Problems and Perils of Eclecticism in Psychotherapy: A Hermeneutic Alternative

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Eclecticism has continued its phenomenal rise in popularity as a therapeutic orientation. Bergin and Garfield (1978, 1986, 1994) are two of the more prominent observers to chronicle this rise. They note a "decisive shift" in orientations, with a continuing disaffection from traditional theories and a movement toward eclecticism. Indeed, recent studies indicate that over 68% of therapy professionals now identify themselves as eclectic (Jensen, Bergin, & Greaves, 1990). At the same time, Bergin and Garfield are the first to confess that the field of psychotherapy does not necessarily understand what eclecticism is. A recent study, for example, polled 154 eclectic psychologists and revealed no less than 32 different combinations of theoretical orientations (Jensen, Bergin, & Greaves, 1990). And, of course, endorsement of the same combination may not signify much in common among therapists. As a result, many questions arise: What is eclecticism, and why are so many professionals claiming it as their orientation? How do we account for its sudden and dramatic growth?

I propose to do a theoretical analysis of this orientation. I begin with the two main motivations of the eclectic, and show how these motivations have culminated in three general approaches to eclecticism. All these approaches attempt, as I will describe, to add different theories or techniques together--more is better. In doing this analysis, however, it became clear to me that these eclectic approaches will not ultimately satisfy those who have turned to eclecticism. Therefore, I offer a radically different way of treating the issues, one that focuses on the quality rather than the quantity of theories.

Dissatisfaction with Single Theories

A review of the relevant literature suggests two basic dissatisfactions with traditional single theories: their lack of comprehensiveness and their lack of openness to

the client. First, singular theories are assumed to be inherently limiting in scope. Single theories are, after all, one theory and thus encompass a limited set of categories and constructs for understanding clients. The obvious solution, then, is to add a number of theories together in some sort of eclecticism. Behavioral theories deal with categories of behavior, cognitive theories deal with categories of cognition, psychoanalytic theories deal with categories of the unconscious, etc. Why not put them all together, asks the eclectic, and understand the whole person? The assumption is that multiple theories and categories have to be better and more comprehensive than any single theory alone.

Another dissatisfaction with single theories is the close-mindedness they are perceived to produce. Single theories are thought to put blinders on therapists, so that therapists see only those features that are relevant to the specific theory. They see clients not for how they are but for how the theory makes them appear. This biased rigidity would also make it difficult to tailor treatment to the individual patient's needs. Therapists with a single theory would tend to have limited options regarding the categories in which clients could fit as well as the techniques in which clients could be treated. Eclecticism, however, as Lazarus and Beutler (1993) put it, "promotes a less rigid adherence to delimited schools of thought, opens channels that promote flexibility and a relativistic approach to 'truth,' and underscores both the personalistic (or idiosyncratic) attributes of practitioners and the uniqueness of individual clients" (p. 381). In short, eclectics are open-minded and single theory adherents are close-minded.

Types of Eclecticism

The dual attractions of eclecticism--greater comprehensiveness and greater open-mindedness--have spawned an incredible flurry of both empirical and theoretical activity. At this point, however, most of this activity can be grouped into three fairly distinct approaches: unsystematic eclecticism, theoretical integrationism, and technical eclecticism. All these approaches seem to be joined by the common motivations I just

described. All also appear to rely on a broad definition of eclecticism as their common intellectual ground: "the selection of what appears to be best in various doctrines, methods, or styles." As one might guess, their diversity occurs in the various ways in which they decide how to make the selection of what is best.

Unsystematic eclecticism. The first approach is by far the least systematic and probably the most criticized of the three. Indeed, this is the reason for its name--unsystematic eclecticism. As Gilliland, James, and Bowman (1989) explain, this eclecticism assumes that "bits and pieces from different theoretical system can be integrated within one counseling session with a client, to provide a stronger therapeutic treatment" (p. 294). These "bits and pieces" are not integrated in any theoretical or systematic manner. Unsystematic eclectics are rightly sensitive to the possibility that such an integration could result in another singular theory. This would be self-defeating, because they view single theories as the problem. However new and innovative this single system might be, it would still contain a certain set of assumptions that would bias therapists and limit their comprehensiveness and openness. The primary attraction of unsystematic eclecticism, then, is its openness to all theories, without any system for selecting the various components of these theories.

