COMPLEMENTARITY

AND THE PRACTICE OF PSYCHOTHERAPY

An Alternative to Eclecticism

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ABSTRACT

The problem of competing theories in psychology presents major difficulties for the practicing psychotherapist. These difficulties have traditionally been addressed in monotheoretical, eclectic and integrative approaches. This work critically examines the problems associated with these traditional methods. It draws on the philosophy of complementarity as postulated by Niels Bohr in order to develop an alternative approach. This philosophy stresses the indeterminate nature of the object of study in psychology, and therefore holds that it is necessary to entertain multiple perspectives. It also holds that in order to counteract the problem of indeterminism there is a need for clarity of theoretical descriptions. For psychotherapy practice this implies, in contradistinction to eclecticism, the separate rather than mixed use of diverse approaches. The practical options suggested by therapeutic complementarity are outlined and their benefits are discussed.

INTRODUCTION

A CONCEPTUAL CONTEXT FOR THE STUDY

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The objective of this introductory section is to state in broad outline the aim, central themes and philosophical bias of the thesis. In addition, basic terminology will be defined. A central argument to be developed by this work is that scientific endeavour should occur in a systematic way within a clearly defined conceptual context. In accordance with the above principle, the introduction sets out to provide such a context.

(i) AIM AND RATIONALE

The aim of this thesis is to propose the philosophy of complementarity as a framework for clarification of the problem of multiple theories in the practice of psychotherapy. Rychlak (1968, 1981) has identified two major strategies of theorizing in the history of science which are evident in psychology. One is the dialectical tradition which stresses the active role of the mind in which meanings are generated. It bears the characteristics of subjectivity, relationality, contradiction and arbitrariness. The other is the demonstrative line of reasoning which starts with the assumption that there are items of information that can be taken at the outset to be primary and true, and not open to alternatives. Demonstrative meaning bears the characteristics of objectivity, singularity, unidirectionality and non-contradiction. All psychological theories

are involved in activities that tend to place them on one or other side of this oppositional dimension.

Rychlak suggests that the problem of how best to resolve the diversity of psychological theory in practice is the single most important question for the discipline to answer. Lambley (1971) corroborates Rychlak's view, stressing the particular importance of this problem in relation to psychotherapy. He notes that the psychotherapist is faced with a multiplicity of psychological theories, each with a different account of his client's behaviour and mode of resolving his client's problems. Continuously the therapist is called upon to make decisions concerning his action in the face of this situation. The nature of the action he takes has crucial relevance for his ability to offer an effective and therefore ethical service.

The ability to offer an ethical service in psychology, however, is particularly difficult because of the discipline's theoretical confusion (Rychlak, 1968). Rychlak's opinion is shared by many others (Siegler, 1966; Koch, 1969; Coulter, 1973; Kovel, 1976; Stiles, 1979; Chessick, 1982; Goldfried, 1983), who indicate that the science of psychotherapy is faced with an epistemiological problem at the interface between theory and practice of crisis proportions. This work is an attempt to address some of the issues involved in this crisis. Clearly it is beyond the scope of the work to provide a total resolution of these issues and it is therefore necessary to clarify the manner in which the problem will be approached.

The objective is not by means of complementarity to produce a new general approach which will rid psychology of multiple

theories. Nor does it suggest final answers to the therapist regarding a particular choice of theories. Its contribution is to provide an epistemology (theory of knowledge) in the form of complementarity, which helps us to understand why there are multiple accounts of human behaviour. It argues that this state of affairs will always prevail in psychology and it implies certain principles with regard to the psychotherapist's activities in practice.

The complementarity thesis originated in the early 1900's as a resolution to the wave/particle competing theories dilemma encountered by physicists in the study of light. The relevance of this particular conceptual development in the physical sciences as an epistemology for psychology was clearly anticipated by Bohr (1958), the originator of the philosophy, as well as by Jung (Adler, 1975, p.308) and more recently with specific reference to psychotherapy by Chessick (1977, 1982). In spite of the important indications by these authors of an idea worthy of further investigation in psychology, this task has never been systematically addressed.

As suggested earlier, every system of knowledge has a position on one or other side of two fundamental strategies of theorizing, the dialectical versus the demonstrative. Complementarity is no exception to this rule and has its roots firmly on the dialectical side of this oppositional dimension. The justification for the adoption of this particular bias is that it is in line with the most recent developments in the philosophy of science (Russell, 1979; Ingleby, 1981; Siegel, 1982; Williams, 1983). Philosophers of science have been influenced by the

wave/particle developments in Quantum Physics and in order to explain them have moved into more dialectical and less demonstrative understandings of the nature of knowledge.

Authors such as Harré (1979), Shotter (1975) and Rychlak (1968, 1982) have paid attention to the developments in modern physics as having philosophical implications for psychology. They have used these developments, however, to buttress arguments for psychological theories which are more dialectical and less demonstrative in nature. What these authors have not done is to use the recent philsosphical developments in physics to stand outside the discipline and make an overall analysis of psychology as a science. There are authors who have stood outside and commented on the science from a demonstrative standpoint (e.g. Koch, 1969; Hebb, 1974). These authors have typically come to the conclusion that because of its diverse theories, psychology can never be a coherent science. The dialectical analysis to be promoted here claims that such a nihilistic point of view is unnecessary. Complementarity gives epistemological coherence to the science of microphysics in spite of its theoretical diversity, and it can do the same for psychology. It is this move that is necessary in order to provide an overall guide to the practice of psychotherapy.

A recent comprehensive review of attempts to cope with multiple approaches in psychotherapy (Goldfried, 1982) leaves the reader in no doubt that an all-encompassing philosophical principle of the type envisaged here which can be logically linked to psychotherapeutic practice is not being used. Goldfried has not made use of any organizing yardstick apart from an historical

one in order to derive order out of the vast contribution to the literature on what he calls therapeutic integration. This leaves the reader floundering with no clear sense of direction. 'Therapeutic integration' is the umbrella term used in the recent literature to encompass the entire range of pragmatic approaches to the multiple modes problem (Goldfried, 1982; Garfield, 1982; Kendall, 1982; Wachtel, 1982).

The principles derived from the philosophy of complementarity will be used as a framework to differentiate between these various approaches in a three-pronged re-definition of therapeutic terms as follows:

(1) integration meaning synthesis,

(2) eclecticism meaning the unsynthesized mixing of models, and

(3) therapeutic complementarity meaning the use of diverse models but in a theoretically distinct way.

Those pragmatic trends in the literature that fit the criteria of therapeutic complementarity need to be separated from the over-inclusive and ad hoc mixtures of integration and eclecticism which, it is felt, contribute to confusion in the practice of psychotherapy. This work will give identity to the more favourable approach of therapeutic complementarity which promises decreased confusion for psychotherapy because of epistemological roots which dictate conceptual clarity.

(ii) DEFINITION OF TERMS: CLASSIFICATION, THEORY, METATHEORY, EPISTEMOLOGY

At this point, it is necessary to clarify some basic terminology.

It has been found useful to differentiate between two types of organizing principle in science viz. (1) classification and (2) theory (cf Losee, 1972; The Oxford Illustrated Dictionary, 1975). (1) Classification is defined as the arranging in classes aspects of knowledge about a phenomenon. The classifier or taxonomist is able to isolate the generic and differentiating aspects of a phenomenon and it is in this sense that organization and clarification are achieved. This level of organization is purely descriptive and does not have the power to explain events or deductively to propose future events. (2) Theory, on the other hand, is defined as a co-ordinated system of ideas which accounts for origins and reasons. By means of interpretation rather than pure description it attempts to isolate something essential in the phenomenonon. It can serve therefore as an organizing format from which logically to deduce future events.

Now philosophy constitutes theorizing about a particular type of subject matter (it theorizes about the ultimate nature and most general causes and principles of things) and belongs therefore to the second class of organizing principles as outlined above. It is evident that in considering the problematic phenomenon to be addressed by this thesis that the level of theory should have an advantage as an organizing principle over that of classification. It should provide not only clarification of the situation by means of its interpretation of the situation, but enable also the logical deduction of future procedural patterns according to the guiding principles of its particular formula. What is being proposed for this thesis therefore

is a theory (the philosophy of complementarity), which will stand outside the framework of any of the current psychological theories in order to comment upon them. Such an analysis is known as a metatheory. It should be noted that the word 'meta' is a Greek prefix for 'about' (Dictionary of Philosophy, 1979), and the word metatheory simply means 'about theories'. A metatheory therefore can have, but does not necessarily have, the status of theory itself.

It has been important to be explicit about the type of organizing principle being promoted in this thesis because a basis has now been provided for a comparison between analyses of the multi-theoretical problem. This thesis will develop an argument that the limitation of other central metatheoretical analyses (e.g. Rychlak, 1968 and Royce, 1970) is that they tend not to have the status of theory and therefore lack explanatory power for procedural direction at the practical level. An exception to this worthy of note is Lambley (1971) who proposes an existential theory which gives the psychotherapist, faced with diverse theories, a choice of action by understanding his value dilemma. Lambley makes logical deductions for practice from his theoretical position and argues for a pluralistic approach in the form of eclecticism. As noted earlier, whilst complementarity favours a pluralistic diversity of approaches it is against an ad hoc mixture, and therefore in contrast to Lambley's position, provides a strong argument against eclecticism. Paradoxically the unifying resolution offered by the philosophy of complementarity at the meta-theoretical level, is for the acceptance and promotion of diversity and separateness at the theoretical level.

A further point of clarification in order to avoid confusion due to terminology is to mention philosophies of science for psychology which do not have the status of an all-encompassing metatheory of psychology (e.g. Feifel, 1964; Rychlak, 1968; Giorgi, 1970; Shotter, 1975; De Waele and Harré, 1976; Harré, 1979). As mentioned previously, when Rychlak (1968) presents a philosophy of science for psychology, he is with these other authors, promoting one philosophical tradition (the dialectic) as an alternative to another philosophical tradition (the demonstrative) within psychology. This should not be confused with the philosophy of psychological science being promoted in this thesis. Complementarity is a meta-philosophy in terms of these two traditions since its purpose is, by standing outside of them, to seek clarification precisely on the problem of this historically irreducible and contradictory split, as well as on all the multiple splits between psychological theories which Rychlak has classified as tending to fall on one or other side of these two traditions.

The branch of philosophical endeavour within which complementarity falls, and by means of which it will provide such clarification on the whole of psychological science, is that of epistemology, i.e., that branch of philosophy concerned with elucidating the nature, derivation and scope of knowledge. Epistemology is not interested in particular beliefs. It investigates rather the grounds for various beliefs. It is for this reason that complementarity does not have the capacity to comment on a particular choice of theory, but does have the capacity to comment on the nature of the theories themselves

and the way in which they contribute to our knowledge.

In sum the philosophy of complementarity provides a metatheoretical analysis of psychological science since it stands outside of all psychological theories and comments upon them. The nature of its commentary is epistemological since it presents a system which explains fundamental aspects concerning the derivation of scientific knowledge. As an explanatory system it has the status of theory and has the potential therefore to act as a reference point from which logical deductions can be made with regard to practice.

(iii) THE RELEVANCE OF PHILOSOPHY TO PSYCHOLOGY

Finally, since the aim of this thesis is to introduce a philosophy for clarification of problematic issues in the science, certain questions need to be answered concerning the nature of philosophy and its relationship and relevance to psychology.

Ayer (1976) views philosophy and all the sciences as constituting different ends of a conceptual-empirical continuum respectively. Philosophy, in other words, tends to be conceptual and empirically unverifiable; science tends to be concerned with speculations which strive towards empirical verification. The important point that Ayer wishes to make with his continuum idea, is that it is absurd to propose that either science or philosophy can exist without aspects of the other.

Philosophical problems (i.e. conceptual problems which cannot be resolved empirically) are assumed in any science (Harré, 1974)

and it is essential therefore in every science, and especially in a less advanced science such as psychology (Ayer, 1976), for philosophy to bring light onto the presuppositions of the science. The presuppositions will be logically involved in the application of the method and, therefore, in spite of the analysis of these pre-suppositions taking place at a very high level of abstraction, it will be able to shed light on the practice of the method. Block (1979, p.457) sees the role of philosophy in psychology as 'allowing psychologists to see the landscape in a clear-headed way'. Conceptual confusions, he argues, 'utterly vitiate psychologists' work. Feifel (1969, p.419) states that "as long as we worship science and are afraid of philosophy we shall have no great science."

A problem arises in that whilst philosophy and science are on a continuum conceptually, they constitute two separate disciplines in practice with emphases on different academic skills. It is psychologists, however, and not philosophers who are in the best position to make the necessary conceptual analyses to resolve serious conceptual confusions in their own science. Block (1981) states the argument as follows:

> Normally, the scientists themselves solve conceptual problems in science. Although the skills involved are of the sort in which philosophers are trained (and in which scientists are typically not trained), only those at the frontiers of scientific knowledge are in a position to see the issues with the requisite degree of clarity.
>
> (p.1)

In conclusion, the position with regard to philosophy and psychology can be summarised as follows: (1) Philosophy is the vital tool for clarification of serious conceptual confusions in science, and therefore as long as we exclude philosophical analysis there will be no progress. (2) It is the psychologist and not a pure philosopher who is needed to make this philosophical analysis because it is only he who has sufficient knowledge of the discipline to elaborate fully on the implications. Philosopher/physicist Niels Bohr was only in a position to suggest the relevance of complementarity to psychology, it remains for a psychologist to embark on the in-depth and complex task of exploring these implications further.

(iv) THESIS PLAN

The arguments contained in this work are presented in three major sections which are divided up as follows.

Section 1 is concerned with a detailed examination of the problem of diverse approaches to psychotherapy and consequent difficulties regarding treatment. The first sub-section analyses the situation from an epistemological point of view. The second sub-section identifies fundamental problem areas and critically examines some central meta-theroetical perspectives on these problems.

Section 2 proposes the philosophy of complementarity as a metatheoretical alternative which can answer the epistemological dilemma in psychology in a way that has not previously been done. It includes an examination of the history and philosophy of

complementarity and a critical assessment of its suitability as a philosophy of psychological science. This section goes on to develop the notion that complementarity is a psychological dialectical concept in essence and makes use of psychological theories from Jung and Kelly to elaborate on the complementarity theme.

The final section is devoted to practice alternatives for psychotherapy examined against the framework of complementarity. It provides a re-definition of therapeutic terms and critically discusses the alternatives of 'integration', 'eclecticism' and 'therapeutic complementarity'.

(v) SUMMARY

This introductory section has stated the aim, central themes and bias of the thesis. A rationale has been provided for the development of complementarity as a philosophy of psychological science to act as an overall guide in the practice of psychotherapy. Complementarity is a dialectical viewpoint which gives epistemological coherence to diverse psychological theories. From its principles, a pluralistic, anti-eclectic position will be argued for psychotherapy.

SECTION 1

DEFINITION OF THE PROBLEM

SECTION I

DEFINITION OF THE PROBLEM

The aim of this section is to examine the issue of multiple approaches to psychotherapy in detail. Metatheoretical solutions to the problem of diverse psychological theories will be reviewed in terms of their implications for the practice of psychotherapy.

1.1 THE PROBLEM OF DIVERSE APPROACHES TO PSYCHOTHERAPY

For the purposes of this thesis the term 'psychotherapy' is used generically to encompass all the procedures by which therapists apply psychological techniques derived from established psychological principles to ameliorate emotional or behavioural problems of various kinds. Behaviour theories and techniques which have traditionally been differentiated from 'psychotherapy' are included under the term when it is used as it is here in its broadest sense (Strupp, 1978).

Strupp (1978) isolates two major issues of relevance to psychotherapy which he states as follows:

> The major issues in psychotherapy relate to what is to be changed and how change can be brought about. The first part of the question entails definition of the problem for which the patient is seeking help (depression, marital difficulties, shyness, nailbiting, sexual dysfunction, existential anxiety, etc.); the second pertains to the

> process and techniques by means of which change is effected (support, ventilation of feelings, interpretations, systematic desensitization, assertiveness training, etc.)
>
> (p.4)

The major issue which concerns us here and which encompasses the above two issues is the conceptual basis for the 'what' and 'how' of the problem to be changed. The emotional or behavioural problem is understood from a particular conceptual basis (i.e. theoretical orientation), and this orientation also determines the method of treatment. Even if at a very unsophisticated level a technique or method of action always lies to some extent within a theoretical orientation (Kovel, 1976; Williams, 1983; Heaton, 1979). In other words, theory and practice are necessarily interwoven.

Since diverse psychological theories exist, psychotherapy is characterised by multiple theoretical approaches for understanding the patient's problem and the means by which change can be effected (e.g. psychoanalytic, analytic, existential, Rogerian, gestalt and behavioural approaches). These various orientations can occur in several different modes (e.g. individual, family, marital and group approaches). And there are theoretical orientations which are specific to particular modes (e.g. Minuchin's family therapy). A single theoretical orientation does not necessarily imply a single method of treatment, but can include diverse approaches within the orientation to deal with the same problem (e.g. systematic desensitization, modelling and flooding are alternative techniques within behaviour theory for the treatment of a phobia).

In short, with all these possible combinations, a multiplicity of approaches to psychotherapy have sprung up each with their own grossly divergent claims, truths and fundamental ideologies. The nature of these claims in some cases come from systematic theoretical positions from which treatment methods have been carefully researched and deduced (e.g., the phenomenological positions of Kelly and Rogers, and the behavioural position of Wolpe). In many cases, however, the claims are very subjective with minimal links to systematic research or theory. Recent publications indicate the existence of over 200 varieties of psychotherapy (Herink, 1980, cited in Garfield, 1982), and as many as 140 in the mainstream (Marshall, 1980).

Further complicating the issue is the fact that individual practitioners often develop their own idiosyncratic styles that mix a number of these approaches ending up with a compromise approach which has no theoretical purity in terms of any of these multiple varieties. This acutely exacerbates the loose relationship between theory and practice that, as we have suggested above, already exists in many of the new mushrooming approaches. The nett unfortunate result for psychotherapy at large is one of bewilderment and confusion. The position is graphically expressed in the quotations that follow from Kovel (1976), Strupp (1978), and Heaton (1979).

