

Eclecticism in Psychotherapy:
Is It Really the Best Substitute for Traditional Theories?

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Eclecticism has become the dominant orientation in psychotherapy (Poznanski & McLennan, 1995, Bergin & Garfield, 1994). Indeed, more than two-thirds of all clinicians and counselors now identify themselves with this orientation (Jensen, Bergin, & Greaves, 1990; Norcross, Prochaska, & Farber, 1993). Although eclecticism may mean different things to different therapists (Arkowitz, 1989, 1992; Norcross & Newman, 1992; Arnkoff, 1995), all eclectic therapists share a common problem and a common solution.

First, eclectics have a common problem with traditional single-theory approaches. They believe that no single theory can be comprehensive and open enough to deal effectively with the diversity of problems that clients present (Lazarus, Beutler, & Norcross, 1992; Goldfried, 1980; Prochaska & DiClemente, 1986; Norcross, 1986). Second, eclectics share a common solution to the problem: “selecting what appears to be best from a variety of methods, approaches, or styles” (Lazarus, Beutler, & Norcross, 1992, p. 11). That is, eclectics borrow from a wide variety of therapeutic techniques and/or theories, and combine them together in a given therapy so as to best tailor their treatment to the specific needs of the client (Thorne, 1973; Lazarus, 1995).

As an illustration of this problem and its solution, consider the following vignette:

John, a psychoanalyst from the East coast, recently accepted a position with a therapy group in a small, West Coast city. Having enjoyed considerable success at his previous position, John approached his new job with anticipation and confidence. As the only psychoanalyst on staff, John was not surprised to find himself discussing and often defending his orientation in meetings. Sometimes, however, he was genuinely puzzled by his colleagues’ questions. It was one thing, they seemed to say, to use psychoanalysis frequently, but quite another to use it exclusively.

At first John figured that his colleagues were trying to convince him to adopt another orientation. But as time went on, he soon realized that they weren’t advocating another orientation, nor were they disputing psychoanalysis per se. They were questioning his exclusive use of one approach: Wasn’t he open-minded

after all? How could his perceptions of clients be trusted when he was so obviously biased by one theory? And what about theory in general? Wouldn't reliance on any set of abstractions take away from knowing the clients themselves? John seemed like such a nice guy. Why was he so intent on being rigid and inflexible and divorced from the reality of client care?

Initially, John tried to ignore his colleagues' questions and comments, but he found this difficult for several reasons. First, he had to give his colleagues credit: Sometimes, his clients didn't respond well to his treatment. John was particularly struck by a "profound experience" with a recent client, Anne, who abruptly threatened to terminate therapy with him. (We will describe her case later.) Could his reliance on a single theory be the problem? Was he closing himself off to other creative and possibly effective options?

John's economic condition was a second reason he couldn't ignore his colleagues. Without his colleagues' respect and without their perception that he was unbiased and open to all effective treatments, John knew he would receive less referrals. Without respect and referrals, he might as well hang it up. To his surprise, John found himself putting down psychoanalysis in colleague conversations and playing up other modes of therapy. John also experimented with other techniques and through various workshops learned how to use other techniques. Although John didn't admit this to his colleagues, he knew in his heart that he had become an eclectic.

Problems and Eclectic Solutions

John, like many therapists, came face to face with the primary dissatisfaction of eclectic psychotherapists: single theories are biased and bias is bad (Slife, 1987). That is, single theoretical orientations are supposedly too narrow and too close-minded to accommodate the multiplicity of problems that clients present (Beutler & Clarkin, 1990; Lazarus & Beutler, 1993). They have only a limited set of categories and techniques available for diagnosis and treatment, and they constrain the therapist to a idiosyncratic perspective on human nature (Held, 1995). In John's case, he was supposedly locked into an analysis of sexual tensions and unconscious repressions. However, all single-theory approaches are viewed with the same suspicion. Behaviorists attend to a client's behaviors, while humanists are predisposed toward innate potentials and cognitivists are inclined toward cognitions.

Given the idiosyncratic biases of any particular theory of therapy, the obvious question is: How can therapy be more comprehensive to help therapists be more open rather than closed-minded? The response of the eclectic literature is essentially twofold:

theoretical integration and technical eclecticism¹. Theoretical integration has focused on the problem of narrowness, while technical eclecticism has emphasized the problem of closed-mindedness. Ultimately, both solutions are intended to provide the same practical end: that therapists have all the theories, categories, and/or techniques they need to address the varied problems their clients present.

The first solution, theoretical integration, is designed to increase comprehensiveness by combining theories and thereby multiplying the number of categories and techniques available to address clients' needs (Wachtel, 1977, 1987; Prochaska & DiClemente, 1984; Held, 1995). John, for example, tried integrating psychoanalysis with behaviorist theories in his move toward eclecticism, so that he could address not only issues of unconscious motivation but also problems of maladaptive behavior. Where there was once only one set of limited categories and techniques available to him, now there were, presumably, two. In this sense, theoretical integration seems to resolve the narrowness problem by combining theories together into a more comprehensive whole.

The second solution, technical eclecticism, was created to avoid theoretical bias altogether (Lazarus, 1995; Held, 1995; Lazarus & Messer, 1991). Technical eclectics advocate the use of scientific method to discern the most effective techniques of therapy (Lazarus, 1995; Held, 1995; Beutler & Clarkin, 1990). Although these techniques may be originally rooted in single theories, technical eclectics assume they can be cut from these roots and assembled into multiple technique formats (see Slife, Reber, & Gantt, in press). Because science is considered to be objective and theory-free, there is no danger that technical eclectics can be viewed as imposing their own favored biases on their clients. Indeed, the very purpose of the scientific method, from this perspective, is to suspend biases while providing clear access to the reality of psychological treatment (cf. Slife & Williams, 1995). By moving away from a theoretically based, biased therapy to a

scientifically based, bias-free therapy, technical eclectics appear to have solved the problem of single-theory closed-mindedness.