Unfortunately, the eclectic literature has not been particularly kind to this unsystematic approach. A crucial problem, from the perspective of this literature, is that the bits and pieces being selected may themselves be incompatible. Techniques that are "directive" in nature are not compatible with techniques that are "nondirective," by definition. Case conceptualizations that presume a client's free will are not compatible with conceptualizations that presume a client's determinism. These dissonant combinations would lead to inconsistent, perhaps even irresponsible, therapies. Yet, an unsystematic eclectic is unable to prevent this.

Some unsystematic eclectics have proposed a system whereby compatible theoretical components can be selected. The only difficulty, of course, is that such a system has itself a single set of assumptions--a bias--about what is compatible. If this system were to govern the selection process--as they advocate--it would, in effect, be a single theoretical approach. Its biases would be transferred to any eclecticism it helped to construct. Indeed, these constructed systems could not really be eclectic, because they would all revolve around the single bias embedded in the selection system. From this perspective, the unsystematic eclectic is reduced either to a haphazard, bag-of-tricks form of therapy that no one advocates or to a singular theory that is not ultimately an eclecticism.

Needless to say, this particular eclecticism has lost its original luster. Although it undoubtedly still has its adherents among therapists, the eclectic literature has increasingly seemed to warn professionals away from the approach. The crucial lesson from this eclecticism appears to be that some sort of active integration of the various theories is required. One cannot pick components capriciously or randomly and be a responsible therapist.

Theoretical Integrationism. This lesson is, then, the impetus for the theoretical integration movement within eclecticism. Rather than attempting to escape systems and theories, theoretical integration makes theory the focus of its eclecticism. Arnkoff (1995), for example, argues explicitly for "integration at the level of theory" (p. 423). This, he believes, follows from the assumption that this integration across theoretical schools (p. 423) will provide what Murray (1986) terms as the optimal match "between the intervention, the patient, the problem, and the setting" (p. 414). Thus, the integrationist posits an explicitly theoretical combination that avoids incompatibilities and yet is both comprehensive and open-minded.

This approach, however, begs the questions posed earlier on behalf of the unsystematic eclectic: How does one avoid incompatibilities and integrate various dissimilar theories without a metatheory to guide this process? And if a metatheory does guide this process, isn't the resulting integration really only one theory? How, for example, does Freud's single theory differ from a theoretical integration? Freud took components from many divergent sources--philosophy, physics, physiology, to name a few--and integrated them all under one theoretical umbrella, one set of assumptions or metatheory, yet no one accuses him of being eclectic.

Indeed, a brief review of the process by which any theorist composed his or her theory will doubtless find a similar approach. Surely, all such theorists set out originally to include whatever ideas seemed relevant to them; they certainly did not set out to build a theory that closed off relevant information and techniques. However, what separates such theories from mish-mash is the system that unites the relevant categories and constructs. Any integration of ideas would necessarily provide a similar uniting system; otherwise, it could not be integrating. In this sense, then, either theoretical integrationists are truly integrative--and thus not any more eclectic than Freud--or theoretical integrationists are not attempting to integrate theories systematically, and thus are subject to the same criticisms they level at the unsystematic eclectics.

Technical Eclecticism. These problems have led the vast majority of eclectics to what is now termed technical eclecticism. Technical eclectics have attempted to learn two vital lessons from their eclectic peers: The first is that an eclectic cannot be wholly unsystematic. Some sort of system is necessary to avoid a hodge-podge approach to therapy that is irresponsible, if not wholly unethical. However, the second lesson is that this system cannot itself be another theory. Because this other theory or system ultimately governs the explanations and techniques within it, and because this other

theory or system has itself a coherent set of assumptions, the entire project can be said to be a single theory, with a single set of biases like any other theory.

The solution to these problems, according to a technical eclectic, is to rely upon science. First, technical eclectics focus their sights on techniques exclusively. That is, they do not care what underlies or originates the techniques; they only care what the therapist does and how effective it is in relation to various disorders (Held, 1995). As Norcross (1986) points out, "technical eclectics [hold that] no necessary connection exists between metabeliefs and techniques" (p. 10). This contention, then, allows technical eclectics to conceive of their enterprise in purely objective and behavioral terms.

This objectivity permits the second part of their solution. They can now avoid the entanglements of singular theories by submitting everything to empirical test. Instead of relying upon subjective theories that they believe will inevitably bias the therapist, they rely upon the objectivity of science to inform them of which technique is most effective for which disorder. Lazarus represents the sentiments of these eclectics when he states that "theories are essentially speculations. . ." but "observations simply reflect empirical data without offering explanations" (p. 147).