In the introduction to his book of guidelines on the principle appraoches to psychotherapy, Kovel (1976) makes the following observation:

> The prospective customer, emotionally hurt, his judgement often compromised, feels at times like a stroller down the mid-way of a county fair, surrounded by hawkers shouting a confused jumble of overlapping terminology, quarterbaked claims and polemics ...
>
> (p.17)

Strupp (1978) in an overview on psychotherapy research and practice greets the reader with the following set of comments:

> A newcomer's first impression of modern psychotherapy is bound to be bewilderment: One observes a welter of theories and practices that seemingly have little in common (Harper, 1975); a mélange of practitioners whose philosophical leanings, training, and activities are grossly divergent; a wide range of persons who seek therapy for reasons that are often not very clear; an assortment of human unhappiness, malfunctions, and difficulties that are said to benefit from psychotherapy; a cacophony of claims and counterclaims that therapy is either highly effective or useless; a mixture of awe, fear, and puzzlement that greets the disclosure that someone is "in therapy".
>
> (p.3)

Our final illustration comes from an article by Heaton (1979) on philosophical problems in psychotherapy theory. He states as follows:

> There is little doubt that psychotherapy is in a state of deplorable confusion. There ia a profusion of different therapeutic schools - Freudian, Kleinian, London Jungian, Zurich Jungian, Reichian, Gestalt, Rogerian, construct

> therapy, behaviour therapy, primal scream and so on. There is confusion as to whether therapy is best given individually, to the family, in groups, within a community or should be directed at society itself. ... These therapies and ideas tend to have little contact with one another, and are more like a heap of recipes for a state of mental health which is left undefined than the products of a healthy systematic and self-critical science.
>
> (p.176)

The above quotations highlights two factors in particular which contribute to confusion in psychotherapy. One is a multiplicity of theories and practices. The other is the theoretically weak and unscientific nature of many of the practice claims. A third factor which probably contributes more than anything else to chaos in the science is highlighted by Chessick (1977, 1980). This factor is the problem of theoretical approaches to psychopathology and its treatment which appear to be contradictory.

The behavioural 'man as a machine', Chessick points out, is in opposition to the existentialist 'man as a joyous creature reaching out for transcendence'. Accordingly their approaches to psychotherapy are also in opposition. Behaviourism views the shaping of responses as therapeutic, whereas existentialism claims that the encounter is primarily therapeutic. Freud's classical psychoanalysis, with its focus on the uncovering of unconscious conflicts as primary, is in turn contradictory to both the behavioural and existential views. These contradictions, of which Chessick has only mentioned a very few, create a dilemma of apparent irreconcilability of approaches in psychotherapy which plagues the science.

Siegler (1966) and Rychlak (1968) specifically address the problem of theoretical diversity and the confusion, contradictions and strife it creates in the wider professional setting of the psychiatric hospital team. With regard to programmes for the hospital treatment of schizophrenics, Siegler states as follows:

> Most programmes unknowingly involve two or more theories which, if seriously and consistently applied, would have diverse and mutually incompatible consequences. In short, to inquire into the theoretical underpinnings of a particular programme, such as that of a hospital, is to uncover a Tower of Babel.
>
> It is not desirable that this Tower of Babel of non-comparable theories should exist. In a laboratory study, such confusion would be merely unworkable; in the daily care of schizophrenic patients, it is likely to be disastrous.
>
> (p.1193)

The contradictory models Siegler refers to are those of the medical, moral, psychoanalytic and family models. He gives an example of the kind of confusion that can result from such models being randomly used together as follows:

> For example, a family bringing their schizophrenic adolescent to a doctor who used the psychoanalytic model might agree to the treatment which was offered, however strange it might sound to them, because "he is the doctor" and he knows what "treatment" is best. But if it should happen that the patient does not progress, the family will be properly outraged at the

> analyst's suggestion that this is because the family does not really want the patient to get well, or that the family damaged their child so much that he cannot benefit from treatment. It is not consistent with the medical model to accuse families of causing or worsening their patient's illness; it is a working assumption of medicine that families wish their members to be well and will co-operate, providing that they have sufficient information to do so.
>
> (Siegler, 1966, p.1202)

Rychlak (1968, p.421) corroborates Siegler's view and proposes that probably "in no other meeting of minds" is there greater confusion over how to approach clients than in the approach of the psychiatric team in the hospital setting. He makes the point that normal interdisciplinary differences in approach to the client are made infinitely more complicated by the serious within disciplinary theoretical differences that exist for psychology.

It is evident from the position as outlined above, that there is a crisis at the interface between multiple theories and psychotherapy practice of serious proportions. Since the problem is one that relates to the state of our knowledge in the science, it is an epistemological crisis. On urgent ethical grounds Rychlak (1968, p.422) suggests a remedying of the situation by psychologists seeking to understand themselves as part of a group "united to serve society in a patterned mode of endeavour". The purpose of this thesis is precisely a response to this need for a "patterned" or systematic mode of

endeavour to guide the activities of psychotherapists in the face of their epistemological dilemma. The first essential step is to clearly identify the problem.

1.1.1 Specification of the Problem

The major points which have emerged from the discussion so far can be summarized as follows:

1. Psychotherapy is the procedure by which therapists apply psychological techniques to ameliorate emotional and behavioural problems.
2. The emotional or behavioural problem is necessarily understood from a particular theoretical orientation (denoted 't' in figures to follow), which logically determines a method of treatment.
3. There are multiple approaches to psychotherapy which often appear to contradict one another, both conceptually and in the execution of treatment methods.
4. The relationship between thoeretical orientation and methods of treatment tends to be loose within individual approaches.
5. There tends to be a blurring of boundaries between individual approaches by those who use compromise approaches.
6. There is no systematic overall conceptual basis to guide the action of psychotherapists given this choice of multiple appraoches.

From the above summary, the major problem areas can be isolated as follows:

1. Multiple contradictory approaches to psychotherapy.
2. Looseness between conceptual bases and procedure both within and between psychotherapy approaches.
3. The absence of a conceptual basis to guide procedure in the discipline as a whole.

Reputable workers in the philosophy of science and psychology (Katsoff, 1953; Kuhn, 1962, 1970; Rychlak, 1968; Rotter, 1969) suggest that sound conceptual frameworks are essential for the consequential study of phenomena in science. Such frameworks are necessary to indicate the direction scientific procedures should take. Communities of scientists working together within a shared framework or paradigm, provide the necessary basis for progress in science (Kuhn, 1962, 1970). Advances, according to Kuhn, depend on stubborn commitment to resolving difficulties within a particular paradigm, and not lightly giving up. Considering the multiple level problem of conceptual looseness in psychotherapy as outlined above (within and between appraoches and as a guide for the discipline as a whole), it is no wonder that we are faced with a position of bewilderment and confusion. Psychotherapy in its present state is far-removed from the conceptual solidarity necessary for a systematic and healthy science.

Central to the three problems we have identified above, is the fact of diverse psychological theories. It is necessary therefore to examine the literature for its contribution with regard to this basic dilemma.

1.2 CENTRAL METATHEORETICAL PERSPECTIVES

This sub-section will briefly examine some central metatheoretical perspectives on the existence of diverse psychological theories. As argued above it is from this fundamental situation that confusion in psychotherapy exists. Problems identified in the previous sub-section will be examined in detail in this sub-section from a metatheoretical point of view.

1.2.1 Irresolvable Contradictions and a Multi-Paradigmatic Science

Common metatheoretical attempts to clarify the confusion in the state of psychological theories have been to isolate historically two broad oppositional philosophical positions basic to the development of science (mechanistic vs. organismic), which have translated themselves into behaviourism and phenomenology, the two main theoretical approaches to man (Lerner, 1976; Hitt, 1969; Wertheimer, 1972). Behaviourism pertains to a man who is passive and knowable, to a science that studies behaviour and is atomistic, objective, precise, experimental and data oriented. Phenomenology, on the other hand, sees man as active and unknowable. Its orientation is wholistic, subjective, experiential and theory oriented. This behavioural (mechanistic) vs. phenomenological (organismic) oppositional dimension corresponds exactly with Rychlak's demonstrative/dialectical dimension (1968, 1970, 1981, 1982), which was re-referred to in the Introduction. As stated there, when reasoning begins with assumptions which the theorist knows to be true from the outset, then this is a mechanistic, demonstrative

line of reasoning. When reasoning starts from the premise of the unknown and attempts to create new meanings which are relative in nature, this is an organismic dialectical form of reasoning.

The literature goes on to reflect that human behaviour is described in many relevant modes which have their roots in one or other of these two broad intellectual traditions. Rychlak in particular has elaborated on this theme. He suggests that personality theorists with their theories of illness, theories of cure and therapeutic techniques will tend to be classed on one or other side of this basic dimension in terms of the strategies of theorizing they adhere to. Behaviour theory and therapy for example adhere to the tenets of the demonstrative tradition, whereas Gestalt, Freud and Jung's psychoanalytical theory and Kelly's Construct theory fall on the side of dialectical reasoning.

Rychlak maintains that it is not possible to get rid of this basic demonstrative/dialectical duality with any higher order theoretical abstraction. Historically it has been shown to be a fundamental and irreducible contradiction in the nature of science. Psychological theories which fall on either side of this dimension must also therefore be understood to be fundamentally and irreducibly contradictory. For example, behaviour theory is in opposition to each of Gestalt, personal construct and psychoanalytical theory in terms of their fundamental strategies of reasoning. The point that is being illustrated here is that already in terms of this single dialectical/demonstrative dimension there are multiple contradictions between approaches

to psychotherapy which at a fundamental root metaphor level have shown themselves to be irreducible.

If one goes on to consider other dimensions for comparison between psychological theories it is possible to find contradictions ad infinitum between the various approaches. Rychlak (1982), for example, draws a distinction within the dialectical framework between the Gestalt approach as a sensory phenomenology and the Kellian and Jungian approaches as logical phenomenologies. And as mentioned earlier, there are fundamental contradictions between the existential and psychoanalytical approaches highlighted by Chessick (1977, 1980), and between the family, medical, moral and psychoanalytic models used in the psychiatric hospital setting as noted by Siegler (1966).

It is not possible out of convenience, to dispense with any of these multiple contradictory theories as long as they have shown themselves to have psychotherapeutic utility. This is clearly reflected in the literature (Jung, 1926 in Jacobi, 1974; Jung, 1935; Rychlak, 1968; Kovel, 1976; Malan, 1979). The following quotations have been selected to illustrate this point:

> The most exhaustive technique can only glean a small fraction of the communicable mental contents of another human being, and while each bit and unit of understanding adds to the image we form of him, the image remains but a reflection of another consciousness no one else can ever share - any more than sparks can be collected as they fly off a wheel. And even this received picture may be grossly devoid of basic detail.
>
> (Kovel, 1976, p.26).

> The protean life of the psyche is a greater, if more inconvenient truth than the rigid certainty of the one-eyed point of view. It certainly does not make the problems of psychology any easier. But it does free us from the incubus of 'nothing but', which is the incessant leitmotiv of all one-sidedness.
>
> (Jung, 1926, para.156, quoted in Jacobi, 1974)

> ... any theory of the human psyche, and any form of psychotherapy, must be incomplete unless it incorporates the psychodynamic point of view. This applies particularly, of course, to learning theory and behaviour therapy. But the converse is also true: dynamic psychotherapy itself is incomplete unless it incorporates the theory and techniques of other forms of therapy of which of course behaviour therapy is the most important.
>
> (Malan, 1979, p.254)

In summary, these quotations suggest that the complexity of the psyche is so great as to render a single viewpoint just a pale reflection of the total reality. And that different viewpoints cannot be dismissed because of the convenience of a single point of view. It is interesting to note that Malan's choice of fundamental viewpoints, which must be included to complete a psychotherapeutic endeavour (psychodynamic psychotherapy and beavhiour therapy), belong on opposite sides of Rychlak's dialectical/demonstrative bifurcation. The fact that it is not possible to reduce psychological theories beyond this fundamental duality is reflected, it seems, in Malan's need to specify for completeness in psychotherapy, a minimal

representative of at least one psychotherapy approach from each side of this behavioural/phenomenological oppositional dimension.

An article by Dooley (1982), in which he reviews two celebrated exchanges between pheonomenology and behaviourism (the 1956 Rogers-Skinner Symposium, and nearly twenty years later, the dialogue between Day and Giorgi), strongly supports the irreconcilability of these two broad approaches to theorizing in psychology. In spite of goodwill and the desire for reconciliation, it is apparent from Dooley's review that the adherents of the opposing sides fail to make logical contact. Even when what appears to be common ground is carefully explored, a deeper conflict emerges which relates to the fundamental differences outlined above of objective (external) versus subjective (internal) accounts of man.

Dooley illuminates the conflicts of these two debates in such a way as to suggest that they have the character of a Kuhnian paradigm[1] debate and makes a convincing case for psychology as a science with at least these two paradigms. This view is corroborated by authors such as Vann Spuirell (1983) and Lambley (1971). Vann Spuirell suggests that psychoanalysis fits the criterion of a Kuhnian paradigm since it is a discipline with a clearly articulated set of rules used by a community for the solving of puzzles as evidenced in the pyschoanalytic problem case conference. Lambley (1971, pp.13-14) states that "the term paradigm has been used in psychology ... and its meaning to

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[1] A paradigm as defined by Kuhn (1962, 1970) is the set of rules which defines the scientific practice of a community of scientists.

psychologists can be said to be fairly well-established." He feels justified therefore in using the term as Dooley does for the two broad subjective (existential-phenomenological) versus objective (behavioural) value orientations in psychology.

This emergent multiparadigmatic view of psychology is in contrast to the views of authors such as Shotter (1975), Kuhn (1982) and Koch (1969) who contend that the discipline is pre-paradigmatic since it has not acquired the cohesiveness of a universally received paradigm. This view, however, is not upheld in terms of the arguments presented above. First of all, the goal of a single universal theory does not seem feasible in terms of the historical indications presented here of fundamentally contradictory theories. And secondly, it seems reasonable to suggest that certain broad approaches have acquired sufficient coherence to warrant the term paradigm, and hence the term multi-paradigmatic as applied to the whole science.

The important implication that arises out of this is that psychology must commit itself to advancement as a multitheoretical science rather than one that strives for an all-encompassing theory. Even Royce (1970), whose firmly held ideal is towards unification in psychology by means of a general theory, reluctantly admits that in terms of any discipline of study to date, including the physical sciences, this goal is probably unattainable. He maintains that a focus on area theories rather than on general theories of behaviour has shown itself empirically to be a more useful venture. His reluctant suggestion for psychology therefore, is more self-conscious concern

for developing theories to account for relatively limited aspects of behaviour which can contribute to understanding in a multiplicative way. Once again we see, as with the Rogers-Skinner, Day-Giorgi behavioural vs. phenomenological debates, that even where the genuinely sought after goal is reconciliation or unification in terms of a general theory, this seems to be an unattainable goal.

Whilst on the subject of Royce, it is important to note briefly that in similar mode to Rychlak, he has analysed the state of theoretical psychology by isolating different strategies of theorizing or knowing. He suggests there are three classes of theorizing (the rational, the metaphoric and the empirical), and tabulates psychological systems in terms of these epistemological characteristics. By means of this classificatory analysis he provides, as Rychlak has done, clearer definition on the nature of approaches in psychology, and creates a dimension for isolating commonalities and divergencies between the various approaches.

In sum, what has emerged from this metatheoretical analysis so far is as follows. A multiple theory position is currently being accepted as the necessary status quo of the science because of the complexity of the phenomenon under study, and because of the irreconcilability of theoretical positions. We see that some of the more established positions in psychology have acquired the status of a Kuhnian paradigm. The indications are that psychology must move in the direction of a multi-paradigmatic science rather than towards unification via a general theory. That psychotherapy is committed to the use of

multiple theories is clearly reflected in the literature.

1.2.2 Current Metatheoretical Indications for the Practice of Psychotherapy.

The important question that arises now, is of how properly to utilize these multiple theories in practice. The action the psychotherapist takes in this situation bears a crucial relationship to the issue of competence and the ability to offer an ethical service (Rychlak, 1968; Lambley, 1971). In spite of the importance of this question, however, the following quote by Rychlak is typical of the limited extent to which it has been answered in the metatheoretical literature.

> We must avoid thinking in terms of only one side, and cross over whenever and wherever it is possible to do so. ... journeys to the other side will serve to educate us and raise our level of meaningful understanding.
>
> (p.457).

Similar global type answers have been provided by Wertheimer (1972) and Ornstein (1975). It is evident that this kind of answer, which is basically to avoid one-sidedness in the science, lacks sufficient specificity when one's concern is the approach to the psychologically disturbed patient. Considering the contradictory nature of the various approaches should one-sidedness be avoided in a single patient? Should one cross over from one approach to another in the same patient whenever and wherever possible? And if one should cross over, in what manner should this be done?

What is necessary in order to provide more than arbitrary

answers to these questions is an all-encompassing metatheoretical scheme to stand outside the framework of all the psychological theories and provide an interpretation of these theoretical formulations themselves. Such a scheme would constitute a theory about the nature of theories (i.e., an epistemology) and serve as the reference point from which principles for pragmatic action could be logically deduced (see Figure 1, p.34).

Rychlak and Royce's attempts at the metatheoretical level to add clarification on the state of psychological science do not have the theoretical status of the required scheme. They are at the descriptive level and do not have explanatory power, therefore, from which answers for practice can be logically deduced. As noted earlier, these authors have isolated theorizing traditions in terms of which it is possible to type all psychological theories. What they have not done, however, is to provide any explanatory comment on the nature and very existence of these theoretical traditions themselves. They have merely observed that they are fundamental in the history of science.

