On Technical Eclecticism

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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 eclectic. 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 delineated 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 incommensurable 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 "hits 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 hits 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 Stimpfl 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, witting on the vane 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; Grumman, Nelson, & Davidson, 1980, Harper, Bauer, & Kann Matt, 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-
procedures will be enhanced. When Lazarus (1967) coined the term technical eclecticicism, it was in response to the observation that amalgamated theories only bred 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 uncontrolled 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, 1966b; 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 eclecticisms; 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 gallopauf 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, 1989b) 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 superposition 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 eclectic 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, 1989) 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 techniques, and 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 eclectics 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 specifications 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 underrive 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.

REFERENCES


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THE FUTURE OF TECHNICAL ECLECTICISM

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The authors define and delimit technical eclecticism by providing a brief history of the concept in psychotherapy and by underscoring the differences among technical eclecticism, syncretism, and theoretical integration. Ten predictions regarding the future of eclecticism are then proffered: (1) technical eclecticism will represent the psychotherapy Zeitgeist well into the 21st century; (2) limitations of theoretical integration will be more fully realized; (3) treatments of choice for selected clinical disorders will become standard practice; (4) psychological therapies will be increasingly matched to client variables beyond diagnosis; (5) the meaning of eclecticism will be broadened to denote therapist relationship stances; (6) common factors will be concretely operationalized and prescriptively employed; (7) technical eclecticism will facilitate more clinically relevant research; (8) eclecticism will require programmatic research and methodological improvements; (9) explicitly eclectic training processes and programs will be developed; and (10) technical eclecticism will become "institutionalized."

The Future of Technical Eclecticism

It is unlikely that, in 1950, more than a few members of APA's Division of Clinical Psychology would have identified themselves as eclectic psychotherapists. By 1970, however, fully 50% considered themselves to be eclectics (Garfield & Kurtz, 1975), and five years later, the figure had reached 64% (Patterson, 1980). Recent surveys that have sampled a broader group of American mental health professions find that eclecticism invariably emerges as the modal theoretical orientation, with between 30% and 70% of all psychotherapists identifying themselves as eclectics (see Jensen, Bergin & Greaves, 1990; Norcross, 1986a; Norcross, Prochaska & Gallagher, 1989).

These figures indicate that many clinicians have realized that one true path to formulating and treating human problems does not exist—no single orientation has all the answers. This realization appears to be a mixed blessing. On the one hand, in some circles, it seems to have encouraged the dissemination of knowledge via interdisciplinary research, has 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 attributes of practitioners and the uniqueness of individual clients (Beutler & Clarkin, 1990). This progress parallels the dictionary definition of eclecticism—"Selecting what appears to be best in various doctrines, methods, or styles."

On the other hand, within psychotherapy, the term frequently conveys nothing of substance—it simply implies that concepts from two or more of the more than 400 separate "schools" of psychotherapy (Karasu, 1986) have been blended, often in an arbitrary, subjective, if not capricious manner (Franks, 1984; Lazarus, 1988). This haphazard eclecticism is primarily an outgrowth of pet techniques and inadequate training; Eysenck

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(1970, p. 145) characterized it as "a haguer-mugger of procedures, a gallymawny of therapies" having no systematic rationale or empirical verification. According to Dryden (1984), many of these psychotherapists wander around in a daze of professional nihilism experimenting with new fads indiscriminately.

This smorgasbord conception of eclecticism, known as syncretism, 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 therapists require particular organizing principles to guide them in determining under what circumstances a given procedure should be applied or withheld. The mishmash of divergent bits and pieces, and the muddle of idiosyncratic and inefficient clinical creations are the antithesis of effective and efficient psychotherapy.

Three main thrusts have become evident in the contemporary movement to synthesize the psychotherapies: (1) technical eclecticism (not syncretism); (2) theoretical integration; and (3) common factors (Arkowitz, 1989). In the ensuing pages, we will briefly review the history and predict the future of technical eclecticism, and leave the latter two to Goldfried and Castonguay (1992) in the preceding article. Following a capsule history of therapeutic eclecticism to frame it in proper historical context, we offer ten predictions on the clinical, research, and training directions of technical eclecticism. This is a daunting task to achieve in a few published pages without a reliable crystal ball, and the reader is asked to bear in mind that these are personal predictions rather than empirically-driven conclusions.