In this manner, the technical eclectic is thought to provide a systematic therapy without resorting to a single, and hence noncomprehensive and close-minded theory. Because these eclectics can pull techniques from any theory, they can claim complete comprehensiveness. Because they use no singular theory to judge the effectiveness of these techniques, they can claim complete open-mindedness. Indeed, they can claim complete objectivity. Eclectic nirvana has clearly been reached--or has it?

Unfortunately, advances in the philosophy of science have thrown a wrench into this eclectic machine. These advances challenge the objectivity of scientific method. In fact, these advances consider this method to be itself a theory, with all the biases and liabilities of any other theory. This is made clear when one realizes that method cannot

validate itself. Method has a "boot strap problem," because it cannot use its own methods to validate the methods it is using. There is no grounding for method that is itself empirical or objective; philosophy grounds method. In this sense, method's philosophy is not committed to, and in some cases rules out, certain other theoretical and therapeutic ideas. These ideas are not ruled out because they are "unsupported by the data;" they are ruled out because they belong to a different, but not necessarily fallacious, philosophical position.

This means, of course, that technical eclectics have not avoided a single theoretical system; they have just used a less obvious theoretical system called science to make their eclectic selections. If science is indeed a type of bias, then certain techniques have been ruled out, not because they are unsupported by the data, but because they do not agree with the hidden biases of science. Dr. Williams and I have recently written a book, entitled What's Behind the Research (with Sage Publications) in which we point out the philosophical commitments of traditional scientific methods. In this sense, technical eclectics are no more open-minded or comprehensive than any other set of single theorists.

Indeed, at this point it looks doubtful that some sort of single theory or metatheory is avoidable. Although these single theories may vary in what George Kelly once called their "range of convenience"--their scope of reference--they do not vary in their commitment to a single set of coherent and compatible assumptions. They still rule in and rule out certain constructs and categories; they are biased. This is because any combination of theories or techniques requires a theory or metatheory to provide the basis for this combining. It is also quite debatable whether this combination provides a more subsuming or a wider scope of reference than traditional theoretical combinations, such as Freud and Rogers.

In any case, we seem to be back to "square one." That is, we began with the dissatisfaction of a vast majority of psychotherapists because single theories lacked comprehensiveness and openness. The eclectic movement has yet to play itself out completely, but this theoretical analysis questions whether this movement can ever adequately address the core concerns of those who call themselves eclectic. This analysis has quite clearly brought us back to where we started--with single theories that presumably led to the dissatisfaction in the first place.

At this point, the quest for greater comprehensiveness and greater open-mindedness may look futile. Both seem to be inherently limited by the logical necessity of a single theoretical structure. This necessity would seem to imply that therapists will always be captured by the particular theoretical system they endorse, consciously or unconsciously. They will never be able to see the clients as they really are, never be able to tailor their methods to the clients' unique needs, and never be able to draw upon techniques outside of their theoretical system.

Avenues of Investigation

Fortunately, these conclusions are premature, not because eclecticism has some hidden promise, but because there are at least two other avenues of investigation, one with particular promise. The avenue pursued thus far we can call the eclectic project. The core of this project is the seeking of comprehensiveness through a greater number of theoretical categories. Another avenue for addressing this issue is to do away with categories altogether. One extreme of the diagnostic labeling debate argues for the complete dissolution of categories. I refute this argument in another paper (Yanchar & Slife, 1996).

Essentially, I hold that some level of linguistic reductionism is necessary for explanations and therapy conceptualizations. Dr. Robinson's pivotal work on reduction is helpful here. My contention is that all languages operate as a system of symbols that

adumbrates the rich world of our experience into a smaller set of categories. No particular word or category can ever comprehensively describe the world of our experience. Yet, these words and categories are necessary for us to know what parts of experience to attend to and what parts to omit. Without them, the world is a buzzing mass of confusion; the world has no meaning. Certainly, we would have no discipline, because our purpose, at least in part, is to organize and thus provide categories for understanding the psychological world. Therefore, the complete dissolution of professional categories cannot be the answer.

Atemporal Categories

Another avenue, however, has been almost completely ignored in the quest for comprehensiveness and open-mindedness. Unlike the quantification of categories and the attempt to dissolve them, this avenue involves the quality of categories. The history of theorizing reveals, I believe, two basic qualities of categories, two basic categories of categories: atemporal categories and temporal categories. As many have chronicled, science, including psychological science, has championed the atemporal almost exclusively.