A theorist of note, however, who has stepped outside all theoretical traditions in psychology and attempted a metatheoretical explanation of the situation is Lambley (1971). His thesis proposes a Sartrian existential theory of psychological science with which he hopes to give the psychotherapist some understanding of his role as a theorizer (or valuer) and thereby provide pointers for pragmatic action. He argues that since a subjective interpretation is always put on any theoretical

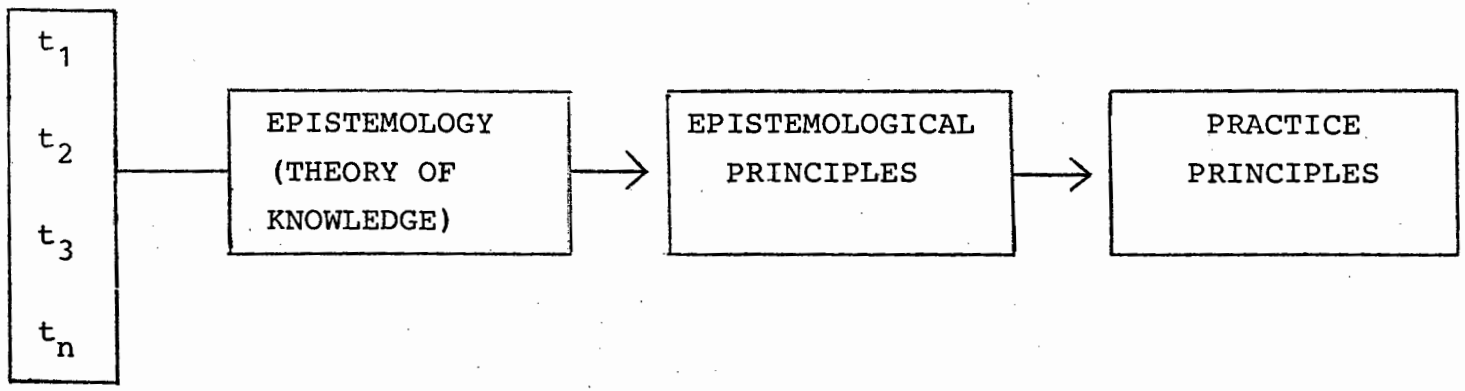

FIGURE 1 : EPISTEMOLOGICAL FLOWCHART FOR PRACTICE
EPISTEMOLOGY SERVES AS AN EXPLANATORY SYSTEM FOR DIVERSE PSYCHOLOGICAL THEORIES (t_1 ... t_n). IT IMPLIES EPISTEMOLOGICAL PRINCIPLES WHICH IMPLY PRINCIPLES FOR PRACTICE.

orientation a psychotherapist adopts, no orientation can ever be totally pure. Every approach chosen, therefore, is inevitably eclectic (the therapist's own mixture) to some extent. Lambley uses this extreme existential principle as the rationale for a full-blown conceptually loose eclectic approach in practice. Because there are no ultimate theoretical limits, he argues, the psychotherapist is always free to move between theories and beyond the theoretical limits put upon him.

Earlier in this section, conceptual looseness both within and between theories was identified as a major source of current confusion in psychotherapy. It is evident that Lambley's theoretical formulation and deductions for practice do not provide a suitable solution to this situation. Rather they will serve to contribute to the problem of a conceptually loose and therefore inconsequential science. In addition, Lambley's formulation makes no attempt to address another source of confusion identified in the science, the problem of contradictory theories.

It is the contention of this thesis that the philosophy of complementarity, Niels Bohr's epistemological resolution to fundamental contradictions encountered in the physical sciences, can offer a more favourable metatheoretical framework for psychotherapy. In contrast to the classificatory analyses of Rychlak and Royce, it has the necessary status of theory and therefore it can be used to make logical deductions with regard to psychotherapy practice. In contrast to Lambley's eclectic formula, its principles will promote conceptual tightness in

practice and therefore be more in keeping with a consequential science. And finally, it has direct relevance to the problem of contradictory theories.

1.3 SUMMARY

This section set out to examine the nature of the epistemological confusion that exists for the psychotherapist at the interface between theory and practice. Three major problem areas were identified as follows: (1) multiple contradictory approaches, (2) conceptual looseness within and between approaches, and (3) the absence of a conceptual basis to guide procedure in the discipline as a whole.

A metatheoretical analysis of the situation suggested that multiple approaches must be accepted as the status quo for the discipline. This is because of irresolvable contradictions between theories and the need for many descriptions of such a complex phenomenon as the psyche. In the face of this situation no existing metatheoretical analysis was considered suitable as an overall conceptual guide for practice in the discipline. The more promising alternative of complementarity will be explored in the following section.

SECTION 2

THE PHILOSOPHY OF COMPLEMENTARITY

SECTION 2

THE PHILOSOPHY OF COMPLEMENTARITY

The aim of this section is to introduce Niels Bohr's philosophy of complementarity as an explanatory framework for the problem of diverse approaches in psychotherapy. From its epistemological principles guidelines for practice can be developed. The section is divided into three parts. Firstly, the parallelism between physics and psychology will be discussed. It will be shown how the relevance of complementarity for psychology has been anticipated in the literature. Secondly, complementarity will be placed in historical context and the terms of its philosophy will be elucidated. Finally, the psychological theories of Jung and Kelly will be used to elaborate on the complementarity theme. In the process, the epistemological implications of complementarity with regard to psychotherapy practice will be discussed.

2.1 MODERN PHYSICS AND PSYCHOLOGY

In searching for a suitable metatheoretical framework for psychology, the most obvious reason for turning to modern physics is the similarity of the fundamental epistemological problem which confronts these two sciences. Writing specifically about psychotherapy Jung draws the comparison as follows:

> We are faced in psychotherapy with a situation

> comparable with that in modern physics where for instance there are two contradictory theories of light. And just as physics does not find this contradiction unbridgeable, so the existence of many possible standpoints in psychology should not give grounds for assuming that the contradictions are irreconcilable and the various views merely subjective and therefore incommensurable. Contradictions in a department of science merely indicate that its subject displays characteristics which at present can be grasped only by means of antimonies - witness the wave theory and the corpuscular theory of light. Now the psyche is infinitely more complicated than light; hence a great number of antimonies is required to describe the nature of psyche satisfactorily.
>
> (1935, para.1)

It is evident from the above quote that Jung draws a direct comparison between the problem of multiple contradictory theories in psychology and the same problem encountered in physics. He clearly makes the assumption that the physical science resolution to the problem is fitting to psychology. The reason why physics does not find these theoretical contradictions "unbridgeable" lies in the resolution offered by physicist Niels Bohr's philosophy of complementarity. One can only assume from the above statements, therefore, that complementarity is being accepted by Jung as his philosophical standpoint with specific reference to psychotherapy. Corroboration for this assumption comes from the many explicit references Jung makes to Niels Bohr's philosophical position and its relevance for psychology in general (Jung, 1935 para.1, 1946 para.163-4, 1948a para.1133, 1952 para.924, 1954 para. 438-440; Adler, 1975, pp.54, 308, 572-3).

Further corroboration comes from Von Franz (1972, 1976) who has elaborated extensively on parallels between physics and psychology as noted by Jung.

Many of the above references are concerned with the parallism between basic concepts in physics and their pyschological origins such as space, time, matter, fields and particles, and the complementarity pair of opposites in the relationship between the conscious and unconscious minds, which are related, but not directly relevant issues to the particular problem being addressed in this thesis. Some of the references, however, have direct relevance to the thesis (Von Franz, 1972, pp.307-8; Jung, 1935, 1954; Adler, 1975, pp.308, 572) and leave us in no doubt as to Jung's epistemological position. For example, Jung states as follows:

> The comparison of modern psychology to modern physics is no idle talk. Both disciplines have, for all their diametrical opposition, one most important point in common, namely the fact that they both approach the hitherto "transcendental" region of the Invisible and Intangible, the world of merely analagous thought. ... I don't claim any knowledge of modern physics myself, but I have worked together with the well-known physicist W. Pauli for a considerable time and, as a result, we were both satisfied with the fact that there is at least a very marked rapprochement between the two most heteregenous sciences in their epistemological preoccupations, i.e., in their antimonies (f.1 light = wave and corpuscle), Heisenberg's "Unbestimmtheitsrelation", Bohr's complementarity, not to speak of the archetypal models of representation.
>
> (Adler, 1975, p.308)

The philosophical outlook Jung adopts in accordance with Niels Bohr is a non-demonstrative, dialectical[1], relativistic one. Jung elaborates on his position quite clearly as follows:

> The uproar over Freud's interpretations is entirely due to our own barbarous and childish naivete, which does not yet understand that high rests on low, and that 'les estrêmes se touchent' really is one of the ultimate verities. Our mistake lies in supposing that radiant things are done away with by being explained from the shadow side. This is a regrettable error into which Freud himself has fallen. Shadow pertains to light as evil to good, and vice versa. Therefore I cannot lament the shock which this exposure administered to our occidental illusions and pettiness; on the contrary I welcome it as an historic and necessary rectification of almost incalculable importance. For it forces us to accept a philosophical relativism such as Einstein embodies for mathematical physics ...
>
> Nothing, it is true, is less effective than an intellectual idea. But when an idea is a psychic fact[2] that crops up in two such totally different fields as psychology and physics, apparently without historical connection, then we must give it our closest attention.
>
> (1929, para.146-147)

It is typical of Jung to make frequent allusions, as he has done here, to ideas in need of close attention, without

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[1] Dialectical and demonstrative have been defined earlier on p.3.

[2] The 'psychic fact' referred to here is that of philosophical relativism.

formulating or evolving them himself into a systematic doctrine. As mentioned earlier, Von Franz (1972, 1976) has expanded in depth on some of Jung's hints with regard to parallels between physics and psychology, but not in the areas that have specific relevance to this thesis.

Apart from Jung, additional implications concerning the relevance of complementarity as a resolution for the multiple theories dilemma in psychology come from physicist Niels Bohr himself, the originator of this conceptual development. He spent thirty-five years (1927-1962) providing indications of how to broaden the application of his complementarity formulation from microphysics to the life sciences, in particular biology, social anthropology and psychology (Jammer, 1966). The parallels between physics and psychology were focussed on mainly during the latter part of the thirty year period during which time Bohr produced a book entitled "Atomic Physics and Human Knowledge" (1958) which has many allusions to this theme. Jung was clearly keeping abreast of Bohr's philosophical ideas via his association with Wolfgang Pauli. The earlier quote from Jung (on p. 40) which makes specific reference to Bohr and his ideas, comes from a letter written during this latter period.

In drawing attention to the relevance of complementarity to psychology, much of Bohr's focus, in similar vein to Jung and Von Franz, is on aspects which do not have direct relevance to this work (e.g., conscious versus unconscious complementarity; problems with introspection; the issue of free will and determinism). However, there are definite suggestions in his

writings of the more grand epistemological message for psychological science with which we are directly concerned (1958, pp.20, 93). It was typical of Bohr, however, as with Jung, not to write an extensively worked out treatise on his ideas. There is no carefully summarised set of logical axioms on complementarity which are completely defined. Working more in the Socratic mode, he developed a method of thinking which tells one how to attack and interpret problems providing rather a basis for further elaboration than a strict and narrow system, or some kind of foolproof program (Jammer, 1966; Petersen, 1968; Mehra, 1974).

Now whereas Bohr's method of thinking with regard to the problem of diverse theoretical possibilities has been extensively acknowledged and elaborated on in the physical sciences, this has not been the case in psychological science. Jung, more than anyone else, has taken the issue up, but as noted before, very much at the level of allusions rather than an elaborated set of specific implications.

Odd references in passing to the epistemological zeitgeist of complementarity (Rychlak, 1981), and odd minor articles using the philsoophy of complementarity which have appeared in the psychological literature (e.g., Blackburn, 1976; Oppenheim and Brody, 1969), are disappointing because they do not address themselves to the more grand possibilities of complementarity as a unifying epistemology for psychology. The only exception that has appeared in the literature to date is the work of Chessick (1977, 1980). He explicitly makes the same fundamental claim that this thesis wishes to make as follows:

> only (Niels Bohr's)[1] principle of complementarity permits a constructive (metatheoretical)[2] approach to the variations in the interpretation of data and technique of psychotherapy
>
> (1977, p.263)

Chessick, however, has only produced two brief journal articles on this topic in which he has not elaborated in depth on the principles of complementarity. Nor has he used this philosophical viewpoint to arrive at any more specific epistemological indications for psychotherapy practice than Rychlak, Wertheimer and Ornstein have provided (cf. our previous discussion, p. 32). which is simply to recognize the relative rightness of theories and to avoid one-sidedness.

Considering the important allusions that have been made by these two academic masters in their respective fields (Bohr and Jung), with regard to the relevance of complementarity to psychology, it seems incongruous that there has been so little development of this theme. Progress in this direction is hampered it seems by those who equate physics purely with the mechanistic, positivistic, demonstrative mode of reasoning and therefore resist its conscious use as a model in any respect. This is equivalent to throwing the baby out with the bathwater in terms of the broad epistemological lesson to be gained from quantum theory. Discoveries in atomic physics during this century have forced physicists to understand the conceptual framework of physics itself from a non-demonstrative, dialectical perspective

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[1, 2] Author's inserts in parenthesis.

and find it to be deeply anchored in the groundwork of human cognition. In this view, human cognition is acknowledged as the more basic concept and, ironically, our view of nature turns on its head. Psychology, and no longer physics, becomes the more basic science. There should be no resistance or tardiness, therefore, in developing for psychology a philosophical principle that is fundamentally psychological.

Another source of possible resistance to the use of the wave/particle philosophical developments for psychological science, is on the grounds that the subject matter of the two disciplines are not comparable. As Von Franz (1976, p.5) states, however, "a parallelism of thought models between the two disciplines does not imply that their subject matters are directly related."[1] Those who wish to compare human behaviour to light and, finding them incompatible, wish to say that the way in which knowledge is acquired in relation to each of them cannot receive clarification from the same philosophy, are arguing fallaciously. Such thinking is not only fallacious but an unfortunate reduction of the potential utility of the philosophy. The wave/particle dilemma in physics should be viewed as highlighting, by means of its graphic nature, epistemological notions of great significance to be taken into account in understanding the nature of any scientific endeavour.

The purpose of the following sub-sections, therefore, is to take up a long neglected challenge and go behond the threshold of existing attempts to relate complementarity to psychology.

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[1] Author's emphasis

2.2 PHYSICS AND THE PHILOSOPHY OF COMPLEMENTARITY.

2.2.1 The History of Quantum Theory

During the year 1900 Max Planck, a young physicist, demonstrated that a lump of matter could be represented by unnumerable particles. For four years this idea lived precariously and almost forsaken until in 1905, Einstein showed that radiation also consisted of bundles (given the name of 'quanta'), adding credibility to the young Planck's idea. These findings were revolutionary and threw physics into epistemological chaos because they appeared to contradict the existing generally accepted wave theory of light. In short, it was found that light undergoes diffraction which can only be explained by adopting the nineteenth century electromagnetic wave theory of light, whilst in single electron experiments, the observations could only be realised by postulating particles (quanta) of light whose momentum and position were subject to probability restrictions.[1] Neither of these two theories could be discredited because they each gave equally correct results.

The universally accepted epistemological paradigm at the time was the demonstrative one of classical Newtonian empiricism. Fundamental to this position, as we know, is that scientific laws state truths and a necessary logical conclusion of their position is the tenet of non-contradiction between theories (Losee, 1972). Because theories are taken to be reality, diverse theoretical

[1] This was later formulated at Heisenberg's Uncertainty Principle.

explanations of the same phenomenon could not be tolerated, and physics was thrown into civil war with first the wave and then the particle theory taking advantage.

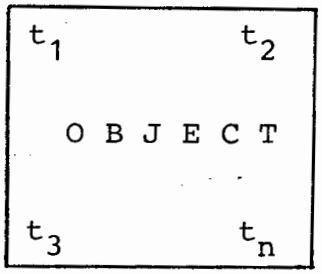
During the year 1920, whilst the battle between wave and particle was still locked in stalemate, a physicist Niels Bohr became head of a newly created institute for theoretical physics in Copenhagen. A steady stream of people flowed into Copenhagen to work on the quantum dilemma with Bohr, work which included intense discussions as well as lengthy calculations. More than any of his contemporaries. Bohr stressed the tentative and symbolic nature of the atomic models that were used, and out of these discussions he evolved a revolutionary alternative view of the meaning of physical explanation to that of classical empiricism. He came to the conclusion that both theories must be taken as correct since each gave correct results, and urged for the adoption of a non-demonstrative, dialectical viewpoint in which there was room for both theories.

Bohr expressed the new viewpoint in his general principle of complementarity which provided, in essence, the following resolution: Neither view of the phenomenon when taken by itself was considered to be a complete or totally correct description of nature since the observations were seen to arise

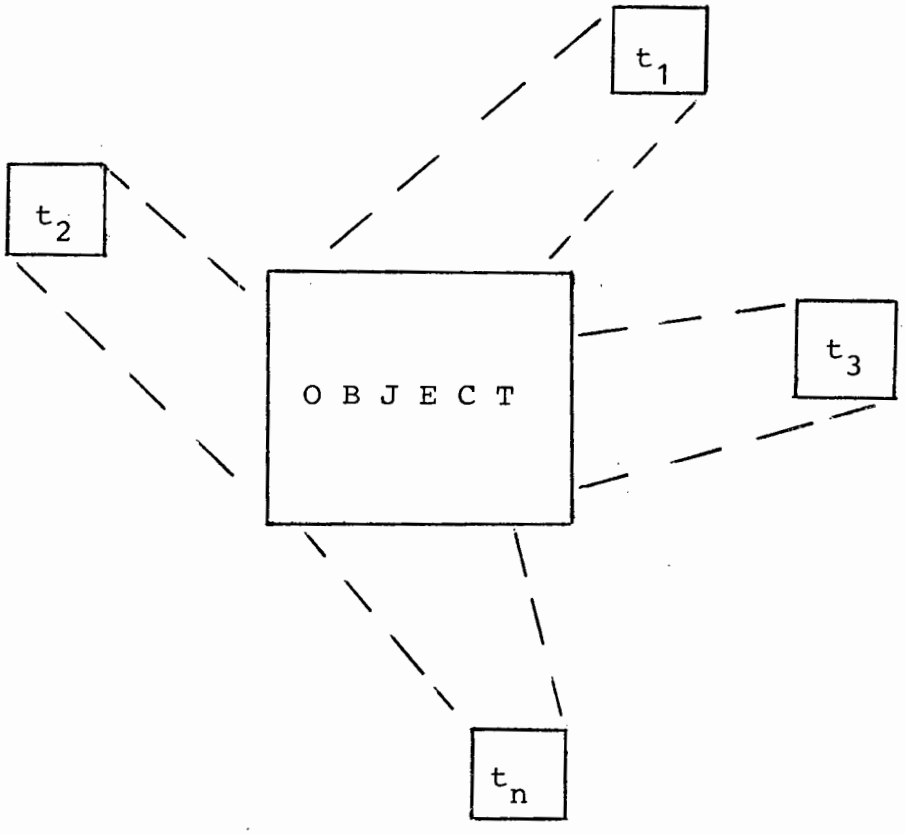
> not from the 'light' itself (if such an idea even has any meaning), but from the observation of light as it interacts with the experimental equipment and in the description of such observations in language that only contains the classical terms 'wave' and 'particle' as models for the phenomenon.
>
> (Blackburn, 1971, p.348)

The above interpretation had a dramatic impact in physics and the philosophy of science. It became, and still is, the generally accepted doctrine to account for the quantum dilemma (Jammer, 1966; Bergstein, 1972; Von Weizsäcker, 1973; Russell, 1979; Davies, 1980; Powers, 1982). It represented a revolution in the nature of thinking about scientific knowledge from the classical Newtonian assumption of the world that can be analysed into distinct parts, each having a totally determined nature, to the assumption that the world is an indivisable whole in which parts appear as abstractions or approximations (see Figure 2, p. 49). In the new view, there is a strong emphasis on the role of the observer and the consequent imdeterminate and relative nature of the observations. Unique descriptions have ceased to exist and several contradictory descriptions are incorporated to give a more complete picture of the phenomenon. The classical viewpoint of "wide is the brain and narrow is the world" is turned on its head and replaced by a totally opposite viewpoint - "wide is the world and narrow is the brain" (quotations from Schiller, in Jammer, 1966, p.73).

