On Technical Eclecticism

Arnold A. Lazarus and Larry E. Beutler

Differences among unsystematic eclecticism, theoretical integrationism, and technical eclecticism are underscored. A brief case history is presented to demonstrate how and why a combination of theories, and a smorgasbord conception of eclecticism, yields clinical confusion rather than therapeutic precision. Unless counseling and psychotherapy are tied to empirical efficacy, the field is likely to become (or remain) a quasi-religious philosophy rather than a scientific enterprise. We explain why atheoretical or mechanistic procedures must be replaced by specific types of theories with a view to prescriptive matching on the basis of diagnostic entities, problem clusters, and interpersonal characteristics of clients. We contend that systematic, technical eclecticism may represent the Zeitgeist in counseling and psychotherapy well into the 21st century.

Many counselors and clinicians have realized that one true path to understanding and correcting human problems does not exist —no single orientation has all the answers (Garfield & Kurtz, 1975; Patterson, 1980). Norcross, Prochaska, and Gallagher (1989) have reported that 64% of counselors consider themselves "eclectic," and according to Jensen, Bergin, and Greaves (1990) more than 70% of some professional groups identify themselves as eclectics. This seems to be a mixed blessing. In some circles, it seems to have encouraged the dissemination of knowledge using interdisciplinary research, promoted a less rigid adherence to delimited schools of thought, opened channels that promote flexibility and a relativistic approach to "truth," and underscored both the personalistic (or idiosyncratic) attributes of practitioners and the uniqueness of individual clients (Beutler & Clarkin, 1990). The dictionary definition of *eclectic* is straightforward—"selecting what appears to be best in various doctrines, methods, or styles"—but within counseling and therapy, the term conveys nothing of substance—it simply implies that concepts from two or more of the 400+ separate "schools" of psychotherapy (Karasu, 1986) have been blended, often in an arbitrary, subjective, if not capricious manner (Lazarus, 1988).

Hybrid coalitions of certain incompatible notions have produced eclectic thinkers who embrace extremely divergent views. Gilliland, James, and Bowman (1989) typified the unfortunate side of eclecticism when they stated that "bits and pieces from different theoretical systems can be integrated within one counseling session with a client, to provide a stronger therapeutic treatment" (p. 294). This smorgasbord conception of eclecticism, in which one selects concepts and procedures according to an unstated and largely unreplicable process, is both regrettable and misguided. It is this representation that is primarily responsible for opposition from those who recognize the need for explicit decision-making criteria and coherent treatment planning (see Mahalik, 1990). At the very least, a quest for improved therapeutic efficacy argues that counselors require particular organizing principles to guide them in determining under what circumstances a given procedure should be applied or withheld. The haphazard mishmash of divergent bits and pieces, and the syncretistic muddle of idiosyncratic and ineffable clinical creations, are the antithesis of what effective and efficient counseling represents.

There are at least two approaches that have been proposed as alternatives to this ragtag, shotgun collection of miscellaneous methods, otherwise known as *unsystematic eclecticism*. These alternatives are generally described by the terms *theoretical integrationism* and *technical eclecticism* (Norcross, 1986a). These two alternatives, however, are not equivalent, nor are they of equal value. In our judgment, systematic, technical eclecticism offers by far the greatest promise for the future, both of practice and research (see Lazarus, Beutler, & Norcross, 1992). In the ensuing pages, we briefly describe the history of both of these movements and extend their implications to a prospect of what the future portends for each.

A HISTORICAL VIEW OF ECLECTIC THOUGHT

As far back as 1933, Thomas French addressed the interrelations between Freudian and Pavlovian conceptions of psychotherapy and psychopathology. In subsequent years, integrating theoretical conceptions from these and other theories has been a popular pastime for many noted writers. Historically, the initial applications of behavioral principles to psychoanalytic concepts by Dollard and Miller (1950) and later by Stampfl and Levis (1967) broke new ground and forced analytic thinkers to begin justifying their positions in empirical terms.