Ultimately, all eclectics --whether they integrate or avoid theories -- value the same practical goals. Like medical practitioners, eclectics want access to all that is available for dealing with client problems and disorders. They want to be able to update their treatments with the latest and most effective techniques. They want to be flexible, discarding whole theories if necessary, to help a client in need. Finally, eclectics want a genuine sensitivity to clients and their contexts, rather than the theoretical rigidity that leads therapists to ignore the person and focus on single-theory abstractions.

Why the Eclectic Solution Fails

Despite its noble intentions, we hold that the eclectic project ultimately fails (Slife, Reber, & Gantt, in press). And, despite its twofold approach to the problem, both approaches fail for essentially the same reason: both approaches ultimately rely on precisely what they attempt to avoid -- a single set of assumptions and thus a single theory. In the case of theoretical integration, multiple integrative theories are reduced to a single meta-theory that guides the integration of theories or the use of techniques (Slife, 1987). That is, theories are not integrated arbitrarily or haphazardly; they are combined on the basis of some criteria of integration. A true integration, then, requires a meta-theory that specifies when and why each set of techniques is used. This meta-theory, just like the theories it integrates, is based on a single set of assumptions that not only brings coherence and organization to the therapeutic situation but also restricts its domain of application and inquiry.

If eclectic therapists operated without a meta-theory, then they would be viewed as “unsystematic eclectics” (Norcross, 1986; Lazarus & Beutler, 1993, p. 381). In one sense, this approach would seem the ideal of eclectic flexibility and openness to clients’ needs. However, therapists have generally spurned haphazard, random, or nonpurposeful approaches to client treatment, considering them to be unethical and potentially

dangerous. Objections to unsystematic eclecticism are well documented, even in the eclectic literature (Lazarus & Beutler, 1993; Lazarus, Beutler, & Norcross, 1992; Jensen, Bergin, & Greaves, 1990; Howard, Nance, & Meyers, 1986). The primary objection concerns its lack of coherence. As Jensen, Bergin, & Greaves (1990) put it, unsystematic eclecticism “is often equated with lazy, sloppy, or unorganized practices” (p. 124).

The only way to organize and bring coherence to practice, of course, is through some formal or informal theory or metatheory. Integrationist eclectics may have moved their theories -- their integration of theories -- to another level, the "meta" level, but there is considerable debate about whether these meta-theoretical integrations are really any different from their theoretical cousins. After all, Freud, Rogers, and Skinner would all have claimed to be integrating components of various theoretical structures, yet we typically do not view them as eclectic integrations. This is because these traditional integrations were all brought under one set of assumptions, providing them coherence perhaps, but also restricting their domain and applicability. We currently see no evidence that the meta-theoretical integrations of today are any different from the single-theoretical integrations of yesterday, at least regarding their biased and restrictive natures.

This restrictiveness of integrative eclecticism is the main reason most eclectics have recently flocked to the technical eclectic camp (see Lazarus, 1995; Lazarus & Beutler, 1993; Norcross, 1986). Their hope is that technical eclecticism will be the one "proven" way of avoiding bias, and thus single sets of assumptions altogether. Unfortunately, as we demonstrated in a recent article (Slife, Reber, & Gantt, in press), this hope will never be realized, though most eclectics have not recognized this yet. Their hope depends on science being an atheoretical system which guides therapists' selections of techniques without contributing its own theoretical baggage. However, as many philosophers of science have made quite clear, this philosophy of science -- indeed any philosophy of science -- is itself based on a limited set of assumptions that invariably biases

its practitioners (Bernstein, 1983; cf. Curd & Cover, 1998; Gholson & Barker, 1985; Kuhn, 1970).

In the case of traditional scientific method, such practitioners are biased toward that which is observable, rational, and replicable, because the scientific method is itself based on assumptions of empiricism, rationalism, and positivism (Slife & Williams, 1995). These assumptions constitute the meta-theory of science and the selection criteria of technical eclecticism. It is thus not coincidental that techniques which are not based on these assumptions, such as those practiced in existential therapy, are rarely "validated" in technical eclecticism (Slife, Reber, & Gantt, in press). Indeed, most existential therapies eschew technique altogether (e.g., Yalom, 1980). Consequently, most technical eclectic approaches are a combination of behavioral and social learning conceptions (e.g., Lazarus, 1995), both of which are based essentially on the same assumptions as that of positivism (cf. Slife & Williams, 1995).

The upshot of this theoretical exclusivity is that certain aspects of clients -- those unobservable, irrational, and unreplicable aspects -- are excluded from the technical eclectics' purview, as are those techniques and therapy orientations that do not fit with these assumptions of science. How, for instance, does a technical eclectic use an existential orientation which is anti-technique, and thus not technical in the first place? In this sense, a positivist view of science constitutes a single meta-theory of human behavior, with a unified set of assumptions that narrows the availability of theories and techniques and closes the therapist off to "non-scientific" interpretations of presenting problems. Ultimately, technical eclectics, like integrationist eclectics before them, fail to escape a single theory.

At this point, we must conclude that a single set of assumptions -- a single theory - is inevitable. The thoroughness and tenaciousness of the eclectic project can give us confidence in this conclusion. This project has clearly attempted to avoid single sets of assumptions, but it is equally clear that these thorough and tenacious efforts have utterly

failed. All therapists have an orientation, whether conscious or unconscious, formal or informal. All therapists are oriented toward their clients in particular ways and must assume certain things in order to act therapeutically.