Atemporal categories are those categories that are essentially "timeless," or unchanging and universal in their basic nature. Although appearances and the natural world exhibit changes, science has sought the unchanging laws that lay "behind" this natural world and govern these appearances. For instance, what lies behind and governs the behavior of falling bodies is the law of gravity. This law is atemporal, because it is unchanging across space and unchanging across time; it applies to South as well as North America and the Tenth as well as the Nineteenth Centuries. Central, then, to the seeking of unchanging principles is the atemporal category. After all, individual and unique entities--whether object or event--are not suitable for deriving laws. Atemporal

categories of entities, however, are perfect for this task, because they automatically reduce the enormous variation of the world into a stable set of general classifications.

The use of atemporal categories came to psychotherapy through medicine. The medical profession has always endeavored to discover the atemporal biological principles that lay behind the symptoms of disease. Tubercle bacillus, for instance, affects the body and is cured in certain ways, regardless of the time or place in which it is contracted. As an atemporal category, tubercle bacillus has reduced an enormous variation of symptoms to a stable classification. From the viewpoint of a medical professional, all good and true categories must function similarly.

Mental health professionals have essentially adopted this same view in their own practices. Their diagnostic system is, of course, shared with medicine and clearly exhibits atemporality. Categories of the DSM-IV are considered to be a stable set of general classifications that do not vary essentially across time or space. Schizophrenia, for example, is considered to be a category that crosses cultures and eras. If it didn't, there would be little point in searching for the physiological causes of this disorder. If schizophrenia were presumed to pertain to our culture solely, we would be seeking cultural rather than physiological explanations. Recent revisions of the diagnostic system have paid some lip service to culture, but as multiculturalists (Fowers & Richardson, 1996) have noted, the guiding premise of the DSM-IV is still that diagnoses are essentially atemporal. In this sense, atemporality is viewed as a tool of cultural imperialism.

Atemporal categories also pervade therapies. Ideally, certain categories of techniques fit with certain categories of diagnosis. In the same medical model sense that diagnosis is thought to be unchanging across time and place, therapeutic interventions are thought to be unchanging across time and place. This is why atemporal categories are unresponsive to the changing contexts and people of psychotherapy. They were

specifically formulated to reduce variation and change in the project of science. It is little wonder that they are now insensitive to that variation and change in the project of therapy. It is little wonder that therapists--who are, by occupation, concerned with change--are now dissatisfied with these categories and the techniques spawned by them. To attempt greater comprehensiveness and openness with such categories is a losing battle from the start. All that an atemporal categorizer can do is add more of these rigid categories and hope that the growing compilation of categories will eventually subsume whatever situations occur.

Temporal Categories

Temporal categories, on the other hand, are inherently comprehensive and open. Unlike atemporal categories that must be timeless, temporal categories are full of time. That is, temporal categories are full of the era and context of their construction and interpretation. In this sense, they are context and culture bound. They claim no special universal status beyond their cultural and contextual embeddedness. Where atomism and changelessness are the main attributes of atemporal categories, holism and changeableness are the main emphases of temporal categories.

From this perspective, categories are temporal not only because they are full of time; they are temporal because they imply a temporariness, a "willingness" to be replaced with another category. That is, temporal categories imply their own inadequacy, incompleteness, and potential inappropriateness, given the context at hand. They are reductive. That is, temporal categories do simplify our rich experience to the domains that fall within their spheres. However, each category contains within itself the possibility of its own negation. An atemporal category can only relate to what it formally subsumes or contains, but a temporal category relates not only to what it contains but also to what is "outside" itself. As part of a greater whole, a temporal

category derives its qualities from its relation to other categories, "outside" the province of things it categorizes.

In this sense, temporal categories are dialectical categories. As our chair, Dr. Rychlak, has shown in his valuable work, the dialectic has a long and varied tradition of knitting knowledge together through opposition and negation. However, temporal categories also stem from a related, hermeneutic tradition, where Heidegger, among others, believed that humans are inherently temporal. As he puts it in his seminal book, Being and Time, "to be is to be temporal" (Gelven, 1989, p. 169). Unlike topics of the natural sciences, humans--as social agents--dwell more in the realm of the possible and the particular than in the realm of necessary and universal. Humans are inherently contextual and changeable, and thus require theories that reflect this contextuality and changeableness.