A minority of physicists (amongst them Einstein) have persistently refused to relinquish the classical view of knowledge, and have held out against the complementarity interpretation of quantum physics. Challenging objections such as these played an important part for Bohr in the sharpening and evolution of his ideas. He produced, for example, a celebrated very skilful response to Einstein in which he invoked the latter's own theory of relativity against him in support



NEWTONIAN (CLASSICAL) POSITION : Mechanistic, deterministic, demonstrative. Observations (t_1, t_2, t_3, t_n) are reality. Different systems of observation yield the identical picture of reality. Reality is totally known (determined) and contradictory observations are illogical.



QUANTUM (COMPLEMENTARITY) POSITION : Organismic, probabalistic, dialectical. Observations (t_1, t_2, t_3, t_n) are approximations to reality but are not it. Reality is fundamentally unknown (indeterminate) and contradictory observations are logical.

FIGURE 2 : THE CLASSICAL/QUANTUM REVOLUTION

of complementarity. Up to the present time, no-one has succeeded in making any inroads into the general acceptance of the new epistemological view. Recently, a crucial experiment was conducted in Paris (Aspect et al, 1982) in an all-out attempt to discredit complementarity. The negative result of this experiment, however, has served only to provide further confirmation of its position. The indications at present are very strong that the complementarity viewpoint on the nature of knowledge is here to stay.

2.2.2 The Origins and Epistemological Implications of Complementarity

The specific concepts underlying the classical/quantum revolution has a long history and can be detected in embryonic form in the controversies of the Ancient Greeks. The shift from Democritus' extreme atomism to the relativism of Anaxagoras and Aristotle, is reflective in many ways of the gestalt psychologists' anti-elementistic move in the early nineteenth century, and of the change from nineteenth century Newtonian atomism to the present complementarity thesis. Broadly, all these revolutionary shifts reflect moves from demonstrative to dialectical modes of reasoning.

The philosophical underpinnings of the gestalt revolution are so similar to those of the quantum revolution, that two great physicists working within the field of microphysics, Max Planck and Max Boring, expected the gestalt approach in psychology to "clarify a difficult issue which had just arisen in quantum

physics, if not the concept of quantum itself" (Kohler, p. 729 1959). The parallel between complementarity and gestalt can be understood within the context of their link with the German philosopher, Kant whose influence on both the gestaltists (Boring, 1951) and Niels Bohr (Heelan, 1965; Elsasser, 1971; Von Weizsäcker, 1973) is profound. They each have the problem of apparent contradictory evidence to resolve. The gestaltists wish to explain the problem of apparent movement where there is no actual movement, and Bohr, as we know, wishes to explain the problem of contradictory theories. The principle they both adopt from the philosophy of Kant to resolve their dilemmas is as follows: objects are perceived in a limited way, because organization (a screening device) is necessarily applied on the sense data we accept. Phaedras' motorcycle as described by Pirsig (1974) provides a good example of the dilemma which the Kantean philosophy seeks to resolve.

> If I hold my head to the left and look down at the handle grips and front wheel and map carrier and gas tank I get one pattern of sense data. If I move my head to the right I get another slightly different pattern of sense data. The two views are different. The angles of the planes and curves of the metal are different. The sunlight strikes them differently. If there is no logical basis for substance then there's no logical basis for concluding that what's produced these two views is the same motorcycle. Now we've a real intellectual impasse. Our reason, which is supposed to make things more intelligible, seems to be making them less intelligible, and when reason thus defeats its own purpose something has to be changed in the structure of our reason itself.
>
> (p126.127)

These views of the motorcycle according to Pirsig, of which there can be any amount, build up in our minds an a priori motorcycle which has continuity in time and space and whose existence depends on the sense data, but the sense data are not it. The analogy extended in terms of complementarity is as follows.

Each view of the motorcycle is apparently contradictory in the sense of being different to any other view. As an entity each view is exclusive of any other view since it is entirely dependent on the particular viewpoint adopted in relation to the object being viewed. A single observational arrangement cannot adopt two viewpoints simultaneously. It can only ever adopt one position at a time and get an aspect of the whole, then another position etc. One viewpoint necessarily reciprocally inhibits any alternative viewpoint. And since viewpoints exist as separate entities, they will appear to contradict each other. Sometimes they may appear to be very contradictory, e.g., the handle bars and rear mudguard of the motorcycle. The more views there are of the motorcycle the more these cumulative views will approximate the "real" motorcycle, and the more complete will be the description. Each view is dependent on the complementary subject/object relation between the observational arrangement and the motorcycle. And finally, a priori leaps of reason are necessary to cope with these conflicting descriptions, or the world will cease to make any sense.

If we translate these ideas into what we do when we theorize about an object, it is as though we ascribe a set of rules

(i.e., a formal scheme) onto the object as one would ascribe a set of rules for a game onto a pack of cards. Rules are arbitrary, but are determined to some extent by the particular nature of the object. More than one rule is possible for more than one game with the same set of cards. Now the important point here is that it is necessary to adhere to one particular aspect or viewpoint (theory) on card playing at a time and exclusively use the particular set of articulated rules pertaining to that choice, in order for the game to make any sense. If you try to play two games at once, contradictions are likely to arise; it will be impossible to plan strategies or analyse the progress of the game or to communicate with other players about what you are doing. In other words, at one time, it is necessary to use one set of rules pertaining to one theoretical arrangement, exclusively. One set of rules reciprocally inhibits the other.

By exploring this analogy further, we can extract additional implications. If a person who was uninitiated into the rules of card games watched, for argument's sake, three different card games, he might see a lot of surface commonalities. For example, he would easily note that there are four people who sit around a table, shuffle and deal identical sets of cards, hold fans of cards in their hands to conceal the contents from other, etc. Only the person who was initiated into the rules of card games would detect the deeper structures that differentiate one game from the other. Each game only exists in its own right by virtue of the fact that it negates certain aspects of the rules of alternative games. If there is no umambiguous set of rules then there will be no possibility for

organized card playing action or systematic evaluation of action.

The detailed illustrative material has been used here in an effort to eliminate confusion that can occur concerning the meaning of complementarity because of the wave/particle duality which served as the original illustration of the philosophy, and the fact that secondary texts frequently fail to preface "contradictory descriptions" with "apparently contradictory". From the motor cycle and card playing examples however, we can clearly see that the whole point of complementarity is that descriptions (of which there can be not only two but an infinite number) are not reflecting fundamental contradictions within the total object. They are reflecting contradictory viewpoints or approaches to the identical object, the whole of which can never be encompassed in one single approach due to the limited nature of our minds, theory, language or piece of transmitting apparatus. Complementarity should not be confused * either with the Hegelian philosophy of thesis, antithesis and synthesis which it is not. The whole point of complementary descriptions is that they are reciprocally inhibiting and mutually exclusive and therefore can never achieve a synthesis. If the wave and particle descriptions could be synthesized there would be no contradictory theories, and the entire basis for the complementarity philosophy and this thesis would not exist.

Our 'narrow' or limited minds result in many apparently contradictory concepts in the attempt to understand our 'wide' world as we have seen not only in physics, but in the many contradictory psychological viewpoints mentioned in Section 1 of this

work. To view these not as contradictory but as part of the same reality (which is what complementarity does for us) involves a conceptual leap as revolutionary and as subtle as changing from a Ptolemaic world view (sun revolves around earth) to a Copernican world view (earth revolves around sun) when your immediate sense experience is telling you otherwise. However, once the Kantian leap in reason is made in the form of complementarity the world of contradictory viewpoints once again makes sense. The urge to dispense with viewpoints or to synthesise them into a single viewpoint completely loses its impetus within this new conceptual context which reduces the problem of contradictions to a pseudo-dilemma.

Niels Bohr (1934) states his philosophical position quite clearly as follows:

> In considering the well-known paradoxes which are encountered in the application of the quantum theory to atomic structure, it is essential to remember, in this connection, that the properties of atoms are always obtained by observing their reactions under collisions or under the influence of radiation, and that the above-mentioned limitation on the possibilities of measurement is directly related to the <u>apparent</u> contradictions which have been revealed in the discussion of the nature of light and of material particles. In order to emphasize that we are not concerned here with real contradictions, the author suggested in an earlier article the term "complementarity". In consideration of the above-mentioned reciprocal symmetry which occurs already in classical mechanics, perhaps the term "reciprocity" is more

> suitable for expressing the state of affairs with which we are dealing.
>
> (p.95)

> The epistemological problem under discussion may be characterized briefly as follows: For describing our mental activity, we require, on one hand, an objectively given content to be placed in opposition to a perceiving subject, while, on the other hand, as is already implied in such an assertion, no sharp separation between object and subject can be maintained, since the perceiving subject also belongs to our mental content. From these circumstances follows not only the relative meaning of every concept, or rather of every word, the meaning depending upon our arbitrary choice of viewpoint, but also that we must, in general, be prepared to accept the fact that a complete elucidation of one and the same object may require diverse points of view [1] which defy a unique description. Indeed, strictly speaking, the conscious analysis of any concept stands in a relation of exclusion to its immediate application.
>
> (p.96)

Additional support is gained from Bergstein (1972):

> The particle state and the wave state are not the only two modes of existence of an atomic object. In fact an atomic object can be in any intermediate state between the typical particle state and the typical wave state.[2] The particular state of the object is closely dependent on the observational arrangement applied when observing the state. It is particularly the overlooking of this crucial

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[1, 2] Author's emphases with the purpose of stressing apparent contradictions, and the fact that Bohr does not restrict his philosophical interpretation to a duality.

> point which has led to many misunderstandings as to the epistemological significance of quantum physics.
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> (p.16)

It should be noted from the above quotations that Bohr uses the word "reciprocity" as a synonym for "complementarity". He suggests that this term "reciprocity" is possibly more explanatory than "complementarity" of the state of affairs he is trying to describe. The point to which it draws our attention in particular is the inverse relationship between complementary viewpoints. The choice of one viewpoint reciprocally inhibits the choice of alternative viewpoints.

It is possible to distinguish in the literature two types of reciprocal or complementary relationships (Von Weizsäcker, in Jammer, 1966, p.355). These are 'circular complementarity' and 'parallel complementarity'. Circular complementarity refers specifically to the reciprocal or mutually inhibiting relationship between the observer and the object observed. This is the aspect of Quantum Theory formulated in Heisenberg's Uncertainty Principle noted earlier (p.46). It reflects the notion that whilst trying to establish the position of a particle in atomic physics, the very act of observation changes its position and hence its position cannot be formulated with certainty. This circular aspect of complementarity fascinated Bohr and in order to elucidate it he drew heavily on William James' vivid descriptions of the impossibility of observing streams of thoughts and feelings introspectively (Jammer, 1966). If a person tries to observe what he is thinking about, at the very

moment he is reflecting on a particular subject he introduces changes in the way his thoughts are proceeding. James (1980, cited in Jammer, 1966) illustrates this phenomenon as follows:

> The attempt at introspective analysis in these cases is in fact like seizing a spinning top to catch its motion, or trying to turn up the gas quickly enough to see how the darkness looks.
>
> (p.179)

Apart from introspectionism, examples in psychology of this 'circular' notion of complementarity have frequently been noted (Bohr, 1958; von Franz, 1972; Bergstein, 1972). The example dealt with by all three of these authors is the reciprocally inhibiting relationship that exists between the conscious and the unconscious. In order to study the unconscious it must be made conscious, and then one is no longer strictly observing the original object of study, the unconscious. Another example comes from Bergstein (1972) who suggests that circular complementarity exists in the study of the psychogenesis of logical and physical concepts (cognition). Not until verbal contact between child and investigator has been established is it possible to transcend mere behaviouristic analysis and get real information about the psychical world of the child; but the more firm the verbal contact becomes, the more the investigator loses sight of the original object of study, the genesis of language acquisition upon which logical and physical concepts are based.

As mentioned at the beginning of this sub-section, the conscious/

unconscious type of complementary relationship (i.e., circular complementarity) is not of direct relevance to this thesis. In spite of this, the circular aspect of complementarity has been dealt with in some detail here because its examples highlight the phenomenon of reciprocity and inverse relationships. In addition, it is important to clearly differentiate it from parallel complementarity which is of direct relevance to this thesis. From the above examples, it should be evident that circular complementarity relates to the interaction of a single observational arrangement and its object of study. The notion of parallel complementarity, on the other hand, involves the complementary relationships that exist between multiple observational arrangements of the same object. In parallel complementarity, diverse observational arrangements (viewpoints, theoretical orientations or whatever other designation you like to give them) stand in reciprocally inhibiting relationships to each other. And what this means in practical terms, is that the setting up of one experimental arrangement will interfere destructively (i.e., inhibit) the setting up of any other experimental arrangement.

The point that is being made here in the language of complementarity is the same one that we highlighted earlier with the common sense motorcycle and card playing examples. The adoption of one view of the motorcycle necessarily reciprocally inhibits the adoption of any alternate view of the motorcycle; one set of rules for a card game necessarily interferes destructively with the adoption of an alternate set of rules such that they cannot be played simultaneously. If one chooses route A to climb to the top of the mountain this necessarily precludes the

choice of route B. Arbitrary shifting between routes will result in a chaotic situation which will destroy a systematic arrival at one's destination.

Now none of the above difficulties would arise if there were only one possible route or viewpoint. It seems, however, that where the object of study is so complex and multiplicatively determined as in microphysics and psychology, there will always be noticeable circular complementarity (uncertainty that makes a practical difference in its observational arrangements) as well as parallel complementarity (a pluralism of complementary descriptions). "Pluralism and indeterminism" wrote James (cited in Jammer, 1966, p.177), "seem to be but two ways of stating the same thing." From our discussion here it is possible to expand on James' statement and suggest that indeterminism (i.e., uncertainty of the object), pluralism and complementarity imply each other and are three ways of indicating the same thing.

It is evident, therefore, that the core epistemological issue with which we are dealing here, apart from plurality (multiple theories), is that of indeterminism. It can be expanded on in the following way. As we already know from complementarity, observations of objects are understood to be inextricably coupled to their observational arrangements. The nature of an object therefore can never be totally determined (known) in and of itself. In other words, the nature of the object is always seen to be determined in some degree by the observational (theoretical) arrangement. Now in the study of large objects in physics the effect of this uncertainty is not noticeable for practical purposes. Prior to Quantum physics, therefore, it was

possible to assume that one had a single description that was identical with the object of study, i.e., a totally determined object. With the greater complexity of the phenomenon of study encountered in microphysics, however, the effect of uncertainty was found to be much more pronounced. A single description was no longer possible, multiple descriptions were necessary, and the effect of the descriptor had also to be taken into account.

Now the crucial pragmatic consequence of indeterminism of particular relevance to this thesis is as follows. Since multiple observations do not exist in their own right without reference to their observational arrangements, each one of these complementary observations or descriptions of the object must include a clear specification of the whole experimental arrangement. In short, where a scientific endeavour demands multiple descriptions for practical purposes, the object cannot exist unambiguously without a clear unambiguous definition of its subject (Bergstein, 1972). A description of the handlebars of the motorcycle, for example, is incomplete unless accompanied by a description of the angle from which it is viewed. Since more than one game is possible with a pack of cards, play will be chaotic unless there is a clear unambiguous definition of rules for the diverse games.

2.2.3 Summary of Epistemological Implications

At this point, it is necessary to summarise the epistemological principles that have emerged from our discussion of Niels Bohr's

philosophy of complementarity.

These are as follows:

(1) The subject-object relativity of theories.
This explains the fundamental indeterminate nature of objects, and the need for a plurality of descriptions in the study of complex phenomena such as encountered in psychology and microphysics.

(2) Complementary relationships between theories.
This implies that theoretical accounts are contradictory and mutually destructive to each other if used simultaneously. The contradictions between theories do not represent real contradictions within the object of study itself. They exist because theories are necessarily limited, subjective interpretations of the reality, and are not the reality itself.

(3) The need for unambiguous descriptions of theoretical (observational) arrangements.
This occurs because an object can only be understood in relation to the subjective viewpoint from which it is studied. When there is a plurality of views on the same object the nature of each subjective standpoint assumes importance and cannot be dismissed.

It is evident that central to the above three principles extracted from complementarity, is the subjective factor in the process of theorizing. This human or psychological factor will now be taken up and expanded on in terms of psychological theory.

2.3 PSYCHOLOGICAL THEORY AND COMPLEMENTARITY

The complementarity epistemology has brought physics and psychology very close together by emphasizing the fact that observations and all knowledge are rooted in the psyche. This is a viewpoint upheld by psychologists working within a dialectical framework (Kelly, 1955; Jung in Jacobi, 1974; Piaget, 1979). Now if all knowledge is rooted in the psyche, then it is evident that theories of the psyche may, if it is within their range of convenience, be able to contribute to theories of knowledge. An emphasis is placed on contribute because it is not being suggested here that a psychological theory should replace the complementarity thesis. The latter is clearly a metatheory, and it would become clumsy to use a psychological theory as a new metatheory for all of psychological science including itself. However, it is felt that psychological theories can contribute insights on the nature of theorizing of relevance to complementarity.