In John's case, he was oriented by and biased toward the assumptions of psychoanalysis, and he knew it. At the same time, his critics were no less biased, though they may have thought otherwise. They, too, operated with a particular set of assumptions that biased them. Whether they advocated some integration of single theories or some form of technical eclecticism, they failed to escape the very criticisms they levied against John. In fact, John was in a better position than his peers, because he at least recognized that he had an orientation, which he could (and did) evaluate. His colleagues, on the other hand, could not see any problems with their orientations, because they presumed they had none. Their arrogance with John, then, came not from the superiority of their orientation, but from their ignorance of it as an orientation.

The eclectic project fails, then, because it cannot overcome the original dissatisfactions of those who first proposed eclecticism. Because biases and single theories cannot be escaped, no "orientation," whether integrational or scientific, can be completely open or comprehensive. Indeed, all the classical single theorists could be said to have been originally eclectic in this sense. And they, like today's eclectics, are ultimately relegated to a single, related set of assumptions for the sake of coherency. Otherwise, practice occurs randomly and thus, as the eclectics themselves admit, irresponsibly and unethically (e.g., Lazarus & Beutler, 1993; Lazarus, Beutler, & Norcross, 1992). How, then, can the original dissatisfaction of therapists with traditional theories be addressed? Over two-thirds of all psychotherapists have rejected traditional single theories and searched for something better. Why? With eclecticism revealed to be a species of the same problem, is there some other way of addressing the dissatisfaction of so many therapists?

Reconstructing the Problem

We believe there is. However, it requires a different analysis of therapy theory than psychologists have rendered thus far—an analysis that focuses on the quality, rather than the quantity of these theories. The eclectic project focuses exclusively on the latter, attempting to facilitate greater openness and comprehensiveness through the greater quantity of theories and/or techniques. The assumption is that there are not enough theoretical categories or concepts or techniques available, so why not make more of them available? Integrationist eclecticism focused on increasing the quantity of theories, whereas technical eclecticism emphasized increasing the quantity of effective techniques. The problem with this quantitative solution, as we have seen, is that all concepts and techniques must eventually be related together in some coherent way, making a limited and limiting set of assumptions necessary, similar to any theory.

What if, however, the dissatisfaction of therapists with traditional theories was never a quantity issue? What if all traditional theories have an overlooked quality that is problematic for most therapists? If this were true, then a wholly different solution would be implied, with a wholly different set of implications for therapy. We believe that this is the case, as we will attempt to show in the remainder of this chapter. In fact, all traditional theories of psychology, as diverse as they obviously are, have one relatively overlooked theoretical quality in common — they are all **atemporal**. That is, these theories were formulated to be a-temporal or “timeless” (or transcendent and universal) and “not temporary” (or unchangeable and permanent). Indeed, it is this assumption of atemporality, we contend, that therapists are ultimately dissatisfied with, because atemporal theories cannot, in principle, be tailored to meet the unique needs of individual clients nor facilitate open-mindedness in therapists.

Atemporality actually has a long history of wide popularity (cf. Faulconer & Williams, 1990). Philosophers such as Leucippus and Democritus, Plato and Pythagorus endeavored to create a philosophy that accounted for the world in terms of some set of

fundamental, universal, and unchanging principles or laws. To be fundamental and unchanging, however, these principles or laws could not be experiential or physical, because experiential and physical things are constantly in flux. Lived experience -- the world as we perceive it -- is widely acknowledged to be changeable, but physical things, too, eventually change and deteriorate, though perhaps at a slower rate than experiential change.

The point for Plato and a long line of Western thinkers after him was that the immutability of fundamental truths had to be outside our physical and experiential world, and thus in a metaphysical (or "beyond physical") realm. This realm was envisioned as a changeless and a transcendent realm, allowing for changeless eternal truths to transcend physical location and be available at any time or place. Natural laws and mathematical principles are prominent examples of such metaphysical entities. Although they may affect, indeed govern, the physical and the experiential, they are neither. The law of gravity, for instance, has never been experienced by the senses, nor does it consist of physical entities that one can observe. Certainly, manifestations of this law are physical and experiential (e.g., we seem stuck to the earth), but the law itself, the law that supposedly governs these manifestations is not made of a substance and is never experienced through our five senses.

Similarly, all good theorists—whether from the natural or the social sciences—have presumed that these same atemporal, and thus metaphysical, characteristics are necessary for their theoretical conceptions. They all presume that a valid theory is unchangeable and permanent (or not temporary), as well as transcendent and universal (or timeless). Often ignored or overlooked is the fact that these theoretical conceptions can only exist in a metaphysical realm, because the experiential and physical realms could never, in principle, accommodate such theoretical entities without changing them or causing their deterioration. This is the reason that such theories are often referred to as abstractions, because they must, of necessity, exist outside the real and practical world.

We submit that all the traditional theories of therapy have participated in this same atemporal tradition. That is, when Freud, Skinner, and Rogers formulated their theories, they just assumed without awareness that the principles of good theories were immutable, transcendent, and universal. Even a cursory examination of each reveals this to be true. Freud's theorizing, for example, is easily cast in this metaphysical light, with the unchanging, contextless, and nonphysical entities of id, ego, and superego. Similar to the abstractions of other theories, these entities can change in their content, but must remain immutable and universal in their basic process. Hence, their process is always outside of any one practical context, because practical contexts shift and change. This, of course, is our traditional notion of the theory-practice separation, with practice being physical and contextual (concrete) and theory being metaphysical and contextless (abstract).

Humanists, too, have postulated atemporal conceptions, such as Maslow's hierarchy of needs and Roger's organismic valuing principle, that are supposedly universal and transcendent in nature. Even the behaviorists, who have attempted to eschew all metaphysical entities, have succumbed to unobservable and immutable "behavioral principles" or the nonsensory entity of reinforcement history. That is, reinforcement history is never observed in conjunction with the behavior it is supposed to cause; it is always an assumed influence. Suffice it to say that a great portion of mainstream psychology has adopted, perhaps unknowingly, the atemporal approach to grounding and founding their theories and their research.