This temporal nature, I believe, is what many therapists are seeing in their clients. This temporal nature is the reason that those who call themselves eclectic are seeking greater comprehensiveness and openness. They sense the lack of flexibility and contextuality of traditional atemporal theories, and so they modify them in the only way they know how--by theoretical multiplication. Heidegger, however, shows how atemporality, however multiplied, can never apply to humans' being. Atemporal abstractions will always strip being of its uniqueness and meaning. Atemporal universals will never capture a person's embeddedness within particular contexts. To capture humans' being at all requires categories that reflect these temporal qualities.

Temporal Systems and Theories

How would such a system of temporal categories work? Given the radical nature of temporality, one might assume that a complete overhaul of our diagnostic and treatment system is required. This may not be the case, however. Temporality says less about the particular categories one uses and more about the quality of how one uses

categories. For example, I would suggest that the current diagnostic system, having developed primarily from the experiences of therapists, has much to recommend it. Its main problem--just like the various categories of technique--is its atemporal ideal. I say "ideal," because few therapists would see the diagnostic system as perfectly atemporal. Indeed, many already use this system in a temporal fashion. The issue, then, is what ideal is the diagnostician striving toward. Is the ideal diagnosis atemporal, and thus stable and universal over time and particular context, or is the ideal diagnosis temporal, and thus inherently temporary and inextricably tied to particular contexts?

To illustrate the latter, consider how Mary, as Bill's therapist, entertains the category of depression for Bill's feelings and behaviors. Inherent in a temporal approach to this category is the possibility of its own negation. This possibility means several things to Mary. First, she knows that she could be flat wrong about the appropriateness of this category for Bill. As an interpreter of Bill's actions, she has no objective access to Bill's behaviors; this category says as much about her and her culture as it does about him and his culture. Second, she knows that this category could only apply to her own particular relationship or context with Bill. This contextuality does not mean that Mary is wrong about her use of this category--the truth itself, as Heidegger contends, is temporal. However, the truth, and the rightness of this category, could shift as the context itself shifts.

As a third possibility, consider that Bill or Mary could themselves change the context, through choices, new insights, etc. If Bill and Mary are agents of their actions, in some sense, then the appropriateness of the depression category could change in the next instant. If Mary relied too much on a specific category for Bill, she could lose touch with him altogether. A temporal approach, then, would require constant monitoring of Bill and Mary herself, as an interpreter of Bill. Clearly, this approach would result in the openness to clients being sought so fervently by eclectics. Indeed, a temporal approach

to diagnosis would emphasize the temporality of the system itself, the category of categories. Temporal therapists would know that they could jettison the entire system, or system of systems, whenever they judged it to be inappropriate to their client's needs. This, of course, is the epitome of open-mindedness--the willingness to abandon one's theoretical system altogether.

Would a temporal categorical system also result in a more comprehensive system? As Rychlak has shown, dialectical categories are "one and many" categories, meaning that they can function as one specific category for a particular context, and yet they must also be understood in relation to many contexts. Because temporal categories contain their own negation, it is in their very nature to relate to what they are and what they are not. Mary's category for Bill, for example, relates to a specific pattern of symptoms, but it also relates to alternative and implied patterns of symptoms at the same time. In this sense, temporal categories could not be any more comprehensive, because they denote what they ostensibly contain and they intimate the possibility of categories and systems they do not contain.

Even full-blown, single theories, if used in this manner, can be open and comprehensive. That is, if the person using a single theory viewed its categories and constructs as temporal rather than atemporal, then the theory, whatever its assumptions, would contain the possibility of its own negation. It would be seen as necessarily inadequate and incomplete. Indeed, this is how most therapists already see theories. Their lived experiences with their clients have demonstrated to them, over and over again, the inadequacies of theories presumed to be atemporally permanent and objective. The response of these therapists has been, quite understandably, to seek greater openness through eclecticism--the multiplication of atemporal theories.

I respectfully submit, however, that this is the wrong lesson learned. The correct lesson is that any theory, when it is used to understand humans' being, is inherently

incomplete and inadequate. In this sense, it is crucial that the theory explicitly reflect this inadequacy. Theories that deal with natural science objects may be able to use atemporal categories, but those that deal with the meaningful world of humans--where change, possibility, and context are crucial to understanding--need to reflect this temporality. I believe that the eclectic dissatisfaction with current atemporal theories is evidence of this need. Not coincidentally, eclectic concerns with openness and comprehensiveness are precisely the weaknesses of an atemporal categorical system. Rather than compounding these concerns by multiplying the number of atemporal theories available, we need to focus on the problem itself--atemporality. In this manner, we can truly begin to formulate temporal theories and techniques that are applicable to humans' being.