Subsequently, the writings of Wachtel (1977) reawakened an interest in integrationist views. More recent efforts to combine psychoanalytic and behavioral theories, however, have failed either to retain energy or to inject impetus into a flagging effort to find new meaning in the combinations of theories that are, themselves, wilting on the vine of anachronistic thought (cf. Arkowitz & Messer, 1984; Goldfried, 1982; Messer & Winokur, 1980). With the waning strength of the movement to integrate psychodynamic and behavioral theories, some advocates of integrative approaches have sought yet other alliances by merging behavioral and Gestalt therapies (Fodor, 1987; Groman, Nelson, & Davidson, 1980; Harper, Bauer, & Kannarkat, 1976) and cognitive and interpersonal therapies (Safran, 1990), as well as incorporating general psychotherapy principles within theories of information processing (Mahoney & Gabriel, 1987). The value of these alliances has yet to be determined and all of these alliances continue to rest on the dubious assumption that wherever theories converge, therapeutic pro-

cedures will be enhanced. When Lazarus (1967) coined the term *technical eclecticism*, it was in response to the observation that amalgamated theories only breed confusion worse confounded.

Thorne (1957, 1967) was perhaps the first to suggest that psychotherapy procedures did not follow linearly from theory. He maintained that a complete system of psychotherapy could be constructed by combining menus of actual therapeutic techniques rather than by using only procedures that drew from single theories. This represented the first thoroughgoing technical eclectic viewpoint. Accordingly, he stressed that eclecticism should not be an unsystematic or uncritical combination of diverse and possibly incompatible elements, but saw it as the practical application of basic psychological science. In essence, he described the eclectic position as "a basic scientific approach to the problem of matching suitable clinical methods to the needs of specific cases" (Thorne, 1973, p. 445). Harper (1959) presented a similar case for an eclectic orientation and concluded that "many therapists and their patients are likely to profit from a flexible repertoire of therapeutic techniques, rather than from a rigid adherence to a single system of psychotherapy" (p. 149).

Although numerous writers have emphasized the virtues of expanding one's therapeutic armamentarium rather than adhering to the use of a delimited number of procedures from a single school of thought, it is only within the past decade that many counselors have realized that convergence and rapprochement can rest on the bedrock of rigorous scientific inquiry (see Beutler & Clarkin, 1990). Nevertheless, rival and independent systems continued to proliferate (Norcross, 1986b; Saltzman & Norcross, 1990).

From the diversity of eclectic and integrationist viewpoints, national and international societies, groups, and professional associations of eclectic counselors and therapists have been formed; journals are emerging that are devoted to the dissemination of systematic eclecticism; and there is an increasing number of workshops (e.g., Wolfe & Goldfried, 1988) and traditional journals that are devoting special attention to the importance of matching procedures to patients (cf., Kendall, 1982; Shoham-Solomon & Hannah, 1991). As we view the emergence of both technical eclectic and integrationist systems, however, we are prone to ponder and question whether or not Norcross and Grencavage (1989) were correct in asserting that the integration of the psychotherapies represents a desirable metamorphosis in mental health. Indeed, we believe that integrationist views, as opposed to the technical eclectic approaches, may retard progress and lead in unproductive future directions.

THEORETICAL INTEGRATION: PROCEED WITH CAUTION

Agras (1987) has suggested that only if and when outcome studies establish the effectiveness of psychodynamic psychotherapies might one begin to consider the potential value of a behavioral-psychodynamic integration. Nevertheless, many theorists and counselors believe that the integration of psychodynamic and behavioral theories and methods is eminently feasible and has synergistic effects (e.g., Fensterheim & Glazer, 1983; Goldfried, 1982; Marmor & Woods, 1980; Wachtel, 1977, 1987). These writers contend that the action-oriented theories and methods of behavior change and habit formation, when combined with introspective theories of object relations and the intricacies of unconscious processes, will produce a product that transcends the virtues of either approach alone. Herein lies a trap that we regard as potentially dangerous to future growth.

When exiting from their ivory towers or laboratories and assuming responsibility for client treatment and care, both dyed-in-the-wool

analysts and behaviorists soon found that the insight-versus-action dichotomy, so eloquently discussed by London (1986), was clinically sterile. Procedures arising from theories that advocated insight alone seldom produced significant behavior change, and deconditioning methods often proved effective only in concert with cognitive restructuring procedures (Lazarus, 1971). Does this not argue for merging psychodynamic and behavioral formulations? Emphatically not!