Could this hidden assumption—this conventional understanding of theory and practice—be the root of the dissatisfaction of so many therapists with so many traditional theories? Consider, first, that the very nature of atemporal theories is their contextlessness. That is, because they are universal entities that exist outside of particular concrete contexts, either experiential or physical, they are always general and abstract by nature. To be sure, they are thought to be tailorable to particular clients. Indeed, their nature is abstract and general, according to an atemporal perspective, so they can be

tailored to any context. This requirement, however, implies that the theories themselves are never tailored. To be tailored, they must be applied. That is, they must have a whole other set of actions and translators set in motion called applications. This means that atemporal theories are only useful when one has the skill of application, and even then, the application is never spelled out in the theory itself, because the theory is always and forever a universal abstraction outside any particular context.

Needless to say, this can be a frustrating arrangement, especially for the people who are most concerned with applying these theories in psychology, the therapists. These people must first learn a set of abstractions (e.g., id, reinforcement history, schema) that they have not and can never have any experience with. Then, these abstractions can never have any touch with the particularities of what they are meant to illuminate — the therapeutic situation — because they must be universal and transcendent of particular situations by their very nature. Finally, these people must next learn a completely different set of skills -- application skills -- having little, if anything, to do with the intellectual skills they attained in learning the theories in the first place.

This frustrating arrangement might be tolerated if the theories themselves functioned as advertised, with changeless, timeless, and universal conceptions, applicable to everyone in every situation. However, therapists have increasingly discovered the awful truth: the particularities of their therapeutic experiences reveal that these theories are not and can never be universal and timeless as advertised. Because these theories were formulated by particular individuals in particular circumstances for particular client problems, their range of domain is too narrow. Indeed, if the abstractions of these theories are truly followed as they are supposed to be, they draw a therapist's attention away from the experiential and toward the metaphysical, emphasizing the abstract over the concrete. Moreover, because therapists would regard metaphysical abstractions as primary, they would tend to make the concrete particulars fit the universal abstractions,

rather than the reverse, and the closed-mindedness that the eclectics so rightly fear would be brought to fruition.

Reconstructing the Solution

Temporality, on the other hand, is an alternative theoretical quality that provides another approach to addressing the dissatisfaction of eclectics. It does not combine or suspend theories, but instead reconceives single theories in a way that allows them to be sensitive to context and change. Whereas atemporality demands a focus on transcendental universals and contextless abstractions, which ultimately results in narrowness and closed-mindedness, temporality requires a focus on the particular context and the singularity of the client's situation, which makes possible the comprehensiveness and open-mindedness that eclectics desire.

There are elements of temporality throughout Western history, though they are perhaps less obvious. The early Greek philosopher Heraclitus, for example, took issue with the permanency and abstractness of atemporal conceptions, claiming that the world is always changing and that there is no transcendental world of reality underlying or governing it. As he put it, "one never steps in the same river twice" (Leahey, 1992, p. 48). That is, the river is representative of a reality that is constantly in flux. To understand the "river," one not only attends to the similarities of the river at each "step" but also focuses on the differences or uniqueness of each event.

Franz Brentano in the late 19th century also expressed difficulty with the unchanging universals of atemporality. His focus was the changeability of our lived experience, because all things are known through this experience. Indeed, how do we know there is an unchangeable objective realm (atemporality) when no one -- including scientists -- have access to any realm outside their experience? Brentano contended that our experiences change constantly, depending on their historical context and present situation. Whether water feels cool or warm to the touch depends on whether our hand was previously immersed in cool or warm water. The context of the past is crucial to the

sensations we feel, proving that "neither warmth nor cold really exists in the water" as an atemporal entity (Brentano, 1874/1973, p. 9). Warmth and cold exist in our contextual experience and thus change as the context of our experiences change.

More recently, twentieth century hermeneuticists and existentialists -- such as Heidegger, Gadamer, Taylor, and Merleau-Ponty -- have emphasized the uniquely embodied person in a world of contextual possibilities. Similar to Heraclitus, persons are constantly in flux. Like the river, there is a sense in which the person can be the same (e.g., have an identity) but there is also a focus on the uniquenesses or differences of the person across time. Similar to Brentano, however, these changes are inextricably tied to particular contexts that precede, occur with, and follow the changes. In this sense, temporality locates true knowledge in a particular experiential context, unlike atemporality which locates true knowledge in some metaphysical realm outside particular experiential contexts.

This change of "location" is important, because it implies that temporal knowledge is never knowledge of the abstract and theoretical (at least in the conventional sense); it is knowledge of the concrete and practical -- which changes as concrete situations change. Temporal knowledge is never metaphysical; it is always part of and at least derivable from the lived experiential and physical world. This means that temporal knowledge never requires application or application skills, because it is always situation specific. It does not need to be brought "down" from the metaphysical world of abstraction and then translated into the experiential and physical world; it is already part of that physical world. In this sense, the particular is never forced to fit the abstraction, because there is no abstraction in which it must fit.

Temporal conceptions also differ from atemporal conceptions in their pretentiousness. Atemporal theorists assume the ultimate completeness and correctness of their explanations and theories, because they presume them to be universal across all people, situations, and times. Temporal theories, by contrast, are inherently humble.

Temporal theorists can never assert completeness or permanence, because temporality assumes that the qualities of a thing originate, at least in part, from its relationship with other parts of its context. A kiss could be a greeting, an indication of future intentions, or a death sentence -- all depending on the context. In other words, a change in context could mean a fundamental change in the thing itself, because the very qualities of a thing stem, to some degree, from its context.