A Brief History

Eclecticism as a point of view has probably existed as long as philosophy and psychotherapy. In philosophy, the third-century biographer, Diogenes Laertius, referred to an eclectic school which flourished in Alexandria in the second century AD (Lunde, 1974). In psychotherapy, Freud consciously struggled with the selection and integration of diverse methods (Frances, 1988). More formal ideas on synthesizing the psychotherapies appeared in the literature as early as the 1930s, when Thomas French (1933) addressed the inter-

relationship between Freudian and Pavlovian conceptions of psychopathology and psychotherapy.

Frederick 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 saw it as the practical application of psychological science: "a basic scientific approach to the problem of matching suitable clinical methods to the needs of specific cases" (Thorne, 1973, p. 445).

The first author (Lazarus, 1967) coined the term technical eclecticism in response to the observation that amalgamated theories only breed confusion worse confounded. Unlike the theoretical integrationist, the technical eclectic uses procedures drawn from different sources without necessarily subscribing to the theories that spawned them. "To attempt a theoretical rapprochement is as futile as trying to picture the edge of the universe. But to read through the vast amount of literature on psychotherapy, in search of techniques, can be clinically enriching and therapeutically rewarding" (Lazarus, 1967, p. 416).

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

Technical eclecticism subsequently experienced dramatic and unprecedented growth in the 1980s (Beitman, Goldfried, & Norcross, 1989). Some authors have gone so far as to describe it as a "metamorphosis" in mental health (London, 1988; Moultrup, 1986). Scientific publications devoted to eclecticism have traversed wide-ranging cases, strategies, and conceptions (e.g., Beutler & Clarkin, 1990; Frances, Clarkin, & Perry, 1984; Lazarus, 1985; Norcross, 1986a, 1987). However, this rapid development of eclectic systems has given rise to doubts that they are adequately con-
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structured on an empirical footing, that their progenitors are sufficiently drawing on each other’s work, and that the emerging competition among eclectic systems may reenact the “dogma eat dogma” ambience that has hindered cross-fertilization among pure-form psychotherapies (Dryden, 1986; Norcross, 1986b).

Ten Predictions

1. Technical eclecticism will represent the psychotherapeutic Zeitgeist well into the 21st century. A systematic and prescriptive eclecticism, in our judgment, offers the greatest promise for the future both of clinical practice and of psychotherapy research. We are hardly alone in this assessment; the views of most of the contributors to this special issue and the result of the Delphi poll (Norcross, Alford & DeMichele, 1992) portend eclecticism’s continued domination of the field. We find it significant, for example, that Judd Mar

nor (1990), a highly respected member of the psychoanalytic guild, has underscored that “a successful technique 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.” Only within the past decade have many clinicians realized that convergence and rapprochement can rest on the bedrock of rigorous scientific inquiry. Nevertheless, rival and independent systems continue to proliferate (Salzman & Norcross, 1990).

The confluence of forces which have fostered the integrative movement in the past decade (e.g., the proliferation of therapies, the inadequacy of single theories, and mounting socioeconomic pressures; see Norcross & Grencavage, 1989) will continue to exert enormous pressure toward inter-theoretical cooperation. Further, the impact of managed health care—arguably the most radical change ever in the delivery of mental health services (Zimet, 1991)—will favor short-term and differentiated practice. In one study of 294 HMO therapists, for instance, Austad and associates (1991) discovered that the prevalence of eclecticism as a theoretical orientation nearly doubled as a function of their employment in HMOs.

2. Limitations of theoretical integration will be more fully realized. Theoretical integrationists attempt to meld disparate ideas into harmonious wholes by constructing a superordinate umbrella and by building a coherent framework from the

best elements of conflicting theories. The main problem here is that, upon close scrutiny, even theoretical tenets that seem to be interchangeable among different theories often turn out to be epistemologically and ontologically irreconcilable (Messer & Winokur, 1980; 1981; Lazarus, 1989b). Moreover, the uncertain relationship between theories and their application provides a tenuous 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 psychotherapy through the mechanism of persuasive power rather than clinical efficacy? Without a tie to empirical efficacy, psychotherapy theory is likely to become another in a large number of quasi-religious philosophies that defy the tests of science.

Therapists 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 select those procedures. As London (1964, p. 33) 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.”