It is not within the scope of this thesis to make a comprehensive analysis of all the links with complementarity and psychological theories. For example, the genetic epistemology posed by Jean Piaget would lend itself well to comparisons with the complementarity epistemology. The reason for the choice of theorists here (Jung and Kelly) is because they have concerned themselves with the nature of theorizing in psychopathology and psychotherapy in particular. By examining their contribution we will automatically stay close to our central theme which is to link

complementarity with problems in psychotherapy. The scope of this thesis limits us to a cursory examination only of potential implications from these authors' theories.

2.3.1 Jung's Concept of the Archetype and Theory of Types

The parallelism in ideas that has evolved between microphysics and psychology is for Jung quite explicable in terms of his theoretical concept of the archetype (Von Franz, 1972). Archetypes are the common inherited patterns of emotional and mental behaviour in all men. By means of this concept it is possible to elaborate on the way in which the observer is present in the expression of scientific concepts. Because of these innate tendencies, the archetypes, man is induced to find explanations of phenomena in particular ways. Thus irrespective of what aspects of the universe, he observes, he is also to some extent "encountering himself" (in the phrase of Werner Heizenberg, quoted in Von Franz, 1972). Thus during the development of concepts within different disciplines it is not surprising that similar problems arise. It is not surprising, in addition, if similar resolutions to these problems will also evolve. A clear example of this, noted earlier (Section 2.1), is Jung and Bohr's identical use of Einstein's principle of relativity to address the multiple theory problem in their respective sciences.

Recent work on Jung's theory of psychological types (Groesbeck, 1978; Witzig, 1978) highlights another concept of Jung's which has epistemological significance for this thesis. The theory of types Jung has stated "will be a great help in understanding

the wide variations[1] that occur as well as a clue to the fundamental differences[2] in the psychological theories that occur" (Jung, 1921, quoted in Groesbeck, 1978, p.29). The psychological types are dynamically defined (Adler, 1967, in Groesbeck, 1978), as the polaristic psychic patterns of behaviour and adjustment in people which stand in complementary relationships to each other. It is Jung's suggestion that all psychological theories van be viewed from the perspective of the different psychological types. The best-known of these types are the complementary (i.e., polaristic) attitude types of introversion and extraversion, and the complementary function types of thinking, sensation, feeling and intuition.

What is of importance to us here is the dynamic relationship that exists between the fact of complementary psychological types and the development of diverse complementary approaches to psychotherapy. Complementarity is defined by Jung as the 'more or less' mechanical situation of inverse relationships between things (1945, para.545). And a closely associated term is compensation which he defines as the psychological mechanism for the expression of these complementary relationships (1945, para.545). In accordance with this terminology, Witzig (1978) suggests that historically the development of various approaches to psychotherapy has resulted from the compensatory expression of the different complenentary functions described in the typology. An elaboration of what he means by this suggestion is as follows:

> Had the informational/cognitive approach of the early 20th century psychotherapy proved adequate for treating all cases, psychoanalysis need never

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1, 2 Author's emphasis

> have faced alternative treatment modalities. ... With his emphasis on birth, order, family constellation, and the development of social interest, Adler's system seems much more extraverted than orthodox psychoanalysis which focusses on intrapsychic sexual conflicts and retains the couch as the treatment method least intruded on by outside influences. ... Jung also saw fit to introduce an extraversive element into his psychotherapeutic approach by facing his patient ... " The feeling-dominant confrontational/conative therapies made their appearance in their extraverted version by way of Moreno's psychodrama groups and their introverted approach with the client-centred therapy of Carl Rogers. Both methods were prescribed as antidotes for a presumably narrow moralistic and technological thinking."
>
> (p.324-325)

By the 1930's, Witzig suggests, all of Jung's complementary psychological types had found their compensatory expression in the various psychotherapeutic modalities. He goes on to propose a fourfold classification of current psychotherapeutic modalities according to Jungian feeling types in the following form: (1) Thinking (informational/cognitive) types include psychoanalysis, rational-emotive, educational and transactional approaches; (2) Intuitive (symbolic/intuitive) types include those approaches which emphasize phantasy, meditation, brainstorming and any other technique which attempts to transcend reason or sensory input; (3) Sensation (sensory/experiential) types include most occupational, gestalt, bioenergetic and behaviour modification therapies; and, finally, (4) Feeling (confrontation/conative) types include encounter and T-group modalities,

supportive-ventilative procedures and the client-centred approach of Carl Rogers.

Witzig suggests that most psychotherapeutic methods utilize more than one of the above orienting function types, and that like the individual types upon which his classification of the therapies is modelled, there is no thoroughly pure therapy type. He argues, however, that one of the four functions will tend to dominate as the primary tool to induce psychological health. And there will always be an attitude or feeling orientation which is most lacking in a therapeutic system and which differentiates it from other therapies. This least dominant function is necessarily excluded from a therapy modality in many instances suggests Witzig, because its presence detracts from the curative influence of its oppositional dominant function. For example, an informational/cognitive orientation such as Ellis' rational-emotive therapy necessarily regards feelings as deceptive distractions to a rational reorganization of someone's life. A sensory/experiential orientation such as gestalt therapy, on the other hand, regards any intrusion of the rational thinking function as destructive to its sensation therapeutic stance. The informational/cognitive psychoanalytic therapy type stands in opposition to a sensory/experiential behaviour therapy type.

At this point it is necessary to draw attention to the emergence of an apparent contradiction. The road to individuation (psychic balance and health) for Jung is in terms of a union of the various function types within the individual (Groesbeck, 1978). Yet as Witzig has pointed out the curative power of

the psychotherapies is via a splitting or differentiation of function types between the various psychotherapy modalities. The resolution of this paradox is fundamentally the resolution of the philosophy of complementarity. Each different therapy type has a complementary service to perform with regard to an ultimate union of the types within the individual. The indiscriminate mixing of these therapies without regard to type is potentially destructive to their separate effects.

Preliminary research in this area indicates that variations in effectiveness of treatment do occur as a result of variations in relationships between complementary therapy types and the personality types of client and therapist (Witzig, 1978). For example, extraverts compared to introverts show a more favourable response to an extravert psychotherapy type such as group psychotherapy. Another suggestion from research is that a congruous matching of therapy and individual type is a supportive alternative and should be used to establish an infirm dominant function. Once the dominant function is well-established, a complementary approach may be used for persons ready and desirous of personal growth through development of an inferior function.

It is clear that even down to the use of the identical terminology ('complementary relationships' and 'complementarity') the Jungian perspectives presented here are supportive of the three epistemological tenets of Niels Bohr's philosophy of complementarity laid down on p. 62. The theory of archetypes proposes the idea of a genetic potentiality to theorize in particular ways and thereby adds dimension to our understanding

of the subjective nature of theories. It provides in particular an explanation for the parallel epistemological problems encountered in two such different disciplines as psychology and physics. The theory of types provides an important additional dimension on which psychotherapy approaches stand in contradictory, mutually exclusive relationships to each other. As noted previously, psychoanalysis and behaviour therapy contradict each other in terms of the dialectical-demonstrative strategies of theorizing dimension. Now in addition, we note that they are mutually incompatible in terms of Jung's oppositional thinking-sensation typology dimension. We have commented that rational-emotive and gestalt therapies are also in opposition with regard to the complementary thinking-sensation functions. In the same way it would be possible to go on and note multiple other contradictions between approaches on the typology dimension.

Finally, research that suggests differential therapeutic effects dependent on therapy type, lends strong support to the complementarity requirement of unambiguous descriptions of theoretical orientation. It provides an empirical example of how the isolation of important differences between approaches alerts one to the power of their independent effects. Conversely it suggests, in line with the complementarity philosophy, that haphazard combinations of approaches across the boundaries of such oppositional dimensions would be mutually destructive to the power of their therapeutic effects.

Groesbeck suggests that Jung's typology is a critical tool which can help reduce the chaotic confusion in psychotherapy.

The epistemological nature of its tool as we have seen above is in keeping with the principles of complementarity. In a broader sense, therefore, what we have encountered here is the way in which complementarity can help to reduce confusion in psychotherapy.

2.3.2 Kelly's Personal Construct Theory

The nature of Kelly's theoretical orientation was to do what he felt most other psychological theories had not done, and that was to account for the behaviour of the man who devises and uses these very theories (Kelly, 1955). The model of man he presents is that of man the scientist. Man functions in his everyday life, according to Kelly, by means of a continuous process of hypothesis testing, theory construction and reconstruction. His model includes, therefore, a theory of the structure of theories and how they are used. This makes his work of particular relevance to us here. Pertinent features of his psychological model of theorizing are extracted from Rychlak, 1981; Shotter, 1975; Bannister and Fransella, 1974 and Kelly, 1955, and are outlined below.

According to Kelly, when a person looking at events in his life notices a series of recurring events which seem repetitive, he places an interpretation on this predictable aspect of his experience. This process is termed 'construing', and the interpretation is termed the 'construct'. Constructs are the patterns which human beings create to fit onto the events of life. Figure 3, p.71 (adapted after Rychlak, 1981, p.715) is a

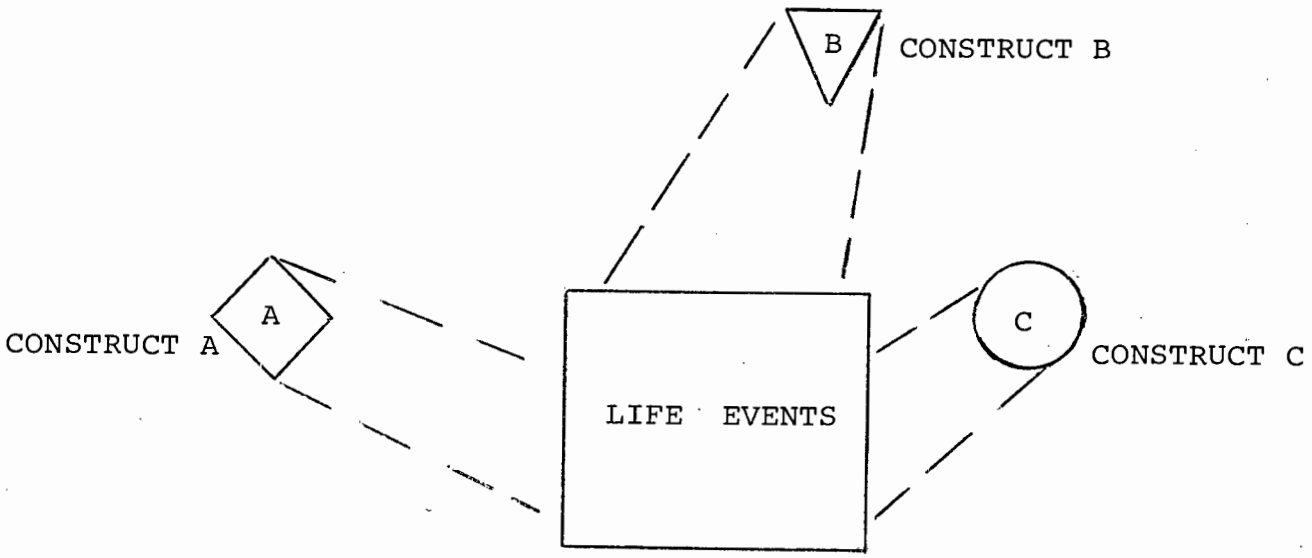

FIGURE 3 : ALTERNATIVE CONSTRUCTIONS OF THE SAME LIFE EVENTS
(adapted after Rychlak, 1981, p.715)

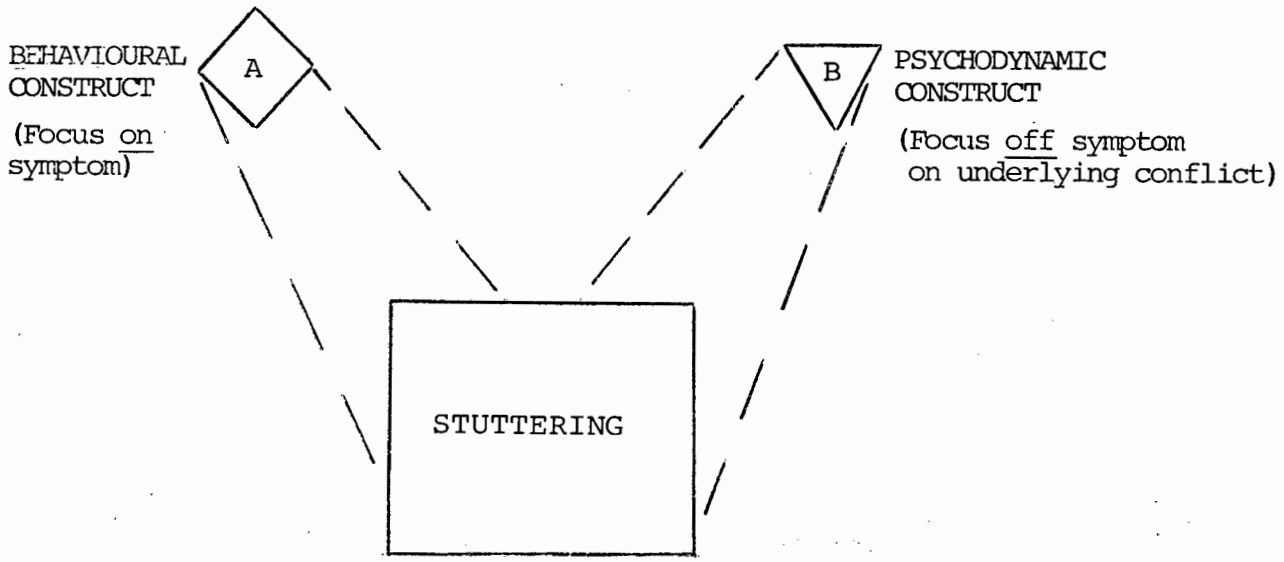

FIGURE 4 : ALTERNATIVE PSYCHOLOGICAL CONSTRUCTS ON STUTTERING

scheme of three construing minds A, B and C. It illustrates the subject-object interdependence which is the essence of Kelly's construal process. As depicted in the scheme, none of the three construing minds achieve a construct which is identical with the reality of the life events which are being construed. Constructs are only ever symbolizations and approximations to the reality.

Now A and B, for example, will find it difficult to communicate because they are viewing the world from two different perspectives. In order to communicate, they could each learn to construe the life events from the alternative viewpoint as well. This would represent a situation of empathy between minds A and B. Without losing the ability to construe from their own positions, they are capable of stepping into an alternate construing position. On the other hand, A could leave his position altogether and adopt B's position or vice versa, or they could develop a third position C which they could share and which is neither A nor B. It may have elements of A and B but the new constellaiton is more than just those elements combined and represents a totally new reconstruction C. As is depicted on Figure 3, the new viewpoint is not just ad hoc bits of a square and a triangle, it is a circle, a new integral system all of its own. The communication alternatives suggested here are only possible by virtue of the fact that each perspective <u>is</u> an intergrated clearly articulated system of its own.

The term construct can operate at many different levels of complexity, a higher order superordinate construct will be

made up of many lower order constructs. All constructs, however, have the same fundamental characteristics which are defined by Kelly in the form of corollaries. Those of relevance here are the dichotomy, fragmentation and range corollaries. The dichotomy corollary will be dealt with first and in some detail, since it has a particularly important contribution to make.

A person's construct system, according to Kelly, is composed of a finite number of dichotomous elements. What this means is that by definition a construct always has two poles, a pole of affirmation and a negative pole. Such a thing as a construct (viewpoint or perspective on something) only exists by virtue of the fact of the inclusion of certain aspects and the reciprocal exclusion of other aspects. It is only possible to construe white, for example, by virtue of what is not white. And it is only possible to construe extraversion by virtue of including aspects which belong to it and excluding other aspects which are negated by the term (i.e. those that go to make up the opposite pole of introversion). Implicit in the construal of any set of events is the inclusion and exclusion of certain elements in relation to that set of events, within a particular context. In terms of construals (theories) within the context of psychotherapy, we have already noted in this work several examples of this. We have noted, for example, the mutually excluding dichotomous construct dimensions of Rychlak's dialectical-demonstrative strategies of reasoning, and of Jung's thinking-sensation typologies. And both of these in turn, as we have also noted,

contribute to dichotomous relations in psychodynamic and behaviour therapies. A dialectical, thinking-typed psychodynamic orientation stands in a mutually destructive, complementary relationship with a demonstrative, sensation-typed behavioural therapy. It is useful at this point to expand further on the latter example.

Figure 4 (p.71) is Figure 3 re-schematized in terms of concrete psychotherapy examples. Construing mind A represents a behavioural perspective and construing mind B a psychodynamic view on a set of life events which for argument's sake we will denote as the psychopathology of stuttering. In simple terms, a behavioural construal of the symptomatic behaviour (the stutter) is that of a conditioned anxiety response maintained by avoidance behaviour. A psychodynamic construal of the stutter on the other hand, is that of an external manifestation of an underlying conflict that has been repressed. The logical deduction for treatment from the behavioural perspective is to focus directly on the symptom whose cause is known and can be demonstrated (a behavioural, demonstrative approach). In direct opposition is the logical deduction for treatment from the psychodynamic perspective which is <u>not</u> to focus on the symptom, but to focus rather on uncovering the underlying conflict which is unknown and will only become known through a dialectical psychotherapy process (a psychodynamic, dialectical approach).

At the level of technique the behaviour therapist would work actively with issues revolving around the stutter using

techniques such as systematic desensitization or the encouragement of approach behaviour. The psychodynamic therapist would concentrate on analyzing the transference reactions and resistances to the uncovering of painful unconscious material. A typical resistance in the patient would be his attempt to talk about the stutter and stuttering situations. To encourage talk about the stutter necessitated by the behavioural technique (focus on symptom) is to play into the very hands of the resistance one is trying to eliminate in terms of the psychodynamic technique (defocus on symptom). Here we can clearly see in terms of the language of personal construct theory how the experimental set up for one set of observations interferes destructively with the experimental set up for the other set of observations. The important point is that there will <u>always</u> be aspects of constructs which will negate aspects of other constructs within the same context (in this case, the context of theories of psychotherapy), or they would not exist as separate constructs. And two constructs cannot be combined and used together simultaneously as in eclecticism because each will be destructive to the other's effects.