This changeability has been one of the main stumbling blocks to the wider acceptance of temporality. Truth and knowledge have been so associated with atemporal stability, permanence, and completeness that temporal conceptions have been discounted and degraded. Nevertheless, this property of changeableness allows for flexibility, possibility, options, and alternatives. From an atemporal perspective universal theoretical principles are the determinants of all aspects of the physical and metaphysical worlds. Because these principles cannot change and because they ultimately govern the physical and experiential, no possibility of change is possible. Temporal conceptions, by contrast, are filled with possibility; change and choice are always possible.

We should note, however, that change is not necessary with temporal conceptions. Temporal theorists distinguish between the unchangeable and the unchanging. From a temporal perspective, concepts and things are able to change, unlike atemporal conceptions, but this ability to change -- this possibility -- never requires that they have to change. Consider a promise, for instance. A person can make a promise to another person and remain constant and unchanging in the fulfillment of their promises. However, from a temporal perspective, such promises are only meaningful if the promiser does not have to keep the promise -- if keeping the promise is truly a possibility rather than a necessity. That is, the person can be unchanging in keeping the promise but not unchangeable in having to keep it. In this manner, many things may not change, including patterns of behavior among clients. Still, this unchanging state does not have to mean that these patterns are unchangeable and thus determined by unchanging theoretical principles.

Similarly, temporal theorists and philosophers have made the distinction between temporal and atemporal generalities. For the atemporal theorist, of course, generalities are inherently metaphysical and transcendent entities; they are never part of changeable physical or experiential contexts and so their universality and immutability is never threatened. Temporal generalities, by contrast, are always inherent in particular contexts, so their universality is always threatened by the next particular (in time or space). For example, a general conception of a client (or a disorder) may have been informative in the past, but this generality may be irrelevant to the next particular context. This is the reason temporal theorists must hold humble generalizations; they could be completely wrong in the next instant. Still, this humility does not mean that temporal generalities are not relevant to several different contexts. Indeed, some general conceptions could be relevant to all contexts -- i.e., be universal. However, no mortal could ever know this with certainty because ever-new contexts await. Consequently, one must always be humble and open to the possible irrelevancy of a general conception in the next context.

Temporality, then, is an alternative quality of theories that allows for the comprehensiveness and open-mindedness that is so important to eclectics. Because temporality demands a focus on the experiential rather than the metaphysical, temporal theories are comprehensively sensitive to all clients and all contexts. Also, because temporal theories do not propose any changeless abstractions, they are inherently open, recognizing their potential invalidity in the service of the particular context.

Practical Implications

With some of the characteristics of temporality now described, we can begin to outline how replacing atemporality with temporality would affect therapy. However, we must offer one admonition at the outset: Many therapists, eclectic or otherwise, have already sensed the problematic nature of atemporality and have already moved, perhaps unknowingly, to a mode resembling temporality. In such cases, our endeavor here will be to catch theory up to practice. That is, we should not have to practice in spite of our

atemporal theories. Our theories should facilitate our practice, yet this has rarely, if ever, been the case with traditional theories. The abstractness of traditional theories have required "applications" to bridge the theory/practice gap. At the very least, then, our reconstruing of the problem of eclecticism should help us to bridge this gap.² However, temporal theorizing may also effect a new therapeutic mind set -- for some therapists, at least -- if not a new way of practicing altogether.

To explore a temporal versus an atemporal approach to therapy, let us return to John. Recall that John was particularly jolted from his usual orientation through his therapy work with Anne. John had assumed that this "jolt" meant that he ought to move toward some sort of eclecticism. For most therapists, eclecticism has seemed the only alternative to traditional theories. We have already shown how this seeming alternative is essentially a combination of atemporal theories, in which case eclecticism has the same atemporal problems as traditional theories but has magnified their complexity. Eclecticism, then, cannot be the solution to the atemporal problems of traditional theories. Still, what John found unsatisfactory in his experiences with Anne is worth describing as prototypical of what many therapists have found unsatisfying in their therapies. Ultimately, we will contend that John's "profound" experience with Anne is the power of the concrete and particular (the temporal) to reveal the problematic nature of the abstract and metaphysical (the atemporal).

Typically, John would never have taken a case like Anne's. From his friend's referral, Anne was merely another 50 year old schizophrenic, with a history of a few delusions and probably a hallucination or two. Still, she was someone who paid top dollar. John figured he would simply "maintain" her, keep her from the hospital if possible, and provide a listening ear when needed. Wouldn't his eclectic friends be pleased? Here was a case in which he was not doing psychoanalysis per se, but more of a biological approach to therapy. John admitted to himself some disappointment with this approach, but he knew that very little relationship would be possible with a schizophrenic, and so much of his psychoanalytic training would be wasted anyway.

John's history-taking of Anne confirmed the delusions and hallucinations, but he was surprised to learn how long ago they had occurred. Nevertheless, once a schizophrenic always a schizophrenic. John was fairly convinced that this

disorder was primarily biological, so Anne's long "remission" did not mean that she had lost the schizophrenic gene. Because of this, John was surprised that Anne was not currently on medication. He referred her immediately, with his psychiatrist friend providing independent confirmation of John's diagnosis and Anne's need for meds.

After a month of therapy sessions with Anne, John sensed that something was wrong. He had settled into a routine friendliness with her: being helpful, keeping her on her meds, and generally aiding her everyday problem-solving. In today's therapy session, however, he sensed that Anne was withholding and angry, but he couldn't get her to discuss it. He was about to let it go when she finally burst forth with all sorts of accusations of him.

"You don't really listen to me," she cried. "You treat me like the wall. I can't get in to truly speak to you."

John couldn't help but wonder silently, "were her delusions finally acting up again?"

"There," Anne shouted, "I see it. You are not here with me. I have been symptom free for three years and you and all the other doctors still treat me like I'm an alien from outer space. Your arrogance is hard to stomach, so I am going to discontinue my relationship with you -- if you can call it a 'relationship'."