Let us consider a case in point. A 23-year-old client complained that he often felt anxious and depressed, and he expressed frustration about his inability to sustain erections during sexual intercourse. Careful history taking revealed several factors. A somewhat reticent father and overprotective mother seemed to prefer his older sister whose outstanding academic record contrasted sharply with this client's own average scholastic performance. At age 16 he was unduly upset about the sudden demise of his maternal grandmother of whom he was extremely fond. At age 18, the tragic death of his girlfriend (his first sexual relationship) had a profound impact. After college, he was accepted into law school, weathered one semester and dropped out, calling it "too tedious." (His father practiced "back room law"—he specialized in taxes and real estate closings.) The client lacked direction, had no career goals, and was floundering.

From a psychoanalytic perspective, this case is replete with typical psychodynamic themes including sibling rivalry, Oedipal conflicts, separation and individuation, and other factors pertaining to his object relations. Perhaps a full understanding of his "castration anxiety" would restore his sexual potency. Could his sexual ineptitude be a defense against repressed wishes for his pesky mother who endeavored to control and restrain him, hostility toward her, or both? Perhaps insufficient internal self-love had rendered him vulnerable to narcissistic withdrawal. The analyst's couch would be an ideal medium to explore these and many other hypotheses.

On the other hand, a behavioral analysis of this young man may lead us to conclude that an effective treatment would consist of desensitization, assertiveness training, sex therapy, and career counseling. From this perspective, a reticent father and an intrusive mother may have afforded an impoverished environment for adequate role modeling and identification. The traumatic loss of significant others may have sensitized him to numerous cues that can trigger avoidance behaviors. Hence, self-efficacy had probably been compromised, and learned helplessness may have come to characterize various anticipatory pathways. A more exact behavioral assessment might reveal a network of reinforcement contingencies that govern the reactions of this young man.

The theoretical integrationist might argue that both the psychoanalytic and behavioral theories, each being inherently sensible, should be combined and that this would yield a workable treatment program. Alternatively, the unsystematic eclectic might try to combine bits and pieces from each based on some sense of what is needed at a given moment. Both approaches pose problems, however, and are perhaps dangerous.

Why not take bits and pieces from both psychoanalytic and behavioral approaches? One reason, at least, for not doing so is that we lack criteria to determine what portions or pieces of each theory to preserve or expunge. Perhaps, if it were possible for us to extract the most useful and valid pieces from each theory, we might discover a degree of synergy. Without clearly defined evidence of the theory's utility, however, one would be unable to determine which pieces to extract and which to ignore. Such criteria are not available, and it is uncertain whether the value that might exist in these theories could be retained in a truncated and combined form, and there seems to be no way to determine such value apart from an analysis of the procedures them-

selves (i.e., assessing the efficacy of specific interventions under particular circumstances). The latter comment emphasizes a second reason for not favoring the extraction of bits and pieces from each theory. Namely, combining theories assumes a degree of correspondence between each theory's basic principles and the technical procedures that characterize the activities of a counselor or therapist who accepts that theory, but this is often not evident.

Strupp (1981) astutely noted that counselors could not reliably be observed to use the procedures that they described having used with a given client. Only after special and highly structured training could counselors be taught to approximate in practice what they advocated in theory. Kagan (1983) has observed a similar lack of correspondence between supervisors' descriptions of their work and direct observations of that work. If the procedures used by counselors and supervisors cannot be identified by those who observe these activities, what likelihood is there that theoretical principles actually result in a clear set of technical procedures, especially when two or more theories are combined?

Leaving aside for now the fact that behavioral and psychodynamic positions rest on distinctly different worldviews (Franks, 1984), how might one combine them clinically? How would one assess whether to introduce systematic desensitization before, during, or after the exploration of defense mechanisms, if at all? Is it preferable to gain insight into Oedipal issues before applying sex therapy techniques? Would assertiveness training mask some underlying antagonism that might be better served by spontaneous ventilation? How would specific goal setting be managed, and would it be determined by the client or the counselor? In general, when looking through these two divergent lenses, how would the counselor know whether and when to explore mental conflict rather than promote reparative action? If dysfunctional beliefs arose, should they be challenged and corrected or further explored? We submit that this type of theoretical eclecticism inevitably results in a gallimaufry of methods and ideas that have no consistent rationale and cannot be evaluated.