Up to now, we have been focussing on the mutually excluding <u>differences</u> between constructs or approaches. This does not, however, deny the fact that there may be similarities between approaches. And it is important to note at this point that precisely because different psychotherapy approaches or constructs belong to the same higher-level construct, i.e. <u>psychotherapy</u>, there will inevitably be a number of commonalities

between approaches. FOr example, there will always be a therapist and a client in a relationship who meet at regular intervals, and the therapist will always do such things as listen empathically, ask questions and make interpretations about the problem in terms of his theoretical orientation. What identifies a single psychotherapy approach or construct, however, within the larger common construct of the whole of psychotherapy, is the fact that it has elements that stand in opposition to certain elements of all other single psychotherapy approaches within the larger common psychotherapy context. It is these less surface and more intricate contradictory elements that give identity to the separate approaches.

We have drawn attention to the above state of affairs at an earlier stage by means of our card playing example. Relatively gross commonalities will be evident, we suggested, even to the unsophisticated observer of various card games. It is only the person who is initiated into the rules of card games who will detect the finer details of the mutually excluding differences between the different games or, as we have been attempting to illustrate here in Kellian terms, between the different constructions of psychotherapy. Kelly's personal construct dichotomy corollary serves to highlight the fact that commonalities between constructs are relatively trivial. It is the oppositional, dichotomous aspects between constructs which differentiate them, and provide the exclusive information about how best to construe and therefore play the therapy games.

Two additional corollaries which have relevance here will be dealt with briefly viz. the range and fragmentation corollaries.

The range corollary states that a construct is convenient for the anticipation of a limited range and focus of events only. View A (cf. Figure 3), for example, is not capable of taking the perspective of B or C simultaneously. Each viewpoint is restricted to its own limited focus on the set of events. The fragmentation corollary states that without a clearly defined construct on events, these events will suffer from apparent inconsistency and have no meaning. In other words, without the constructions A, B or C (cf. Figure 3), the set of life events has no consistent meaning, and the more clearly defined those constructions are, the less fragmented and more coherent the understanding of those life events will become.

It is evident that from the Kellian psychological perspective we have found support yet again for the fundamental epistemological tenets of the complementarity thesis. Firstly, as with complementarity, Kelly's theory is based on the fundamental subject-object interdependency of observations and the symbolic nature of theories. The remarkable parallelism between the Kellian and complementarity schematizations of this are obvious (cf. Figures 2 and 3, pp.49, 71). Secondly, his dichotomy corollary draws attention to the inherently contradictory and mutually exclusive nature of theoretical constructions. Thirdly, the dichotomy and limited range corollaries together preclude, as complementarity does, the notion of one grand all-encompassing construction of a complex phenomenon. And finally, the fragmentation corollary supports the complementarity notion of the need for unambiguous definitions of theoretical

constructions. In Kellian terms, life events are understood not to have meaning in and of themselves, but only acquire meaning via the systematic construals which are placed upon them and therefore can never be totally known (i.e. determined).

In sum, psychological insights from the theories of Jung and Kelly have been examined in relation to Niels Bohr's principles of complementarity. The uncanny parallel insights which have emerged independently from each of these three different orientations (Bohr, Jung and Kelly) suggest epistemological conditions surrounding the nature of our theories that need to be taken very seriously.

2.4 SUMMARY AND EPISTEMOLOGICAL INDICATIONS FOR THE PRACTICE OF PSYCHOTHERAPY

This section has proposed Niels Bohr's philosophy of complementarity as a metatheoretical alternative to guide psychotherapy practice. It was pointed out that this is the generally accepted solution to the problem of diverse theories in physics, and that it has particular relevance to a similar problem in psychology. The epistemological principles of complementarity corroborated by the psychological theories of Jung and Kelly, have been isolated as follows: (1) the subject-object relativity and indeterminate nature of theories, (2) complementary relationships between theories, and (3) the need for unambiguous descriptions of theoretical arrangements. The next step is to bring these tenets of complementarity together with the practice of psychotherapy and consider the implications.

From the above principles, the following indications for psychotherapy practice can be deduced: (1) a plurality of approaches is necessary in order to achieve a more complete description of the phenomenon, (2) since approaches stand in complementary relationships to one another, that is they have elements which are mutually destructive to each other, they must be used separately and not mixed together haphazardly, and (3) there is a need for unambiguous descriptions of theoretical approaches. The latter point suggests tightening of conceptual relationships between theory and method within approaches, and decreasing blurred boundaries between approaches through greater awareness of the impact of differences between approaches.

In essence, the complementarity resolution starts off from the same point as Lambley's argument for eclecticism. This point is the fundamental subject-object relativity of theories, the consequence of which is an inherently anarchic situation which does not allow us ever to totally determine or know our object of study. From here on, however, the two arguments diverge. Lambley argues that because of this inherently anarchic situation we have permission to throw theroetical tightness away and become as conceptually anarchic or ambiguous as we like. This forms the basis of his argument for a haphazard mixture of approaches (i.e., eclecticism). His position ignores the problem of contradictions between theories, and encourages the very conceptual looseness that has been identified as contributing to epistemological chaos in the science.

The epistemology of complementarity highlights the irrationality of such an eclectic position and argues in the exact opposite direction. It is precisely because of the inherent anarchy and ambiguity of indeterminism that we have to strive as far as possible for a position of non-ambiguity in order to avoid confusion in the science. In addition, the problem of mixing fundamentally contradictory theories is a major feature of the complementarity thesis in contrast to the eclectic position where it has been ignored.

If we consider the major problem areas identified in Section I, it is evident that the complementarity thesis provides the most promising metatheoretical resolution we have encountered yet for bridging the gap between diverse theories and practice. Firstly, it has the formal status of theory and therefore can provide logical deductions for practice. Secondly, the pointers it provides are towards conceptual tightening within and between psychotherapy approaches, which is in a direction that promises decreased chaos and confusion and a more consequential science. And, finally, its most important contribution is to promote the separate use of diverse approaches specifically to avoid the mutually destructive possibilities consequent on a simultaneous application of contradictory approaches.

In the final section, we will examine how these indications from the principles of complementarity can be achieved in practice.

SECTION 3

PRACTICE ALTERNATIVES

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In Section 2, Niels Bohr's philosophy of complementarity was proposed as a metatheoretical alternative to guide practice in psychotherapy. From its philosophy, principles for practice were deduced. In essence the indications are for the separate use of a plurality of approaches, and unambiguous theoretical descriptions. The aim of this section is to critically examine practice alternatives for psychotherapy from the perspective of these principles .

3.1 BRIEF HISTORY OF PLURALISM IN PSYCHOTHERAPY

Garfield (1982) has usefully summarized pluralistic versus sectarian developments in the field of psychotherapy as follows. In the 1940's and 1950's the field was clearly dominated by psychoanalysis and psychodynamic emphases, with other approaches to psychotherapy having very little impact. In the early 1960's a survey carried out on members of the Division of Clinical Psychology of the American Psychological Association (Kelly, 1961, cited in Garfield), showed that less sectarian developments were afoot. 41% of respondents indicated that they adhered to a psychodynamic orientation, but 40% classified themselves as eclectic (in the sense of adhering to more than one psychotherpaeutic principle), and less than 10% indicated

a behaviour theory preference.

Fifteen years later, in a similar survey undertaken by Garfield and Kurtz (1976), psychodynamic preferences had declined to 19% whilst 55% of respondents now indicated eclectic preferences. The percentage selecting a behavioural orientation remained much the same at 10%. 'Eclectic preferences' on analysis (Garfield and Kurtz, 1977) refer to any number of different combinations of approaches. The most common (25% of a sample of eclectics) was a joint use of psychodynamic and learning approaches. An eclectic preference, therefore, was found to include any type of modification or combination of existing approaches, sometimes given "the more dignified terms, convergence or integration" (Garfield, 1982, p.612).

The upsurge of pluralistic approaches in the 1960's parallels the beginning of an upsurge at that time of the growth of multiple new forms of psychotherapy. In the early 1960's, Garfield (1982) listed 60 different types, in 1975 130 different forms are reported (Report of the Research Task Force of the National Institute of Mental Health, 1975, cited in Garfield), and more recently, in 1980, between 150-120 varieties have been isolated (Marshall, 1980; Herink, 1980, cited in Garfield). These developments can be understood within the context of influential contributions to the zeitgeist of theoretical relativism that emerged at that time viz., Kuhn's celebrated work on the structure of Scientific Revolutions (1962), and Bohr's Atomic Physics and Human Knowledge (1958).

The problem in psychotherapy therefore, we would like to

argue, is not in the adoption of a relativistic position per se, since this is perfectly in line with modern epistemological developments. The problem is that the development has taken place in a very haphazard and unstructured manner. Goldfried (1982) points out that although the hope of finding some consensus amongst the plurality of psychotherapies dates back 50 years, it is only within the past 5 to 10 years that it has begun to develop into a more clearly delineated area of interest. It does not have as yet any uniform title for indexing in bibliographic sources. The field has adopted, it seems, a pluralistic approach without examining in a coherent manner, as Physics has done, the philosophical indications with regard to practice. The remaining pages of this thesis will indicate how a deeper understanding of the relativistic viewpoint, as presented here in the form of complementarity, can give structure to our pragmatic developments.

3.2 REDEFINITION OF TERMS

It is evident, on examining the psychotherapy literature, that it is characterized by an exceedingly undifferentiated use of concepts to describe its pluralistic pragmatic trends. In a recent series of publications which have comprehensively reviewed contribtuions to the literature in this area (Garfield, 1982; Goldfried, 1982; Kendall, 1982 and Wachtel, 1982), the terms 'eclectic', 'integration' and to a lesser extent, 'complementary' are used indiscriminately to cover the entire range of rapprochement possibilities in response to a

pluralistic science as though they are all one and the same thing. From the argument that has been developed here however, it is clear that from the same root situation of a pluralistic science, the opposing pragmatic positions of eclecticism and complementarity have been argued (cf. the argument of complementarity versus Lambley, Section 2.3.3). It is considered necessary, therefore, to redefine the three terms mentioned above (integration, eclecticism and complementary) in order to be alerted not to their synonymous aspects, but to their differentiating aspects. In terms of this new definition of terminology then, it will be possible to locate and critically comment on divergent pragmatic positions within the broad range of pluralistic trends. This is a crucial step which to our knowledge has not yet been undertaken in the literature.

In Table 1, p.86, we have listed common synonyms for the terms 'integrate', 'eclectic' and 'complement'. From these terms it is possible to isolate a fundamental commonality of meaning which explains why they have been used synonymously in the psychotherapy literature. It is also possible, however, to identify important differences. In common they have the broad meaning of "arranging together of diverse parts into a whole". Their differences in meaning relate to the manner in which these parts are brought together into a whole. It is clearly this differentiation which will have utility for distinguishing the manner in which different approaches are brought together in psychotherapy.

TERM	SYNONYMS
1. INTEGRATE	arrange, blend, orchestrate, symphonize, synthesize, unify, cease to segregate, find the integral of
2. ECLECTIC	selective, assorted, mingled, mixed, diverse, not exclusive, borrowing past doctrines from different schools.
3. COMPLEMENT	supplement, counterpart, augment, multiply, enhance, enrich, make up deficiency, reciprocal.

TABLE 1 : SYNONYMS (Webster's Collegiate Thesaurus, 1976; Oxford Illustrated Dictionary, 1975)

TERM	PRAGMATIC INDICATIONS
1. INTEGRATION	Synthesis of parts
2. ECLECTICISM	Mixture of unsynthesized parts
3. COMPLEMENTARITY	Alternate combinations of wholes

TABLE 2 : DIVERSE RAPPROCHEMENT POSSIBILITIES IN A PLURALISTIC PSYCHOTHERAPY

Making use of the synonyms listed in Table 1, we have denoted the terms integration, eclecticism and complementarity as follows:

(1) Integration is defined as the bringing together of parts by synthesizing them into a blended new whole. The aspect particular to integration which is emphasized here is the notion of synthesis. This implies the loss of the independent existence of the parts which are incorporated into a new independent and systematized whole.

(2) Eclecticism is defined as the bringing together of parts in the form of an assorted mixture. The aspect that is emphasized here is that of an unsynthesized mixture. This implies that the mixed parts retain their diversity because they are not systematized into a new unified whole. Definitions of eclecticism taken from the Encyclopaedia Britannica and A Dictionary of Philosophy (Flew, 1979) support this particular use of the term:

> Eclecticism is the practice of selecting doctrines from different systems of thought without adopting a whole system from which each doctrine was derived. It is distinct from syncretism in that syncretism is the attempt to reconcile or combine systems, whereas eclecticism leaves the contradictions between systems unresolved.
>
> (Encyclopaedia Britannica)

> Eclecticism, the principle or practice of taking views from a variety of philosophical and other sources. The tendency is manifested in many individuals and systems that make no strenuous

> effort to create intellectual harmony between discrete elements.
>
> (Flew, 1979).

(3) Complementarity, in opposition to both of the above terms, implies neither the loss of parts through synthesis (as in integration), nor the mixing of parts without concern for the contradictions between parts (as in eclecticism). It brings parts together in the form of multiplacative combinations which respect the totality and reciprocal nature of the individual parts.

It is suggested from the perspective of the above redefinition of terms, that the psychotherapist has three broad choices for action, viz. integration, eclecticism and complementarity. These are presented in Table 2, p.86 under the heading 'rapprochement possibilities'. The latter umbrella term is a non-restrictive term with regard to the manner of reconciliation of approaches which we have taken from the literature (Goldfried, 1983). The use of 'therapeutic integration' as a heading for this area of interest, as in the Garfield/Wachtel Series (1982), is rejected here because of its semantic connotations of blending and synthesis which are in opposition to the pragmatic indications for both eclecticism and complementarity. It therefore has the potential of being misleading.

Central trends in the literature will now be critically discussed within the rubric of this new terminilogy. The intention is not to produce another comprehensive review of the

literature as Goldfried (1982) has done, but rather to highlight by means of relevant texts, the structure that can be given to an amorphous literature in terms of the conceptual clarification offered by complementarity.

3.3. INTEGRATION AS AN ALTERNATIVE

The integrationists reconciliatory drive in the face of diverse approaches to psychotherapy is towards a blending together of approaches into a single approach. This is exemplified in four different trends in the literature: (a) attempts to unite psychoanalytic and behaviour therapies, (b) the search for a new language for the psychotherapies, (c) the search for commonalities amongst psychotherapies, and (d) the individualised creative syntheses.

3.3.1 The Integration of Psychoanalysis and Behaviour Therapy

The very earliest attempts at integrating the psychotherapies were attempts to draw parallels between psychoanalysis and behavioural conditioning (French, 1933, cited in Goldfried, 1982). Over the years this has been a recurrent theme in the literature (Marks and Gelder, 1966; Wolf, 1966; Ryle, 1978; Wachtel, 1982; Davis, 1983), and remains today by far the most sought after rapprochement combination (Garfield, 1977). Common ground between psychodynamic methods and behaviour

therapy, and the fact that one can translate aspects of the one approach into the language of the other, provide the rationale behind the many attempts at an integrative reconciliation. In most cases, the motivation behind this movement is to be rid of the two different language systems and arrive at a more economic common language system which would do the work of both.

In terms of complementarity it makes sense that parallels can be found concerning the object of study of the two different language systems. After all, we are hypothesizing different views of he same object and, therefore, common ground such as this confirms the common object and serves in different language systems to sharpen our insight into the particular state of affairs we are viewing. For example, the parallel that can be drawn between successive approximations (a behaviour therapy technique) and graded interpretations (a psychoanalytic technique), is an exciting finding. It serves to confirm to us that we are progressing along the right track. The independent empirical support gained from each approach provides, at an academic level, a measure of reciprocal support.

From the persepctive of complementarity however, this is where the usefulness should stop. These parallel techniques are deeply rooted in broader methodologies which are fundamentally contradictory. Successive approximations are part of an approach aimed at symptom removal, whereas graded interpretations are part of an approach which aims at uncovering the feelings underlying the symptom. In practice, therefore, the two

techniques are not interchangeable. In addition, the complementarity principles remind us that it is impossible to translate one language system into another in its totality because of the fundamental contradictions which have differentiated them as systems in the first place. Any language system arrived at by trying to translate one of these systems into the other, would necessarily mean giving up fundamental contradictory aspects of each system, and therefore would in effect be a third new language system. Such a move is not in the interests of an economy of language systems, and consequently ends up defeating its original purpose.

Ryle (1978) has another suggestion to make which is to unite these two approaches (psychoanalysis and behaviour therapy) by means of an existing third language system, that of cognitive therapy. It is evident, however, that to write these two approaches in any language whatsoever, because of their mutually excluding properties, is an impossible task. The principles derived from complementarity alert us also to the limited range and convenience of our language systems. Acceptance of this often reduces the motivation to strive as the integrationists do, towards the impossible goal of an all-encompassing theory. From the perspective of complementarity we wish to make full use of the <u>differential</u> potential of the alternate approaches.

Emerging tentatively in the literature, are encouraging indications of the conclusions we have reached via complementarity concerning rapprochements between psychoanalysis and behaviour therapy. In spite of the existence of commonalities

it is suggested (Marks and Gelder, 1966; Meyer in French, 1933, cited in Goldfried, 1982; Yates, 1983) that there is the need for separate lines of inquiry and for the therapies to be used separately. This is because of their fundamental incompatibility. As highlighted by Dooley (1982), in his article on the Rogers versus Skinner, Day versus Giorgi debates, the behaviourism and phenomenological[1] traditions in science have been shown by their own masters to be irreconcilable. It is time we moved onto modes of rapprochement which do not involve futile attempts to integrate dichotomous systems.