These last remarks hit John like a ton of bricks. Somehow, her complaints had struck a chord with him. Possibly Anne was right: even after a month, he had never really been with her. He had treated her like an object to be managed, rather than a person to be cared for. He had been friendly and warm, after a fashion, but underlying this warmth was his never really considering her thoughts and feelings, and never really establishing any sort of personal connection. Was she a symptom-free "schizophrenic" or a person?

To John's everlasting surprise, he found himself apologizing to Anne and admitting to her the correctness of everything she had said. He was surprised at this response to her because he had never truly apologized to a patient before. This was not only contrary to the "biological approach" he was taking with Anne, but contrary to the "psychoanalytic reserve" he had so carefully cultivated. Somehow, her pain, as caused by him, had broken through all of his "professionalism."

The wrongness of his "professionalism" was further confirmed after several more sessions. John not only got to know Anne, as opposed to getting to know "a schizophrenic," but Anne got to know John. Indeed, their relationship was wonderfully productive and authentically therapeutic, which caused John to reflect back to conversations with his colleagues about his "biases." The odd thing was that he had been the eclectic in this case. He had not treated Anne in his typical psychoanalytic manner, but had instead opted for a more biological approach. The problem was that neither approach seemed that helpful in truly "being with" Anne. Without Anne's aid in his "breakthrough," he would still have been stuck in the same old therapeutic mold.

The Atemporality of John's therapy. Before describing the atemporal

characteristics of John's therapy with Anne (see Table), a word of caution is necessary:

John is not meant to be representative of all therapists. He is, instead, an illustration of how atemporal theoretical elements can invade (and sometimes pervade) the therapy situation. Most therapists will rightly see themselves as less extreme than John and thus more a mixture of temporal and atemporal elements. However, our intention here is not to characterize but to illustrate atemporality in therapeutic action. In other words, we are not contending that atemporality always happens in therapy, but rather that the atemporality of our current theories does not prevent it from happening. Indeed, these theories and systems encourage it.

For instance, John first assumed that he knew Anne and her problems from the referral description (see Table). Indeed, he had decided his diagnosis and her treatment before ever meeting her. This is the confidence or, as Anne put it, the "arrogance" of assuming the atemporality of one's theoretical conceptions. Whatever is one's theory -- in this case a biological theory -- it is assumed to be universal across all people and all situations. Indeed, the genetic account of schizophrenia has thrived on atemporality, because biological principles are typically understood as requiring universality in a similar atemporal sense. If schizophrenia were culturally or contextually bound, then the atemporal principles associated with traditional biological accounts would be ruled out.

Second, John assumed that a real human relationship with Anne was either not needed or not possible. Anne was not a person but a schizophrenic. After all, John decided his mode of therapy well before he had met Anne. Even after several sessions, he was not interacting with a physical, experienced person, but with the "real truth" of Anne — her disordered state — contained in a metaphysical sphere that cannot change. Anne, in this sense, had no possibilities; her symptoms could come and go, but her basic condition was atemporal and unchanging (e.g., genetic). All John could do, according to this conception, was "manage" her, as though she were a changeless, inanimate object — as Anne put it, a "wall."

Third, even if Anne's condition had changed, John would likely have overlooked it. In fact, he did ignore her recent freedom from all symptoms in understanding her basic condition. Eventually, of course, Anne's particularity -- her pain and her threat of termination -- broke through John's universal conception of her. However, there is no telling how many other signs of Anne's particular personhood were available to John, but ignored, before this session. After all, atemporal therapists are expecting basic immutability and thus sameness, so why look for change? Even after Anne's outburst, when she accused John of treating her like a "wall" (a thing without possibility of fundamental change) -- he still persisted in his atemporal perspective. Recall that John assumed that she must be totally predictable in her delusional world.

This predictability implies a fourth characteristic of an atemporal conception. Because all things are unchangeable, either because they are metaphysical or because the physical is governed by the metaphysical, the course of all things is completely determined and predictable. Atemporal theorists may not know all the factors of a particular situation. Still, they assume that some sort of atemporal principles ultimately govern such situations; otherwise, the principles would presumably be invalid. This deterministic assumption makes any self-generated changes (e.g., choices, agency, decision-making) problematic, because the "self" has no real options. The person (client or therapist) cannot really do otherwise than what the metaphysical principles say. This determinism means that all therapy techniques that facilitate the agency of a client are misguided, because no such agentic factors really exist. Given Anne's presumed biological condition of schizophrenia, John chose to "manage" Anne as best he could; she was an object without agency or possibility, at least regarding her basic condition.

Fifth, knowledge of such unchangeable, universal, and controlling abstractions leads to the therapeutic expert. Because the therapist has learned these theoretical principles, he or she can be completely confident in their use. Although this use can take many forms, such expert approaches to therapy are frequently directive. The therapist can

never realistically be wrong, at least on fundamental issues of theory, because the therapist has universal, unchangeable knowledge. This is the reason that John, an experienced psychotherapist, had never really apologized. He could never really be wrong -- except on trivial issues -- and so there was never really anything to apologize for. His arrogance was part of his professionalism.

Sensing Problems with Atemporality. Breaking through this arrogance is no mean feat for any patient. As mentioned above, some therapists sense problems with this atemporal assumption immediately, upon first contact with a client. They quickly move to a more human relationship, and thus depend on their concrete, physical experiences, rather than the metaphysical abstractions they have been taught. Others therapists, much like John, experience a mixture of dependence upon abstraction and a sense in which such abstractions are problematic. In either case, the power of the particular can, and often does, "punch" through the arrogance of atemporal assumptions to reveal their problematic nature.

Indeed, it is our contention that all good therapists sense the inadequacy of atemporality, even if they cannot always articulate this inadequacy. We believe that their collective sensing of this inadequacy is the reason that more than two-thirds of all therapists have abandoned traditional theories for eclecticism. Atemporal conceptions are inflexible and insensitive to clients and their unique contexts. Consequently, these therapists are searching for something better, because they have all had experiences like John had with Anne. At some point or another, some or all of their patients broke through their "professional reserve," their system of abstractions, and thus their confidence in their theory.