Researchers and practitioners alike, we predict, will confront the inevitable obstacles to theoretical integration, and in increasing numbers turn toward technical eclecticism. In the short-run at least, eclecticism is recognized as the most realistic, pragmatic, and clinically useful avenue to integrating the psychotherapies (Norcross & Napol-
tiano, 1986).

3. Treatments of choice for selected clinical disorders will become standard practice. There is a widespread myth that specific differences in method are largely irrelevant, and that all approaches achieve equivalent outcomes (which Giles, 1983a, 1983b, 1990 has shown to stem mainly from the study by Luborsky, Singer and Luborsky, 1975, and from Smith, Glass and Miller’s 1980, controversial metaanalyses). In fact, treatments of choice or prescriptive therapies have been well documented for a variety of conditions, including bulimia nervosa, compulsive rituals, social skill deficits, bipolar depression, schizophrenic delusions, focal phobias, ics and habit disorders, pain management, hyperventilation, panic disorders, autism, enuresis, vaginismus and other sexual dysfunctions, and a variety of stress-
related disorders (e.g., Bandura, 1986; Barlow, 1988; Clark, Salkovskis & Chalkley, 1985; Fairburn, 1988; Foa, Steketee, Grayson & Doppelt, 1983; Franks, Wilson, Kendall & Foreyt, 1990; Grayson, Foa & Steketee, 1985; Leiblum & Rosen, 1989; Maeser & Berenbaum, 1990; Murphy, Lehrer & Jurish, 1990; O’Leary & Wilson, 1987; Ost & Sterner, 1987; Rachman & Wilson, 1980; Salkovskis & Westbrook, 1989; Wilson & Smith, 1987; Woolfolk & Lehrer, 1984). While “gray areas” will probably always exist, a large body of empirical research suggests that clearly delineated and preferred forms of treatment will be identified for overcoming many problems, syndromes, and complaints.

4. Psychological therapies will be increasingly matched to client variables beyond diagnosis. While we expect that there will be a continued movement toward the development of specific treatments for different diagnostic groupings of patients, we also believe that diagnosis is limited as a basis for developing psychosocial interventions (Beutler, 1989). Diagnostic systems not only change with the shifts of political winds, but their descriptive nature also make them better suited for use as outcome variables than for determiners of different treatments. Psychosocial treatments are seldom so specific (nor would we want them to be) that they can effect a change in major depression but not in anxiety, interpersonal relationships, thought patterns, or situational stressors.

This is not to say that the effect of a given psychotherapy procedure is or will be found to be uniform in all cases. Indeed, there are wide variations in outcomes for all interventions and this variation is likely to be demonstrated to be as wide within diagnostic groups as it is between them. The challenge of technical eclecticism is to discover patient characteristics which predispose the effective use of different procedures irrespective of the patient’s formal diagnosis.

After the psychotherapist has determined a diagnosis, entered it on insurance claim forms, and noted the related symptoms for future reference to treatment efficacy, it has limited value for selecting among a wide variety of psychotherapeutic strategies. Whether one uses free association or cognitive restructuring tends to depend more on prior training than on information derived from clinical nosology. Even within any particular theoretical system like cognitive or psychodynamic therapy, selecting among a wide variety of specific interventions is never based upon formal clinical descriptions. These latter decisions reflect the therapist’s impression of how the intervention will be received by the patient. In other words, the selection of specific procedures within psychotherapy systems rests on a set of poorly understood postulates about how the client will cope with and react to the therapist’s words and actions.

We believe that cross-diagnostic assessments of patients’ objectives, coping behaviors, resistances, situational contexts, emotional experiences, and beliefs will increasingly be systematized as means for applying tailored interventions. Recent research on dimensions extracted from both Lazarus’s and Beutler’s approaches to defining relevant dimensions are promising and suggest the value of designing psychotherapeutic interventions to fit these patient characteristics (Beutler, 1991; Lazarus, 1989a). Some research arising from these systems (e.g., Beutler, Engle, Mohr, Daldrup, Bergan, Meredith & Merry, 1991; Beutler, Mohr, Grawe, Engle & MacDonald, 1991; Calvert et al., 1988) demonstrates the differential effectiveness of different types of psychotherapy as a function of some of these patient dimensions.