TECHNICAL ECLECTICISM IN ACTION

The forward-thinking book by Goldstein and Stein (1976) helped technical eclecticism to take root and proliferate. This alternative to unsystematic eclectic and theoretical integrationist views maintains that effective combinations of therapeutic procedures do not necessarily arise from integrating disparate views of psychopathology and even counseling or psychotherapy. Indeed, an effective program of counseling can be based on a systematic process for selecting therapeutic procedures if this decision-making system is, itself, built on empirical demonstrations of the conditions, problems, and clients with whom different procedures are effective.

Instead of proceeding in a dubious effort to select a counseling or therapeutic strategy by combining potentially incompatible theories when treating the aforementioned 23-year-old man with depression, anxiety, and sexual problems, a multimodal assessment (Lazarus, 1989a) was conducted. It revealed the following range of discrete and interactive problems:

Behavior:	"Can't get going"
	Procrastination
	Avoidance; tendency to withdraw
Affect:	Anxiety, depression, guilt feelings
Sensation:	Tension in head and shoulders
	Headaches and bouts of dizziness
	Dryness in mouth
Imagery:	Vivid pictures of grandmother's funeral
	Events of his girlfriend's demise
	Images of failure
	Vivid pictures of parental censure
Cognition:	Self-downing and self-blaming tendencies
	Demands (should's, ought's, must's)
	Catastrophic thinking
	Thoughts about personal failure
Interpersonal:	Familial tensions
	Withdrawal from most friends
	Avoidance of sexual encounters
	"My mother tries to control and restrain me"
Drugs/Biology:	Drinks up to a six pack of beer some nights
	Has stopped playing tennis and jogging

The foregoing suggested the need for relaxation training, guided imagery, self-monitoring, role-playing, interpersonal exploration, assertiveness training, sexual counseling, and cognitive restructuring. Why select these particular techniques? They seemed to fit the needs of the client, and there are data attesting to their efficacy under identified circumstances (Franks, Wilson, Kendall, & Foreyt, 1990).

In subsequent work with this young man, during the course of an essentially cognitive-behavioral form of counseling, some interesting findings emerged. For one, the client irrationally blamed himself for his grandmother's death ("I should have persuaded my parents to take her to better doctors"), which was dispelled by the "active-directive-persuasive- philosophic-methodology" of rational-emotive therapy (Ellis, 1989, p. 215). Second, given the tragic ending of his first love-sex relationship, he had acquired a superstition that future romantic liaisons would end similarly. In this area the client also responded well to cognitive disputation and positive imagery. Following behavior change, as is usual, the client acquired insight into many facets of his life and retrieved "forgotten memories." For example, he reported with great astonishment that he had remembered when at 10 to 11 years of age he had wished to be a girl. This was related to the favoritism that his parents displayed toward his sister. An important insight was the clear realization of the extent to which he was trying to please his parents and had not marched to his own drum. For example, he had downplayed the fact that he was extraordinarily dexterous and could do wonders with his hands, demeaning these talents in favor of developing a brilliant legal mind.

It took about 4 months for this young man to emerge significantly less anxious, euthymic, and sexually potent. He no longer seemed to have any regrets about dropping out of law school and had decided to apply to dental school instead. He had undergone 14 sessions in all. This was not a difficult case. The client was intelligent, cooperative, competent, and willing to change. Nevertheless, it illustrates the breadth of the approach that was followed, without recourse to unsystematic eclecticism or needless integration.