This, of course, was the case with John. His "surprise" near the end of this pivotal session with Anne was his human and humble apology to Anne. For some reason -- possibly her pain, possibly his pocketbook -- John awoke to his attitude toward and treatment of Anne. He realized that he had rarely been humble and human with his

patients. Rarely, if ever, had he truly apologized to a patient, as though she were a real person (e.g., colleague, daughter). To John's further surprise, his authenticity with Anne did not prevent his helping her. He was able to effect, almost in spite of his training, a real human and humble relationship with Anne and still remain the therapist.

The Possibility of Temporal Therapy. As we have said, we do not consider temporal therapy to be another "school of thought" or another set of techniques to try with clients. Temporal therapy is more radical than that. Temporal therapy is an attempt to capture what is already going on with good therapists -- as we said before -- to catch theory up to good practice. It is also an attempt to articulate an alternative to eclecticism for the many therapists who have been dissatisfied with atemporal approaches. Their dissatisfaction has not been the result of an insufficient quantity of atemporal theories (i.e., eclecticism), but rather the result of the atemporal quality of such theories. Let us explore, then, another quality, a temporal quality, through the case of Anne (see Table). How would a temporal therapist have handled Anne's case from the beginning?

First, unlike John, such a therapist would not have assumed that he or she knew Anne and her problems from the referral description. Temporality does not rule out the importance of past experiences -- this is part of the therapist's historical context for interpreting Anne -- so a temporal therapist could not help but draw on these experiences in anticipating Anne's case. Still, the therapist's confidence about these anticipations would be tentative, at best. Crucial to a temporal perspective is an openness to the possibility that Anne is qualitatively different than expected, completely different than any past experiences with similar referrals. In fact, a temporal perspective would demand that the therapist be open to Anne being different from herself across therapy sessions. Indeed, a moment-by-moment openness is the ideal for a temporal therapist, where the particularities of client care take precedence over any theoretical conceptualization.

This is not to say that conceptualizations and theories are unimportant to the temporal therapist. As described above, generalizations are not only possible with

temporal conceptions, they are also expected across the various contexts of therapy. However, one of the big differences between temporal generalizations and atemporal universals is that the latter are presumed (because they transcend contexts) and the former have to be demonstrated (because they can only exist in contexts). That is, temporal generalities are never presumed; there is always the possibility that they will be irrelevant to the next context. However, there is also no assumption that temporal conceptions are bound to or self-contained within a particular context. Although they have to be rooted in contexts, there is no limit to the number of contexts in which they can be rooted.

Second, temporal therapists cannot avoid relationships with their clients. Unlike John, who selected a mode of interaction that led to superficiality and manipulation, these therapists are tied directly to the concreteness of their clients. John had the "luxury" of initially focusing on the abstract or metaphysical Anne -- the "schizophrenic." Indeed, John could even view this abstraction as the real truth of Anne. Temporal therapists, by contrast, have no such luxury because they have no such abstraction. Even their anticipations and conceptualizations, albeit abstractions in a sense, have to be re-examined and re-affirmed in the next concrete moment. Moreover, these therapists can never deceive themselves with the notion that their conceptualizations of Anne are somehow more true than the experienced Anne.

This is not to say that conceptualizations are not intimately related to experiences. Temporal therapists know that their conceptualizations are always derived from the concrete experiential and not the reverse (as in atemporality). Many therapists have been taught to give primacy to the abstract and theoretical, as though treatment begins with theory and then continues to application. Temporality, however, reverses this order, beginning instead with concrete experiences and only then moving to abstract concepts. We should note that "experiences" from this perspective are never "objective data," in the empiricist or positivist sense. They are, rather, an interpreted reality which is just as concrete and just as experiential, but is as connected to the interpreter as the interpreted.

In other words, temporal reality is holistically contextual, including not only the situation itself but also the conceptualizer of the situation (who is, after all, part of the situation).

This type of temporal contextuality allows Anne more degrees of freedom as a client. For instance, a temporal therapist would never impose a stereotype or category on her, at least not in the enduring sense. If a stereotype or a category were used, Anne would be able to "break" its hold immediately, maximizing her possibilities for change, because the therapist expects and looks for this change. In this sense, Anne would never be a "schizophrenic" for life. If she were seen as schizophrenic at all (as a temporal conception), it is far more likely she would be viewed as a momentary schizophrenic. That is, virtually no one with the label of schizophrenia acts "schizophrenic" all the time. Moreover, no one with any diagnostic label acts in accord with that symptomology all the time. Consequently, no one can ever be a diagnostic disorder. This does not preclude the cautious use of some enduring labels, but the therapist can never view the label as the primary truth of the client.

Third, one of the cardinal advantages of temporal therapy is that therapists are much more attuned to the momentary changes of their clients. Atemporal therapists focus on the continuities or samenesses of therapy, the characteristics of their clients that support the unchangeable universals of their theories or diagnostic systems. Hence, they selectively attend to "defenses" or "reinforcements," depending on the theory, and depressive or schizophrenic episodes, depending on the diagnosis. Temporal therapists, on the other hand, see, and have available for therapeutic "grist," any number of momentary changes. Why did this so-called "depressive" move into contentment, however momentarily? Why is Anne acting like a schizophrenic or a nonschizophrenic at this moment? Indeed, the temporal therapist boldly asserts that no one acts depressed or schizophrenic all the time; there are always and inevitably brief moments of happiness and lucidity that are vital to understanding clients.