We predict that research of this type will increase and will continue to refine the ways in which nondiagnostic patient variables can be used to select specific types of psychotherapeutic procedures. Moreover, as psychotherapy treatment manuals become more systematized around these nondiagnostic dimensions and less bound to global psychotherapy theories, we believe that assessments of these dimensions can increasingly form the foundation for the selection and application of manualized psychotherapies.

5. The meaning of technical eclecticism will be broadened to denote not only specific clinical procedures but also therapist relationship stances. Psychotherapy will never be so technical as to overshadow the power of a given therapist’s ability to form a therapeutic relationship. Yet, the predictors and contributors to these human influences are not beyond the scope of psychological science. We find it regrettable that the historical emphasis of technical eclecticism on systematic synthesis of techniques has led to a relative neglect of tailoring interpersonal stances to fit particular clients’ needs. This lacuna is all the more serious in that, with most conditions, the therapeutic relationship accounts for far more psychotherapy outcome variance than does technical intervention (Lambert & deJulio, 1978). As a result, the scope of technical
eclecticism will be enlarged to include the prescriptive use of the therapeutic relationship. One way to conceptualize the issue, paralleling the notion of "treatment of choice" in terms of techniques, is how clinicians determine the "relationship of choice" in terms of their interpersonal stances for individual clients (Norcross, 1991).

The challenge will be to articulate and operationalize the grounds on which eclectics tailor their interpersonal styles and stimulus value to different clients. Systematic Eclecticism (Beutler, 1983, 1986; Beutler & Clarkin, 1991), for example, advocates that therapists adjust several interpersonal dimensions to fit various client presentations. The dimensions of therapeutic style that might be influenced by client presentations include (a) the degree to which the therapist engages in a process of confronting the client with feared objects, ideas, and images; (b) the degree to which the therapist focuses on altering internal or external experiences and behaviors; (c) the degree to which the therapist draws attention to in-therapy or extra-therapy activities; and (d) the amount to which the therapist directs therapeutic tasks and initiates topics of discussion.

These stylistic differences correspond to such client characteristics as (a) level of motivational and focused arousal; (b) patient coping style—internal to external; (c) stage of client problem resolution and phase of therapy process; and (d) client resistance patterns or reactance level, respectively. In addition, the formality or informality of the therapist's behavior, the degree to which he/she discloses information about self, and the nature of pretreatment preparation utilized are proposed as being determined by patterns of shared demographic and attitudinal characteristics of clients and therapists. Outcome research on many of these prescriptive matches has been supportive to date (Beutler, Clarkin, Crago, & Bergan, 1991).

Similarly, noting that even empathy and warmth are not universally indicated psychotherapist behaviors for all clients, Lazarus (1986, 1989a) has adapted Howard, Nance and Myers' (1987) taxonomy of therapist styles to adjust multimodal therapy in terms of level of support and direction to specific clients.

These and other schemes for relational "match-making in psychotherapy" (Talley, Strupp & Morey, 1990) will empirically examine the commonly shared perception among therapists of feeling oneself to be better suited to deal with some patients rather than others. The accumulating empirical literature will then be able to generate prescriptive matching decisions for use of technical as well as interpersonal interventions in specific circumstances.

6. Common therapeutic factors will be concretely operationalized and prescriptively employed. Mental health professionals have long observed that disparate forms of psychotherapy share common elements or core features. In many instances, these common factors may in fact be the curative elements—those responsible for therapeutic success, accounting for most of the gains resulting from psychological intervention (Lambert, 1986). As Goldfried (1980) argued: "To the extent that clinicians of varying orientations are able to arrive at a common set of strategies, it is likely that what emerges will consist of robust phenomena, as they have managed to survive the distortions imposed by the therapists' varying theoretical biases" (p. 996).

Nevertheless, the common factors posited to date have been so varied in composition and characterization (Patterson, 1989; Karasu, 1986) that consensus is not possible; they are so vaguely expressed that their operationalization in psychosocial treatment is impractical (Haaga, 1986; Maher, 1989). In a review of 50 publications articulating therapeutic commonalities, Grenavage and Norcross (1990) found little consensus on ostensibly common phenomena. For example, two authors (Bromberg, 1962; Hynan, 1981) discerned only one factor common to all psychotherapies and, ironically, identified the commonality as the client in one case and the therapeutic relationship in the other. Even when a commonality among proposed commonalities was evident—such as 66% of the authors concurring that the cultivation of a therapeutic alliance is a transtherapeutical feature—it was insufficiently described to dictate specific therapist behaviors. This inconsistency points to a very important aspect of the common factors in psychotherapy as applied to technical eclecticism. Namely, these common qualities are the result of therapeutic procedures and personal styles as much as the causes of change, and may form in different ways for different clients. They should be considered as intermediate outcomes to which research can be addressed in order to determine differential mechanisms of development and action. We anticipate that technical eclecticism in the future will give increasing attention to matching qualities of therapists and clients as well as to matching clients with those therapeutic pro-
cedures and styles that will maximize the development of those qualities of the therapeutic alliance that will enhance the benefit experienced by a given client.

