

Psychotherapy Guidebook

ECLECTIC

PSYCHOTHERAPY

Frederick C. Thome

# **Eclectic Psychotherapy**

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# Eclectic Psychotherapy

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## DEFINITION

An eclectic, in psychotherapeutic terms, is one who selects what is valid or useful from all available theories, methods, and practices. The eclectic approach rejects adherence to any one school or system and instead utilizes what is most valid or relevant from the whole therapeutic spectrum. It is composed of contributions from many different sources, used according to whether they are valid, applicable, and indicated.

## HISTORY

Prior to the advent of basic science, there were countless schools and systems of theory and practice based on the teachings of some authority. For example, in clinical medicine, before the advent of scientifically oriented medical centers such as the Mayo Clinic (1880) and standardized medical school curricula such as that developed by Sir William Osier at Johns Hopkins (1894), there were about four hundred proprietary medical schools in the United States. These medical schools had no standardized curricula, few validated methods, and were operated by self-anointed medical “authorities.”

In 1912, the American Medical Association authorized the Flexner Report, which investigated the qualifications of the four hundred medical schools. As a result, three hundred and twenty were disbanded and the remaining eighty schools adhered to standardized basic science curricula. An eclectic approach was introduced for training and practice that has remained in operation to the present.

In scientific psychology, Robert S. Woodworth of Columbia University was the first to introduce the eclectic viewpoint during the 1930s — a time when there were literally as many schools and systems of psychology as there were psychologists. In academic psychology, large textbooks were written on systematic psychology, presenting theoretical discussions of everything from Adlerian Individual Psychology to Zen Buddhism. Modern theoretical psychology is still a morass of competing systems, models, vocabularies, jargons, interpretations, and personal idiosyncrasies.

I (1950) was among the first clinicians to adopt a thoroughgoing eclectic approach by analyzing all available methods of psychotherapy operationally, listing what was known about the advisability of their use (indications and contraindications) with different conditions and selecting what was most valid and useful from all available methods. From 1950 to date, I have advocated eclecticism at every possible opportunity. A trend toward eclecticism seems to be indicated by the fact that in 1950 none of the

members of Division 12 of the American Psychological Association classified themselves as eclectics, while by 1975 over 50 percent of the members were identifying themselves as such.

The trends in clinical psychiatry are less clear. Grinker (1970) for some years has been a leading proponent of eclecticism in psychiatry. However, theoretical psychiatry since World War II has been very heavily influenced by psychoanalysis and a variety of social psychiatries, such as Eric Berne's Games People Play, encounter and transaction analysis therapies, and Adlerian Individual Psychology. Also, the validity of current professional psychiatry has been questioned by the contentions of Thomas Szasz, which state that mental illness is a myth or is, at least, often caused by traditional psychiatric methods. The application of eclectic methods to clinical psychology and clinical psychiatry is long overdue, if methods are to be standardized and validated objectively.

## TECHNIQUE

In summary, eclecticism is an approach rather than any one single system or method. Operationally, the eclectic studies all available methods, familiarizes himself with their nature, learns their indications and contraindications in relation to specific problems or pathologies, and then attempts to apply them using the best clinical judgment possible. Eclecticism

places a huge responsibility on the clinician to keep up with current scientific knowledge in order to know everything possible about all available methods.

Eclecticism is based on the postulate that individual cases require individually prescribed treatment methods. There is no one therapeutic system that is effective for all clinical conditions. Each method of counseling and psychotherapy has its own specific nature, its own specific methods, and its own specific applications.

Eclecticism has been attacked on the grounds that it has no logical theoretical rationale, that it is only a hodgepodge of methods idiosyncratically applied, and that it is too difficult to learn and apply validly. I (1973) have rebutted these criticisms at length, arguing that the medical profession has been utilizing the eclectic approach for over seventy-five years, until it is now an unquestioned standard practice. Psychotherapy has suffered because neither basic-science clinical psychology nor clinical psychiatry has adopted eclecticism systematically.

The eclectic approach in the United States has been gaining acceptance quietly but steadily. Eclecticism has never stimulated the enthusiasm attached to many schools or therapy systems, since it is more difficult to master. However, I believe that if a novice wishes to ever become a master clinician, he must adopt eclecticism, since no psychotherapy has a universal



application.

The most important overall influence of eclecticism on the theory and practice of psychotherapy has been to enlarge the spectrum of clinical therapies, encouraging the clinician to become familiar and competent with all available methods, and discouraging cultism, involving undue reliance on any one method. As clinical knowledge accumulates on new methods, clinicians in general will become better balanced and more competent. One of the best examples of how a once-popular method was whittled down to size is psychoanalysis, which was once the method of choice but is now indicated only with limited clinical conditions.