A fourth major distinction between atemporal and temporal approaches concerns the possibilities and necessities of treatment. Atemporality presumes that Anne is determined by the laws or principles inherent in the theory. This means that Anne must (of necessity) be the way she is, through the principles of her nature and/or her nurture, regardless of her context. Her personality is fundamentally the same and cannot be easily changed. Temporal therapists, on the other hand, presume that Anne has possibilities inherent in her changing contexts. Because Anne cannot be separated from her context and because contexts inevitably change, problems and treatments inevitably change. The main therapeutic task, then, is not to create change — as traditionally assumed — but to recognize and channel ongoing change appropriately, because it is already occurring.

Many therapists may find the mutability of a temporal approach to be more hopeful, but question whether such changeability precludes predictability. That is, temporality may sound chaotic and thus violate a therapist's sense of the order and predictability of most clients. However, much like the issue of generality (see “Reconstructing the Solution”), there is temporal predictability and atemporal predictability. The latter, given the right information, can be perfect, because it is underlaid with determinism. From this perspective, John initially felt he could predict the basic course of Anne’s behavior, just from the brief statement of referral. From a temporal perspective, however, such predictions would be precipitous (and could never be perfect) but are not entirely out of the question, because Anne's possibilities are always limited by her context, including her bodily context (e.g., Merleau-Ponty, 1962/1989).

For example, Anne may indeed be genetically predisposed to schizophrenia, but such a predisposition could never rule out the possibility of at least momentary lucidity. Anne's history is also considered part of her context, according to temporality. Her history, like her biology, presents both a set of limitations as well as a set of opportunities. In this sense, the context giveth and the context taketh away. Although context plays a crucial role in the changeableness of temporal conceptions (as it changes), context can also

play a stabilizing role, allowing greater understanding and predictability of clients. The main point here is that there is no metaphysical force -- outside the experiential and physical -- to determine Anne's actions. However, the lack of a metaphysical force does not mean that contextual factors do not delimit, and thus make predictable, Anne's behavior.

Fifth and finally, temporal therapists can never assume the role of expert. John, of course, assumed this role because he supposed that his training had exposed him to theoretical principles — biological or psychoanalytic — that controlled all psychological functioning. He could act humble and attempt to be nondirective in style, but he still assumed that he knew these principles, and this assumption inevitably affected his relationship with Anne. Indeed, she saw him as quite arrogant. Temporal therapists, on the other hand, cannot make this assumption. They must assume a very healthy skepticism about any conception of the client they might hold. In fact, temporal therapists expect to be wrong, and thus have no problem humbly apologizing; they do it all the time. Instead of a professional arrogance, where resistance really is futile, temporal therapists effect a professional humility.

Conclusion

There is obviously more work to be done in fleshing out temporal therapy. Indeed, there is much more to temporality itself, such as the narrative tradition (e.g., Polkinghorne, 1988; Carr, 1986), than we have room to describe here. Still, we believe this approach holds great promise, because so many therapists have chafed for so long under the atemporal bit of traditional theories. Fully two-thirds of all therapists have rejected their inflexibility and abstractness by moving to eclecticism. Unfortunately, eclecticism merely compounds these problems, either by offering a more complicated, integrated atemporality or by attempting to hide atemporality in method.

What many eclectic therapists do not realize, at least intellectually, is that they can challenge the atemporal quality of their theories. This challenge is itself a single

philosophy and thus not an eclecticism per se. However, this single philosophy allows for theoretical order without squelching important treatment possibilities and without directing attention away from the concreteness of therapy. Many therapists have instinctively been operating from this temporal mode already; many temporal adaptations of conventional atemporal theories have undoubtedly already occurred. Indeed, these adaptations could be what people really mean when they say they are eclectic. They do not mean an increased quantity of atemporal theories -- as the eclectic tradition portrays it -- they mean a humbler sort of theory that is open to change and modification, depending on client needs.

Of course, the change from atemporal to temporal can never be a simple replacement of one assumption with another. Traditional theories have been born and bred on atemporality; it is inherent in their very core. Still, many temporal insights of these theories were probably forced into an atemporal framework. After all, these insights were often born of therapeutic practice and experience. Because true principles and natural laws were considered to be atemporal, it was assumed without critical examination that the insights of countless therapy theorists had to be developed and presented within an atemporal framework. If this analysis is correct, then many traditional theories can be re-worked and distilled of the genuine temporal insights they originally contained. This would allow therapists, for perhaps the first time theoretically, to move out of the metaphysical realm of abstractions and into the real world of client care.

Table

Atemporal Therapy	Temporal Therapy
Because theoretical abstractions are universal, atemporal therapists confidently generalize their abstract knowledge of the client.	Because theoretical conceptions and expectations are held tentatively, temporal therapists are open to the possibility that the client is qualitatively different from what they expect.
Because the “real truth” of the client is an abstraction (e.g., schizophrenic), outside of the concrete and physical, a personal relationship with the concrete client is either not needed or impossible.	Because the experienced and physical client is truer than any theory of the client, a real relationship with the client is not only possible, but also unavoidable.
Because conceptual principles are theoretically true and immutable, atemporal therapists selectively attend to client characteristics that support these principles.	Because characteristics of the client may be temporary, temporal therapists must be sensitive to momentary changes in the client’s behavior.
Because unchangeable conceptual abstractions (e.g., laws) govern the physical, the client’s behavior is ultimately determined and completely predictable.	Because contexts are changing, the client and the therapist are not determined but have genuine possibilities.
Because atemporal therapists know universal theoretical principles, they tend to effect a professional “arrogance” and directiveness in the treatment of their clients.	Because any conception of the client could be inappropriate in the next moment, temporal therapists are open to being wrong and thus effect a professional humility.

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¹ Although the eclectic literature often suggests a common factors approach as a third form of eclecticism, it is subsumable under these other two approaches (Slife, Reber, & Gantt).

² Indeed, no bridging should be necessary if we truly embrace temporality.