In the future, more precision will be required in the delineation of genuine commonalities if they are to mold psychotherapy training and practice (Maher, 1989). We must describe the commonality in terms that are reasonably concrete and specific, demonstrate that therapists use the commonality under similar clinical conditions and to effect similar consequences, and then operationalize specific clinical behaviors associated with common factors.

One cannot function nonspecifically in therapy or training (Omer & London, 1988). In this respect, we fully anticipate that the common factors approach will be absorbed into the traditional but evolving litany (Paul, 1967) of prescriptive matching: What clinical procedures and relationship stances invoking this therapeutic commonality are most effective for this individual with that specific problem?

7. Technical eclecticism will facilitate the ongoing shift to more clinically relevant psychotherapy research. Despite the extensive number of psychotherapy studies and the numerous reviews of these studies, including a large number of metanalytic reviews, the consensus verdict at the moment is that widely diverse therapies and specific procedures produce equivalent outcomes. This result is quite disappointing, seems counter-intuitive to the clinician, and is perhaps downright erroneous (see Beutler & Clarkin, 1991; Beutler, Crago & Arizmendi, 1986; Giles, 1990; Grawe, 1989; Stiles, Shapiro & Elliott, 1986). Given the conclusion that all interventions are equivalent, it is relatively easy for clinicians to ignore the research on which this conclusion is based and simply to do what they judge is best. For those concerned about differentiated psychotherapy and the clinical utilization of research results, the verdict that all psychotherapies are equally effective for most conditions and patients demands further inspection.

Another impediment to the translation of research findings resides in the researcher’s penchant for seeking differential treatment effects based upon patient differences that are often considered to be of minor importance to the psychotherapist. Clinical diagnosis (e.g., endogenous vs. exogenous depression), is the most frequently explored variable in research that seeks differential rates of response, but the dimensions of diagnosis seldom have relevance for the specific, moment-to-moment decisions made by the practicing therapist (Beutler, 1989). On the other hand, the theories that guide practitioners are very diverse and propose a nearly endless variety of patient variables that may predispose differential responses. Many of these variables are unsearchable and few are suitable for comparing different psychotherapy schools.

The absence of a consensually accepted, theoretical model of change processes is a significant handicap in narrowing the range of variables to those that may be most fruitfully targeted for investigation (cf., Beutler, 1989; Beutler & Clarkin, 1991; Stiles, Shapiro & Elliott, 1986).

It is our belief that research must proceed by following theory. However, we refer here not to the need for another theoretical model of psychopathology, but to the need for a theory of treatment selection. While the usual theories that guide the clinician are based upon the etiology of behavior, systematic theories of clinical decision-making give greater weight to factors that maintain behavior and that set the stage for future behavior than they do in the unchangeable past (Beutler & Clarkin, 1991). The development of eclectic models of treatment planning will guide the development of specific hypotheses and narrow our search for variables on which differences may be revealed.

8. Concomitantly, the knowledge base of technical eclecticism will require methodological improvements in clinical research as well as programatic research. Research plans for the future will productively entail both programatic and methodological guidelines for individual studies. Programatic guidelines set the long-term objectives, outline a coordinated plan of attack on these objectives, and prioritize the questions to be addressed by specific research projects. In contrast, methodological guidelines define the common and unique characteristics of the specific studies conducted within the long-term plan in order to preserve uniform quality and maximize interstudy generalization (Beutler & Clarkin, 1990).