THEORIES, TECHNIQUES, AND SOME FUTURE DIRECTIONS

Unsystematic eclectics and theoretical integrationists attempt to meld disparate ideas into harmonious wholes. They desire to construct a superordinate umbrella and build a coherent framework by blending the best elements from different theories. The main problem here is that, on close scrutiny, even theoretical tenets that seem to be interchangeable among different theories, often turn out to be totally irreconcilable (Lazarus, 1989b; Messer & Winokur, 1981). Moreover, the uncertain relationship between theories and their application provides an unsup-

ported basis for the development of more effective therapies. Without verifiable theories, and in the absence of demonstrated correspondence between theory and practice, how can we guard against the perpetuation of counseling and psychotherapy through the mechanism of persuasive power rather than clinical efficacy? Without a tie to empirical efficacy, counseling theory is likely to become simply another in a large number of quasi-religious philosophies that defy the tests of science.

In contrast, technical eclectics select procedures from different sources without necessarily subscribing to the theories that spawned them; they work within a preferred theory (Dryden, 1987) but recognize that few techniques are inevitably wedded to any theory. Hence, they borrow techniques from other orientations, based on the proven worth of these procedures. Thus, Beutler (1983, 1986; Beutler & Clarkin, 1990) based his therapeutic work primarily on a model of social persuasion, whereas Lazarus (1986, 1989a) has drawn from social and cognitive learning theory. Both models, while constructing somewhat different methods for defining a treatment plan, draw heavily on data from the social psychological laboratory, cognitive science, and psychotherapy research. In so doing, both approaches attempt to incorporate attribution theory and the psychology of influence and persuasion into their purviews. Within each theory is room for a diversity of technical procedures, but more important, the theories used include a systematic decisional process that allows predictions of the conditions under which the procedures will work. Procedures are not selected haphazardly, but their selection is specifically dependent on a logical decisional process that takes into account the client, setting, problem, and the nature of the counselor's skills.

These approaches are far from the atheoretical, mechanistic applications that detractors suggest. Indeed, technical eclectic approaches generally hold that theories are necessary in that they allow the development of new procedures to fit the unique qualities of the new situation and problem. The theories used, however, emphasize grounding in empirical roots and direct applications to treatment decisions and assessment of efficacy. In this they are distinct from the theories of psychopathology that underlie most theories of psychotherapy and on which integrationists apply their trade. Formal theories of counseling and psychotherapy essentially constitute a set of speculations that seem to explain empirical observations. Considerable headway would follow a determined effort to separate techniques from the types of broad, all-encompassing theories that currently underwrite most approaches to counseling. Counselors seem more intent on attaching a label to their activities than on spelling out precisely what operations they perform with various clients and the means by which they decide on those procedures. As London (1964) observed, "However interesting, plausible, and appealing a theory may be, it is techniques, not theories, that are actually used on people. Study of the effects of psychotherapy, therefore, is always the study of the effectiveness of techniques" (p. 33).

We favor the restriction of theories to two types: those that are founded on empirically derived relationships among client problem, therapeutic procedure, and outcome; and those that outline the processes by which a counselor can reliably select and implement therapeutic procedures. The latter type of theory is one that acknowledges the need to select and combine interventions based on systematic and replicable observations. Within this context, as far as we can discern, the field seems to be moving toward prescriptive matching on the basis of diagnostic entities, problem clusters, and interpersonal characteristics of clients. We find it significant that Marmor (1990), a former president of the American Psychiatric Association and a highly respected member of the psychoanalytic guild, has underscored that "a successful tech-

nique does not mean that the theory behind it is necessarily a correct one," and that psychotherapies of the future will favor short-term techniques "together with an emphasis on flexibly adapting the therapeutic techniques multimodally to the specific needs of each patient." It is our view that a systematic, prescriptive, technically eclectic orientation will continue to become even more popular and may represent the psychotherapeutic Zeitgeist well into the 21st century.

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Arnold A. Lazarus is a distinguished professor in the Graduate School of Applied and Professional Psychology at Rutgers, the State University of New Jersey, New Brunswick. **Larry E. Beutler** *is a professor in the Department of Education at the University of California, Santa Barbara. Correspondence regarding this article should be sent to Arnold A. Lazarus, 56 Herrontown Circle, Princeton, NJ 08540-2924, or to Larry E. Beutler, Graduate School of Education, University of California, Santa Barbara, CA 93106-9490.*