insufficient commitment.

Proposals for Change: Towards a More Mature Profession

The problems outlined above are structural as well as cultural, and addressing them requires action at multiple levels. The following proposals are offered as a starting point for professional dialogue.

Professional Associations

National, European, and global psychotherapy associations have both the authority and the responsibility to actively promote intermodal collaboration. This means more than issuing statements of principle. Associations should incorporate intermodal engagement as a formal component of continuing professional development requirements — mandating, for example, that a proportion of supervision hours, conference attendance, or intervision participation take place in intermodal settings. The World Council for Psychotherapy, the European Association for Psychotherapy, and national equivalents should take a clear public position on modality-based tribalism and identify it explicitly as an obstacle to professional maturity.

Equally important, associations should actively fund and promote joint research projects that cross modality lines, and should ensure that their conferences include intermodal symposia, panels, and workshops as a standard feature rather than an occasional experiment.

Accreditation Requirements

Accreditation bodies should require training institutes to demonstrate genuine intermodal engagement as a condition of accreditation and its renewal. This could take several concrete forms:

- Regular guest trainers from other modalities, integrated into core curricula rather than presented as optional enrichment.
- Intermodal group supervision or intervision as a required component of trainee clinical practice.
- Placement in clinical settings where practitioners from multiple modalities work alongside one another, providing trainees with direct experience of collaborative practice.
- Curriculum content that explicitly addresses the research on common factors and equivalent outcomes, and that invites critical reflection on the evidence base and limits of the institute's own approach.

Institutes that cannot demonstrate such engagement should not receive accreditation to train practitioners who will work with vulnerable individuals.

A Culture of Open Dialogue

Beyond structural changes, what is needed is a cultural shift within the profession — a willingness to name the dynamics described in this article and to discuss them openly. This means creating space for practitioners to acknowledge, without shame, that they find value in approaches outside their primary training; that they are uncertain about the limits of their own framework; and that they have experienced, as trainees or as practitioners, the kinds of pressures toward conformity and loyalty that this article describes.

A Call to Reflection

In closing, I would like to address my colleagues directly — not with conclusions, but with questions. I offer these as an invitation to honest self-reflection, in the spirit of the very work we ask of our clients.

Do you feel that you need to justify or defend your approach to practitioners from other modalities? Do you feel shame when you find something valuable in a framework other than your own — as if you are somehow betraying your training, your teachers, your professional community? Does exploring

outside your modality feel like a small act of disloyalty, a cheating on a relationship you are supposed to honour? Have you noticed in yourself the kinds of feelings one might have toward a family from which one fears being excluded?

If any of these questions resonate, I would suggest that the resonance itself is worth examining. We know how to sit with clients in exactly these dynamics — the loyalty that inhibits growth, the shame that silences curiosity, the belonging that is purchased at the cost of authenticity. We know how damaging those dynamics can be, and how liberating it is to move beyond them.

It is time to extend to our profession the same quality of attention, honesty, and courage that we ask of those who come to us for help. The research has cleared the way: there is no empirical justification for the tribalism that divides us. What remains is the question of whether we have the maturity to let it go.

About the author

Biserka Tomljenović Belicza is a Zagreb-based gestalt psychotherapist, supervisor, trainer, and researcher whose work is shaped by three distinct and deeply interconnected careers: conference interpreting, human rights and social policy, and psychotherapy.

For nearly two decades she worked as a conference interpreter, including as official interpreter for the Croatian Ministry of Justice during the EU accession negotiations covering Chapter 23 — Rule of Law and Fundamental Rights. This placed her at the centre of some of the most consequential institutional dialogues in Croatia's modern history and cultivated a rare precision in navigating language, power, and meaning across complex contexts.

In parallel and subsequently, she built an extensive career in social policy and human rights, collaborating with institutions including UNICEF, the Open Society Foundations, the Roma Education Fund, the European Roma Rights Centre, DG JUST, and Croatian government bodies. Her work spanned the development of national Roma integration strategies, educational inclusion, policy analysis, community-based prevention, and the co-authorship of a guidebook for teenage parents. She also served as guest lecturer at the Faculty of Law, University of Zagreb, on multiculturalism in social work. This two-decade engagement with some of the most structurally marginalized communities in Croatia and Europe continues to inform how she understands power, dialogue, and the conditions that make genuine human contact possible — in institutions and in the therapy room alike.

She trained as a gestalt psychotherapist at the IGW Institut für Integrative Gestalttherapie in Würzburg, under Jasenka Pregrad and Klaus Engel, and is a member of the Croatian Chamber of Psychotherapists (HKPT). She holds a Level 1 EMDR certification and serves as mentor of the Croatian case study group within the International Gestalt Practitioner Case Study Project. Her curiosity about what remained of the therapy in the lives of her clients led her to apply the CHAP (Change after Psychotherapy) methodology to evaluate her own clinical work, resulting in a publication in the British Gestalt Journal on CHAP as a reflexive evaluation tool for small gestalt therapy practices. She is also a trainer in psychotherapy research at Centar IGW Zagreb.

She is the creator and founder of Evinotes, a tool built on the conviction that reflexive practice and the quality of the working alliance — the living relationship between therapist and client — are the true engines of therapeutic change. Through Evinotes she leads

professional development internationally, supporting therapists in cultivating the kind of sustained self-awareness that keeps the therapeutic relationship honest and alive.

She is a recognized public voice on mental health in Croatia, contributing to media and academic discourse on topics ranging from domestic violence to the fragmentation of professional identity in psychotherapy. She works in Croatian and English, in person and online.

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