3.3.2 A Reconciliatory Theoretical Language

The search for a new language system to integrate therapies, as we have noted above, is born out of the urge to reduce the number of different language systems in the field by synthesizing them into one all-encompassing theory. And as suggested above, this is an unrealistic urge which ends up defeating its own purpose. It produces yet another new approach in need of years of refinement which cannot hope to synthesize in one system multiple contradictory approaches. Under this sub-section it remains only to point out that this trend is not limited to attempts at integrating psychoanalysis and behaviour therapy. Unger (1982), for example, engages in a similar self-defeating attempt to tackle the problem of psychological indeterminism by trying to unite biological and psychodynamic explanations of psychotherapy in a unitary theory of the passions. From

[1] Psychoanalysis falls under the rubric of phenomenology used in this broad sense.

the perspective of complementarity this does not provide a helpful solution. All that is gained is an additional theory for the already over-stocked market of psychological theories, further aggravating rather than alleviating the indeterminism problem.

3.3.3 Commonalities of Therapeutic Practice

One of the most prevalent trends at present is without doubt the search for commonalities between psychotherapies. This tendency is typically found in general texts on counselling and the psychotherapies (e.g. Brammer and Shostrom, 1977; Ivey, Sinek and Downing, 1980). It emerges as a core issue in the recent review series on psychotherapy rapprochement (Garfield, Goldfried, Kendall and Wachtel, 1982). Another author of note who has focussed on commonalities is Prochaska (1979). Typically what lies behind such a search is that it will make possible an a-theoretical orientation which will cut across all theories and encompass the common elements that are considered effective across a broad range of therapy approaches.

The motivation behind such a trend is once again towards breaking down specialization and gaining a single mode of approach in reaction to the present state of confusion in a pluralistic science. There is hardly a need to repeat once again the fallacy of this wish. A new "transtheoretical orientation" as Prochaska calls it, can only be in the final analysis yet another new modality to add to the already overburdened plurality.

The philosophy of complementarity reminds us that there is no such thing as an autonomous orientation disconnected entirely from a subjective standpoint on practice, and therefore there is no such thing as a naked non-theroetical psychotherapy approach.

A typical argument of this group who seek to unite the therapies through their commonalities, is that the effectiveness of therapy has more to do with common elements that with the theoretical explanations on which the different therapies are based. Their argument from Garfield (1982) and Goldfried (1982) is based on the following two factors: (a) a large body of research that suggests no differentiation in outcome between therapies, and (b) the fact that patients themselves tend to view their positive experiences in terms of common elements rather than on particular techniques. The common elements referred to here are summarized as follows:

(1) The personality of the therapist himself, possibly the ability to inspire hope in the patient.

(2) The patient being provided with the opportunity to talk to an understanding person.

(3) The provision of an alternative and more plausible way for the patient to understand his problems.

It is this latter element (a new way for the patient to understand his problem) which has particular relevance to our argument. It has been focussed on in the literature by those who, in line with complementarity, accept the inevitable presence of the observer variable (Kessel and McBrearty, 1967;

Lambley, 1971; Kovel, 1976; Rychlak, 1982). The point that is made clear by these authors is that what is most essentially common to all the psychotherapies is precisely the fact that they are different language systems (i.e. theoretical systems) which provide new ways for understanding the patient's problems. In other words, the major facilitative element, number 3 above, is the fact that the therapist provides the patient with a plausible way of understanding his problem via his particular theory. And a major contributing factor to the hope that the patient experiences (element number 1 above), is certainly the faith he has that the therapist has a theoretical formula with scientific status to offer him in relation to his problem.

It is possible to elaborate further on this theme and suggest that there is an extremely important facilitative element overlooked in those commonly outlined as above, and that is the ability of the therapist to offer an integrated theoretical approach. A well-integrated, unambiguous approach will give the therapist the feeling of security which will inspire facilitative feelings of hope in the patient. Commensurate with this line of reasoning is research by Wollersheim (1982) and Kessel and McBrearty (1967). Wollersheim has found significant 'rationale effects' as against no clear rationale, on measures tapping the confidence and faith in treatment and perception of the psychologist. And Kessel and McBrearty suggest that improvements in therapy are in accordance with value changes in the therapist's direction. If the therapist's value orientation (part of which is necessarily his theoretical orientation) is haphazard or non-existent, there will be no clear

direction towards which the patient can change.

It is evident from what has been suggested here, that the basic rationale behind the search for commonalities mentioned earlier - the effectiveness of approaches is probably more to do with their common elements than with the theoretical explanations on which they are based - has been rendered extremely problematic in that it is inherently contradictory. The philosophy of complementarity reminds us of the fundamental presence of the subjective (theoretical) factor. Eliminate the theoretical approach from your psychotherapy, therefore, as these commonality integrationists wish to do, and you eliminate the most fundamental of the facilitative common elements.

As mentioned earlier, the search for commonalities is inspired to some extent by research results that fail to differentiate outcome between approaches. Metholological studies are indicating, however, that approaches do not converge on a common mixture of techniques (Witzig, 1928; Stiles, 1979). And the failure to differentiate between the outcome of approaches in many studies is likely to be more a lack of research sophistication and difficulties of research into psychotherapy, than proof that approaches are essentially the same (Bergin and Lambert, 1978). The other factor mentioned earlier which lends impetus to a focus on commonalities is that the patient experiences core transtheoretical elements (the personality of the therapist, hope, new understanding of the problem, etc.) as facilitative rather than the therapy techniques themselves. From our study of complementarity, the fallacy of this

reasoning is clear. As we have illustrated by means of the card playing analogy, the uninitiated observer would identify relatively gross commonalities between the games, but would have no way of differentiating the specialized rules that would enable him to observe the playing with any critical skill. Obviously, as psychotherapists, it is our theoretical sophistication that allows us the spectacles to detect what is actually occurring in the process of psychotherapy by means of our techniques. This goes beyond the patient's subjective awareness of his position and is the facility which enables us to assist in the process of psychotherapy change.

In sum, it is clear from the perspective of complementarity that commonalities relative to differences in theoretical approaches have limited pragmatic relevance. The philosophy actively alerts us to the danger of overlooking differences and, conversely, to the therapeutic potential of making use of these differences. It is our view, therefore, in contrast to that of Garfield (1982) and Goldfried (1982), that hope for advances in psychotherapy does <u>not</u> lie in the search for commonalities which has outgrown its usefulness and is ending up in a theoretical blind alley. It lies rather in the work of those who are starting to explore and harness the utility of the differences (e.g., Staples et al, 1975; Witzig, 1978; Stiles, 1979). Our view is strongly corroborated by Wilson (1982), who states that therapeutic advances are more likely to result from rigorous attempts to <u>discriminate</u> between methods than from the identification of "superficial commonality among diverse therapeutic approaches" (p.325).

3.3.4 The Creative Synthesis Approach

A final integrative trend to be dealt with is that of the individualized creative synthesis of the type proposed by Brammer and Shostrom (1977). These authors suggest that the psychotherapist has the following three choices for practice: (1) to adopt a single theory which is limited because it restricts the use of available data, (2) to develop an eclectic position with its concomitant negative aspects of an uncritical, unintegrated collection of what works for now, or ideally, (3) to strive for a personalized creative synthesis of theory and practice. What Brammer and Shostrom propose with the latter option is as follows:

> Each counsellor and psychotherapist must ultimately develop a point of view which is iniquely his own ... the 'creative' element comes in when the counsellor not only puts together concepts and practices from other theories in new ways, but also transforms them into ideas and methods which have continuing relevance for himself. ... The 'synthesis' element comes into the theory-building process as the counselor strives to integrate in incremental fashion what appear to be separate ideas and uncoordinated methods. He synthesizes dynamic and structured elements to form a basic personality model; he describes strategies and methods which follow from his assumptions and values.
>
> (p.33)

Now this type of injunction is extremely idealistic as Brammer and Shostrom point out themselves. And, as with all idealisms,

it is in opposition to what makes pragmatic sense. Its highly individualized stance is contrary to the notion of a community of scientists working in the same direction with a shared set of rules which is so vital for progress in science (Kuhn, 1962). In addition, the development of an integrated system takes years of highly creative work, usually by a group of people, and certainly does not lie within the capabilities or time available of the average practising psychotherapist. Unfortunately, what happens with such a notion transferred to thousands of undergraduate students, is that it becomes a rationalization and dignified label for what in fact is an unfortunate compromise on theoretical purity, and for what is not a creative synthesis at all but an unsynthesized eclecticism. The problematic aspects of the latter will be explored in more detail in the following sub-section.

It is evident that none of the four integration possibilities discussed here are feasible pragmatic alternatives in terms of complementarity.

3.4 ECLECTICISM

In direct contrast to integration which incorporates the notion of synthesis, eclecticism is defined as the use of principles from different systems without any attempt to synthesize these principles in theoretical harmony. As mentioned previously, there has been an upsurge of eclectic preferences as against a sectarian orientation in recent years, with surveys noting minimal eclectic preferences in the 1940's, a rise to 45% in

the 1950's, 60% in the 1970's and 65% in the 1980's (Garfield, 1976; Larson, 1980, cited in Goldfried, 1982). In a follow-up analysis of what was meant by those who stated 'eclectic preferences' Garfield (1977) found that psychoanalysis and behaviour therapy were the two orientations most commonly combined, but that there was a wide diversity of other combinations. Some of the examples given by Garfield are behaviour therapy combined with any one of humanistic, Sullivanian, Rogerian or rational emotive therapy; humanistic combined with psychoanalysis, neo-Freudian or Rogerian therapy. And this is to name only a few.

From Garfield's study, we can see that the designation 'eclectic' covers an infinitely wide range of combinations of approaches. In addition, there is no precise notion of what the eclectic does in practice apart from the fact that he is not committed to any one orientation, and tends to utilize aspects of more than one theoretical view. There is no indication from Garfield's study concerning the manner in which practitioners combine the different and often opposing viewpoints. A study by Bradway et al (1978) shows that analytical psychologists use a wide variety of adjuncts to analytic psychology such as family, group, behaviour and sex therapies. These authors take note of whether the adjuncts are executed by the analysts themselves or referred. Their interest however appears to be only statistical, and as a theoretical issue the manner of execution is once again simply ignored. Outcome research studies which make use of an 'eclectic' group typically provide no additional precision on this

term (Wagman, 1979; Cohen, 1981; Koss, 1983). In sum, 'eclectic psychotherapy' both by definition and in practice, is an idiosyncratic, theoretically unsystematized approach based on the use of a combination of techniques from any number of contradictory therapeutic systems. The manner of combination is typically not addressed as an issue.

It is possible to isolate two major factors as the basis for the eclectic approach. These are (1) anti-sectarianism, and (2) pragmatism in the face of a pluralistic science. The argument taken from major proponents of the orientation (Lazarus, 1968; Abramowitz, 1970; Lambley, 1970, 1971a; Garfield, 1982; Thorne in Goldfried, 1982), proceeds as follows:

(1) Anti-sectarianism. Since research indicates very little differentiation between approaches, and since no one approach in its own right is felt to be entirely satisfactory, it is considered unethical to withhold from the patient any techniques that may be beneficial.

(2) Pragmatism. Eclecticism is an approach which claims to put helping and pragmatics first. Whatever works empirically is considered best and theoretical understanding can come later if at all since it is not of primary importance. Since theoretical understanding takes a back seat, the problem of fundamental contradictions between theories is ignored.

It is interesting (although it should not be surprising) that the eclectic principles above are arrived at from philosophical

underpinnings which are a mixture of two diametrically opposed philosophical positions. These are the positions of radical relativism (a dialectical position), and radical empiricism (a demonstrative position). The argument from the first of these, radical relativism, we have already dealt with in relation to the work of Lambley (Section 1.2.2). In brief the argument is as follows. Note is taken of the inevitable presence of the subjective/observer factor in science. From there is is argued that since objects of study can never be entirely determined or known, anything is possible theoretically, and a completely free (anarchic) choice of theories and method can reign. The argument from the second philosophical position, radical empiricism, proceeds as follows. The facts of nature can be totally known and exist in their own right without reference to the observer. And because of this, it is possible to dispense with theory.

Now one can understand from the pragmatic mind of the eclectic how it is possible to put together these two opposing philosophical positions. Pragmatic consequences have been argued from each of these positions which are identical, i.e., that one can function freely without reference to theory. From the perspective of complementarity, however, which strives for conceptual consistency and wishes to resolve contradictions, such a dichotomous mixture of philosophical underpinnings is unacceptable.

It suggests to us that there is an inconsistent argument. From oppositional philosophical positions one should obviously deduce oppositional pragmatic indications. In Section 1.2.2 we

suggested that Lambley's deduction to meet relativistic anarchy and ambiguity with increased anarchy is illogical. Complementarity, on the other hand, provides the more rational solution of fighting anarchy by maximizing non-ambiguity and theoretical clarity. By introducing the epistemological principles from complementarity into the equation, we acquire a consistent picture. Its relativistic pragmatic consequences are, as they should be, in opposition to the a-theoretical pragmatic consequences of radical empiricism. And we would like to suggest that if the eclectics wish to adopt a non-sectarian relativistic position, they cannot logically justify a simultaneous adherence to radical empiricism. From a relativistic viewpoint the influence of theoretical underpinnings, and this includes the problem of contradictions, simply has to be taken into account.

Another argument used by the eclectics to support their position, is to equate the pragmatic position of psychotherapy with that of medicine. Since medical science operates on a set of empirically verified principles of body functioning, it is argued that such an a-theoretical set of principles should be the goal also of psychotherapy. The parallel however is inherently false. This is due to the fact that medical practice is based on one fundamental model of bodily functioning, and therefore there is no basic contradiction in medical eclecticism. The position for psychotherapists is complicated by the lack of a unitary conceptualisation of the psychological functioning of the patient. Thus eclecticism in psychotherapy which draws on principles from diverse psychological models is of

a different status to that of medicine. It is the lack of realisation of this fundamentally important difference which leads some psychotherapists to support an eclectic position. It should be clear then despite what the eclectics have argued, that both medicine and psychotherapeutic activities are ultimately grounded in theory. Because of the indeterminate nature of psychological theories however, psychotherapists cannot afford to act as medical practitioners do as though they are autonomous of theory.

We have examined up to now the rationale behind eclecticism as proposed by the adherents of this position themselves. Others who are critical of the position, however, suggest less dignified reasons which underlie the proliferation of this approach. Robertson (1979), for example, proposes that eclecticism is a confused response to the large number of approaches in psychotherapy which takes the form of a dysfunctional over-inclusive urge to pull together the universe of possibilities. Wolman (1965) maintains that it is conceptual confusion amongst psychotherapists in the face of multiple theories that lies behind the decision to act without regard to theory. Over-inclusiveness and conceptual confusion, suggest these authors, are the source of a lack of a rigorous in-depth training amongst psychotherapists in any particular viewpoint. Since in-depth knowledge of any viewpoint is lacking, the result is an unfortunate urge to shift too easily between language systems when trying to understand a problem instead of consistently exhausting the available possibilities within the original system. Finally,

suggests Wolmam, the urgent necessity to do something in conjunction with the above-mentioned conceptual confusion and lack of in-depth training, turns the clinician into

> a hurried handyman whose repair work is not based on thorough knowledge, but on the necessity to help immediately even if the value of the help is dubious.
>
> (p.20)

In sum, what we have here is a dismal picture. The dominant modus operandi in our science of psychotherapy at the moment is based on strawman philsoophical assumptions. At the pragmatic level it occurs in response to conceptual confusion in the face of a pluralistic science. This results in a lack of in-depth theoretical rigour which breeds increased conceptual confusion. Unfortunately it is necessary to understand the rapid increase in eclectic practice during the last 20 years in the light of this negative self-perpetuating cycle. So shallow is the level of theoretical sophistication it seems that such obvious mutually destructive contradictions as the symptom versus non-symptom orientations of behaviour therapy and psychoanalysis elaborated on in Section 2, appear to be completely overlooked. Garfield (1976, pp.79-80) has noted with surprise that a large majority of his eclectic respondents utilized a combination of psychoanalytic and behavioural orientations 'although they appear to be diametrically opposed'.

There is no doubt that eclecticism has become a dangerous raidon d'être for haphazard and theoretically unsound work. Ironically it has developed far out of the theoretical bounds envisaged by behaviour therapist Lazarus, who coined the term

'technical eclecticism' (1967) and in so doing provided much impetus to the movement. Lazarus at present promotes a highly systematized multimodal therapy with a set combination of techniques taken largely from behaviour therapy with the addition of a complementary biological (medication) dimension. There are in fact minimal differences between Lazarus' multimodal therapy and behaviour therapy (Wilson, 1982). Lazarus himself is avidly opposed to 'volatile blends' and 'over-inclusive amalgums' (1977, p.553). He is also quite definitely opposed to the integration of psychoanalysis and behaviour therapy (Lazarus, 1981, cited in Wilson, 1982). The analogy with medical science works well for the restricted eclecticism of Lazarus since his combination of techniques is taken largely from a single main theoretical orientation (i.e., a broad-based behaviourism). Strictly speaking, Lazarus should exempt himself from the label eclectic in terms of the way we have defined it here. For him, 'complete unity between a systematic theory of personality and an effective method of treatment remain a cherished ideal' (1967, p.416). It is evident that eclecticism as it proliferates at present is far-removed from Lazarus' ideal.

There is no doubt that the severe compromise that has occurred with regard to the cherished ideal of a unity between systematized theory and method in the form of eclecticism is seriously endangering psychotherapy with regard to COMPETENCE. The latter is the first and primary item on a code of ethics for a profession that serves the public (Downie, 1980). Without competence, in other words, we have no claim to the fundamentals

of an ethical profession. As to why the lack of systematized theory in eclecticism is so detrimental to competence in psychotherapy, has become very clear from the perspective of complementarity. We can sum this up in the following way.

Firstly, the highly individualistic stance of eclecticism with its infinite number of idiosyncratic variations, motivates strongly against the requirement of complementarity of unambiguous definitions of operations. Eclecticism does not even attempt to connect its sets of operations with a theoretical position. Complementarity is well supported in its critique of such an individualistic, a-theoretical stance, and in the stress it lays on the need for clearly defined theoretical orientations that inform action for normal progress in science (Holt, 1962; Maultsby, 1968; Kuhn, 1970; Winch, 1976). Secondly, the haphazard combination of approaches without regard for fundamental contradictions as practised by the eclectics, is also untenable in terms of complementarity. The complementarity principle for practice as we know is against the simultaneous use of theoretical arrangements because of their mutually destructive properties. Here also we note in the literature a growing support for the complementarity stance (Siegler, 1966; Marks and Gelder, 1966; Maultsby, 1968; Mueller, 1979; Chessick, 1980). In general there is a rising climate of concern and dissatisfaction with prevailing eclectic practice and its contribution to confusion and incompetence in the science (Chessick, 1977; Ellis, 1982; Garfield, 1982; Goldfried, 1982; Kendall, 1982).