Without attending both to programatic objectives and to specific methodologies, research may be fragmented, methods may be inconsistent across studies, and the findings may fail to advance the field in a focused direction. Numerous methodologically sound and interesting studies, each separately conducted but without a unifying set of objectives, do not lend themselves to the systematic, step-by-step accumulation of information from which new knowledge is best derived. Overarching programatic objectives allow investigators to design...
specific studies in ways that minimize redundancies, allow for systematic cross validation of findings, capitalize on comparable measures, and that persistently move the research in maximally productive directions.

There has been little quality control and generally poorly modulated compromise between the reachable and the relevant. Strupp (1986) emphasizes that a clear understanding of the limitations of research, a concerted effort to avoid research models based upon single techniques and single outcomes, a perspective of treatment that does not draw hard lines between specific and non-specific therapeutic properties, and an awareness that mental health treatment is based upon a specialized human relationship, will help one define relevant and researchable goals. These principles will be incorporated within programmatic goals that are designed on the basis of a guiding, theoretical definition of what is relevant and meaningful (Beutler, Crago & Machado, 1991).

By organizing psychotherapy research within a general plan of attack, unproductive directions can be minimized and the information gathered from any specific study will be increased (see Beutler & Clarkin, 1991; Kazdin, 1986, for one ordering of eight research strategies to maximize efficiency). For example, research efforts to discover psychotherapy processes that distinguish different treatment types, in the absence of pre-established knowledge of the efficacy of those treatment packages and of the procedures that comprise them, may have little meaning. Only when the comprehensive treatment packages and/or their constituent procedures have been tested for efficacy, can one make meaningful statements about why the procedures are important, rather than different, and how they produce change (Beutler & Clarkin, 1991).

9. Explicitly eclectic training processes and programs will be developed. The introduction of a prescriptive approach to clinical work compounds the training enterprise. Single, pure systems of psychotherapy markedly reduce the range of clinical observations and treatment possibilities. Now, with these perceptual blinders loosened, a broader range of formulations and interventions must be carefully considered. Not only must students become aware of the relative indications for matching patient and treatment, but they, in many cases, must also become competent in offering multiple therapy modalities. Both are unprecedented training objectives in the history of psychotherapy, and both call for explicitly eclectic training processes and programs (Norcross, Beutler & Clarkin, 1990). Indeed, in a survey of 58 prominent integrationists and eclectics (Norcross & Thomas, 1988), the second most severe impediment confronting the movement was inadequate commitment to training in more than one psychotherapy system.

Still, as formidable as the challenge is, the future of eclectic psychotherapy rests heavily on instruction and dissemination. Training programs will establish formal mechanisms for ensuring exposure to (and, we hope, competence in) multiple clinical procedures and relationship stances. These mechanisms may include the introduction of an eclectic perspective to beginning therapists (Halgin, 1985), use of psychotherapy textbooks with an integrative intent (see Brabeck & Welfel, 1985), interlocking sequences of training experiences (see Norcross, Beutler & Clarkin, 1990), didactic courses from an eclectic perspective (e.g., Beutler, Mahoney, Norcross, Prochaska, Sollod & Robertson, 1987), provision of technically eclectic supervision (e.g., Guest & Beutler, 1988; Halgin, 1988; Norcross, 1988), and establishment of postgraduate training institutes.

10. Technical eclecticism, as one thrust of the psychotherapy integration movement, will become "institutionalized." From the diversity of eclectic and integrative perspectives, national and international societies have been formed; journals are emerging that are devoted to the dissemination of systematic eclecticism and there is an increasing number of traditional journals that are devoting special attention to the importance of matching procedures to patients (cf. Kendall, 1982; Norcross, 1992; Shoham-Solomon & Hannah, 1991).

While favoring the creation of publication outlets and professional organizations for eclectics, who until quite recently were relatively isolated, we foresee possible disadvantages as well. The purpose of eclecticism is not to produce another, separate ideological school of psychotherapy nor to graduate card-carrying, flag-waving eclectic adherents, both of which are common byproducts of institutionalization. Rather, our view of—and hope for—technical eclecticism is that it will engender an open system of empirically grounded clinical practice, an interdisciplinary and collaborative cadre of researchers building on each others’ work, and an educational opportunity for therapists to think, and if they are so disposed, to behave eclectically—openly, integratively, but critically—in their clinical pursuits.
Whether or not eclecticism can successfully navigate between the perils of haphazard syncretism on the one side, and the dangers of ideological institutionalization on the other, will largely determine its continuing contribution to psychotherapy in the forthcoming millennium.

References


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