Now the serious trap that psychotherapy finds itself in at the moment is as follows. The eclectic philosophy which we will denote (E), was introduced as a means to increase competent practice (P) in the face of a pluralistic science (t_1 --- t_n). It transpires, however, that it in itself is a serious cause of incompetence, the very problem it is trying to circumvent. Because eclecticism is the only unifying epistemology in formal use at the moment to bridge the gap between multiple unrelated theories (t_1 --- t_n) and practice (P), the choice seems to be between two evils. Stay with eclecticism or go back to a limited sectarian approach which may deprive the patient of treatments which are potentially beneficial to him. The way out of this trap, it is suggested, is via the introduction of a new unifying epistemology to guide practice, that of complementarity (C). These alternatives are schematized in Figures 5 and 6, p.109.

Complementarity starts with the same basic motivation as eclecticism, the use of diverse approaches to maximally benefit from the contributions of a pluralistic science. Due to its postulates of unambiguous theoretical descriptions, and non-simultaneous use of contradictory approaches however, it should not have the same negative effects.

It remains to be seen how complementarity can be operationalized into practice.

3.5 THERAPEUTIC COMPLEMENTARITY

The complementarity mode of psychotherapeutic practice is

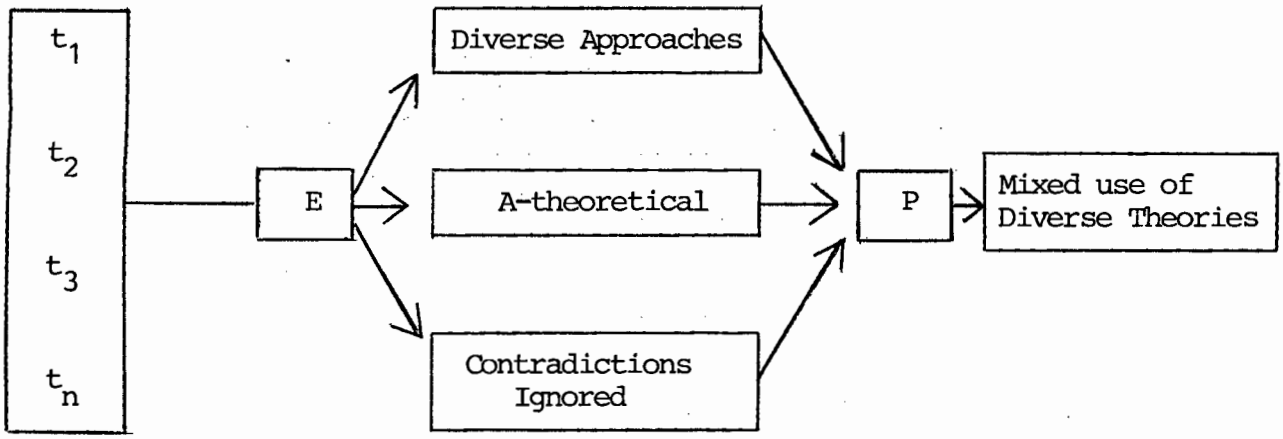

FIGURE 5 : ECLECTIC FLOWCHART FOR PRACTICE

THE ECLECTIC EPISTEMOLOGY (E) SERVES AS AN EXPLANATORY SYSTEM FOR DIVERSE THEORIES (t_1 ... t_n). ITS EPISTEMOLOGICAL PRINCIPLES IMPLY PRINCIPLES FOR PRACTICE (P)

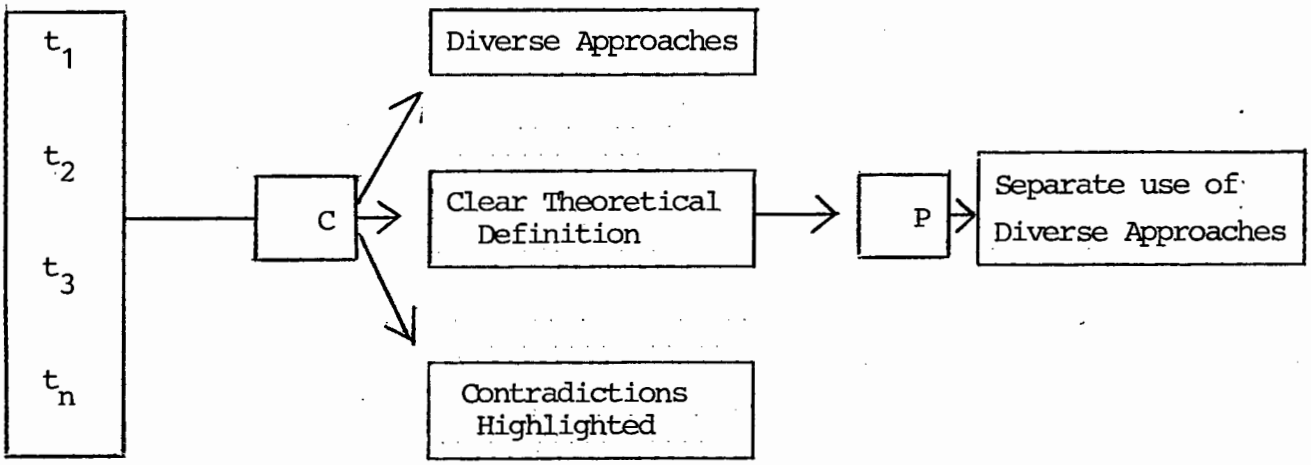

FIGURE 6 : COMPLEMENTARITY FLOWCHART FOR PRACTICE

THE COMPLEMENTARITY EPISTEMOLOGY (C) SERVES AS AN EXPLANATION FOR DIVERSE THEORIES (t_1 ... t_n). ITS EPISTEMOLOGICAL PRINCIPLES IMPLY PRINCIPLES FOR PRACTICE.

identified, given a title and introduced as a formal approach in practice for the first time by this thesis. It is beyond the scope of the present work to do more than give examples of how this mode occurs in the field, and to provide tentative introductory suggestions of how it can be further developed.

Therapeutic complementarity is defined as the use of diverse approaches to psychotherapy in a theoretically distinct way, with a particular concern not to set up against one another mutually destructive principles. It has in common with 'integration' and 'eclecticism' the notion of bringing together diverse approaches in order to make maximum use of the various contributions to the understanding and treatment of a patient's problem. It is differentiated from these two approaches in that, unlike integration, it does not imply a blending together of modes but rather wishes to maximize the potential of differences; unlike eclecticism it does not imply the simultaneous application of diverse approaches with no concern for the consequences of mixing diametrically opposed principles. Therapeutic complementarity is not formally recognized at present as a global option for practice.

We have surmized from Jung's hints and general philosophical standpoint that this is the approach he adopts for psychotherapy. Chessick (1977), it seems, is the only one to have specifically recommended the complementarity philosophical standpoint as a suitable alternative for psychotherapy. His article, however, appears to be an unelaborated flash in the pan and has not even been mentioned in the extensive review series of Garfield, Goldfried, Kendall and Wachtel (1982), on

psychotherapy rapprochement. There are trends in psychotherapy practice, however, than can usefully be differentiated from the alternatives of integration and eclecticism, and grouped together under the rubric of therapeutic complementarity. This is a move which is considered imperative due to the dead-end effects of integration and the extremely negative effects of eclecticism as indicated in the previous sub-sections.

Pragmatic developments in line with complementarity will be discussed under the sub-headings of (1) case management, (2) therapeutic practice, and (3) training and research indications.

3.5.1 Case Management

As a first step it is necessary to make a distinction between 'case management' and 'therapeutic practice'. 'Therapeutic practice' is the actual execution of a choice of psychotherapy approaches; 'case management' is the step that precedes and dictates that choice. The reason for making this distinction is as follows.

It is understood within the complementarity framework as we know, that there are diverse theoretical options for practice, and that the benefits of diverse options must be made use of as much as possible. In order to do this, it is necessary to keep the options as open and available as possible. At the same time, however, we also claim from the complementarity perspective that a problem can only be treated and understood in terms of a particular theoretical orientation. And as soon

as one theoretical view is adopted it automatically excludes other views. The nett result of this is that it is not possible to adopt one of the available theoretical systems of psychotherapy in order to make a general unbiased initial assessment of the problem. Any single orientation adopted will skew the understanding of the problem in the direction of the orientation chosen and other choices will not be left suitably open.

Now this without doubt constitutes the horns of a logical dilemma. How does one at the assessment stage, maintain an open choice between theories to subsequently treat a problem, when one cannot understand the problem in the first place without a prior choice of theory? There are no easy solutions to this difficult problem. However, alongside the growing dissatisfaction with the haphazard approach of eclecticism there are indications that this dilemma is being addressed in the literature.

Unger (1982), Curtis (1982) and Abroms (1983) have made a start by addressing the issue of pluralism in psychotherapy and problems at the diagnostic/initial assessment level. All three of these authors express their discontent with eclecticism and acknowledge (as eclecticism does not) differential theoretical causation as a management problem. None of them however proceed very far in resolving the problem in a manner satisfactory to complementarity. The biopsychosocial psychiatric serialism advocated by Abroms does not provide us with any indication of how to make an initial assessment without using existing theories within each of these three broad systems,

the biological, social and psychological. Unger, as mentioned before under Section 3.3.2, tries to get around the problem of multiple diverse diagnoses by introducing yet another new set of theoretical assumptions on which to base a diagnosis (his theory of the passions) and in so doing, defeats his own purpose. Curtis (p.1239) comes the closest by recognizing the need to find a "generic common denominator" for assessment purposes, in order to link personality theories and the practice of psychotherapy. He also falls into the trap, however, of producing a common denominator which on examination is a mixture of theories.

It is possible to offer some tentative proposals for a solution to this dilemma informed by complementarity. What is proposed is an assessment procedure that is a-theoretical in the sense that it makes no prior assumptions at any level about the nature of the problem, and attempts no explanation of the problem which can inform treatment. Such a system would have no theoretical axe to grind in terms of any choice of subsequent treatment programmes. And if we refer to our definitions of theory versus classification in the Introduction (p. 8), it is evident that classification rather than theory is the ideal organizing principle to use at this initial assessment stage.

A recent publication, 'Diagnostic and Statistical Manual of Mental Disorders' (DSM-III), 1980, suggests itself as the best available classificatory system for our purposes. It was developed by the American Psychiatric Association in reaction to a previous classificatory system, the International

Classification of Diseases (I.C.D.9, 1978), which was not considered sufficiently symptom specific, and was still based on theoretical notions to some extent. (For example, the I.C.D.9 includes the theoretical dimensions of psychotic and neurotic, and includes the psychodynamic notion of a loss experience as part of the diagnostic criteria for depression). The central feature of the DSM-III on the other hand, is its endeavour to be as a-theoretical as possible, and group its diagnostic categories purely on the basis of clusters of presenting signs and symptoms.

A major criticism of classificatory systems has been their potential danger for labelling and ignoring individuality. The DSM-III, however, redresses this problem by means of its multi-axial approach to diagnosis. In this approach, a diagnosis has to be made on each of the five different dimensions of: clinical syndromes, personality disorders, physical disorders, psychosocial stressors and level of pre-morbid adaptive functioning. And more than one diagnosis can be made within the first four of these axes. Two patients, for example, may obtain the same diagnosis of 'Alcohol Abuse' under clinical syndromes. One may have the additional diagnoses of anxiety disorder and an organic disorder, whereas the other patient may have additional diagnoses of an anti-social personality disorder and psychosocial stress from a family problem. The first patient's diagnosis indicates the need for supportive, non-confrontational individual psychotherapy to deal with the anxiety disorder, and drugs for the organic problem. The second patient's problems on the other

hand, indicate the need for confrontational group therapy to remediate the personality disorder, and family therapy. Having received a set of preliminary diagnostic decisions in this way based on a system which aims to be as non-theroetically biased as possible (in the sense of an non-explanatory as possible), a patient can then be referred on for specialized treatment assessments within a chosen range of relevant theoretical approaches.

A case manager working from the perspective of complementarity would be first and foremost a good diagnostician in terms of a system such as the DSM-III (i.e. be able to elicit the relevant broad range of signs and symptoms). His other primary function will be to match diagnoses to the best available set of treatment procedures and act as a referral agent. He should have at his finger-tips, therefore, a knowledge from the literature of the types of disorder in terms of his classificatory sytem, that are found to respond best to particular therapeutic treatments. For example, phobic anxiety reportedly responds well to the behavioural treatment of systematic desensitization (Wolpe, 1973), and the impulsive, acting out borderline personality disorder responds to a combination of confrontation, limit-setting and in-depth psychodynamic interpretation (Kernberg, 1975; Masterson, 1976, in Macaskill, 1982). This case manager in addition should be familiar with material from authors such as Clarkin et al (1982) and Bloch (1978) on selection criteria for the psychotherapies, and with work that focusses on ways of potentiating psychotherapeutic efficiency such as matching treatment type

to patient type, or therapist personality type to patient type (Kessel and McBrearty, 1967; Witzig, 1978).

Due to the fact that the initial assessment procedure is governed by a particular set of rules which are different to those employed by the various therapeutic orientations it should ideally be undertaken by a separate specialist. However, since this is unlikely to be a practical alternative, both phases of the procedure could be managed by one clinician provided he clearly separates the initial assessment phase from the treatment phase. This separation of activities can be made apparent to the patient by the therapist's provision of an outline of his procedure at each stage. Epstein and Bishop (1981) refer to this process as 'orientation'.

Not everyone would agree with the use of a psychiatric classification system as a foundation for decisions regarding therapeutic management. For example, theorists of a more phenomenological or humanistic persuasion such as Carl Rogers would argue that diagnostic categorization is <u>not</u> required in person-centred therapy. In fact Rogers would claim that the categorization of the patient would be counter-productive to the therapy. It is necessary to stress that such arguments arise from <u>within</u> the perspective of particular psychological theories, and the whole basis for what is being proposed here (cf p. 113) rests on the attempt to provide an extra-theoretical position at the level of case management. This in no way denies the necessity for theories of patient functioning in order to carry out effective treatment. It is simply that complementarity

argues that these psychological positions are relative and not final and therefore cannot be used for the initial assessment.

A different form of opposition to the use of a psychiatric system in psychological helping would come from the anti-psychiatry group as exemplified by Szasz (1974). The objections of this group emerge from direct opposition to medically oriented frameworks as suppliers of both systems of understanding of psychological distress and systems of remediation. Szasz' main criticism is that a classification system inevitably removes agency from the patient thereby leading to social degradation through his being treated as an object. He suggests that classification of the individual should be replaced by classifiction of expert services that might be offered to individuals in distress. However, this is a radical argument in order to save the autonomy of the individual, and it is difficult to envisage a system which does not link the problem to the resource. Therefore some form of classification of the problem seems inevitable. The case management system proposed here, which envisages unbiased expert-based helping systems and information in the form of orientation for the client, does not appear to contradict Szasz' aim to protect individual autonomy. The only exception to this would be the legal removal of autonomy through certification.

In sum, from the perspective of complementarity it is necessary to keep theoretical options as unbiased and open as possible at the initial assessment level. The adoption of any one of the theoretical orinetations at this stage of the proceedings,

will bias the setting up of other possible orientations. An a-theoretical (classificatory) initial interview procedure is suggested therefore, by a specialist in psychodiagnostic skills and a specialist in knowledge of what different available treatment procedures have to offer. From an ethical point of view (Steere, 1983), the client should then be informed of the possible alternatives available to him and of their potential negative and positive effects. The educated patient particularly is in a position to assist with the choice of his own treatment. As Jung (1935) writes:

> In the case of educated people ... I advise them to read a bit of Freud and a bit of Adler. As a rule they soon find out which of the two suits them best.
>
> (para.24)

Kovel's (1976) guide to therapy is the type of handbook which could help a patient, in conjunction with guidance from his complementarity case manager, to take part in a maximally informed, unbiased, and therefore ethical choice with regard to his own treatment.

3.5.2 Therapeutic Practice

The practice of psychotherapy in terms of complementarity must adhere to the principles of (1) the use of multiple theories, and (2) the execution of diverse approaches in a way that avoids the destructive potential of contradictory theoretical assumptions.

The notion of complementarity in practice can be conceptualized more easily if one considers interdisciplinary complementarity. For example, a single person may receive speech therapy for a stutter, physiotherapy for a postural problem and psychotherapy for depression. These could be administered in parallel (concurrently) over the same period of time, or one after the other (sequentially) over separate periods of time. Each would be administered by a separate specialist within the different disciplines, and obviously kept separate in this way, would complement rather than be destructive to each other in execution. The literature reflects positive effects of such interdisciplinary programmes (Butany and Persad, 1982; Follick and Ahern, 1982; Sledge, 1982).

The term eclectic is used in the literature, it seems, even with reference to such a separated multimodal interdisciplinary approach as described above (Burke, 1971). Because of the totally separate identities and execution of each of these modes, however, (they are not a bit of speech therapy, a bit of physiotherapy and a bit of psychotherapy all mixed up together and administered at once), they do not fit appropriately under the rubric of eclecticism. They deserve a place rather under the more dignified term of interdisciplinary complementarity.

It is possible now to transfer the complementarity concept we have illustrated with interdisciplinary practice, to complementarity as it occurs within a single discipline, that of psychotherapy practice. Each approach to psychotherapy should be viewed as a separate mini-discipline, and given the

same separate identity, status and respect to which separate disciplines are entitled. From the perspective of complementarity, we know that the contradictions between theoretical approaches do not represent real contradictions in the etiology and cure of the patient's problem. They are simply different contributory aspects to the understanding of the problem. The contradictions lie in the theoretical structures themselves. Therefore, as long as the theories are not executed in such a way as to destroy each other (i.e., all mixed up together) they should be able to be used beneficially on the same person over the same period of time. As illustrated in the interdisciplinary example above, this type of practice can be achieved in two ways. Different specialists can conduct a number of approaches in parallel at the same period of time (parallel complementarity), or one after the other, sequentially, over a longer period of time (sequential complementarity).

Ideally, in terms of complementarity, the different approaches should always be executed by different therapists. One therapeutic set of rules with the patient has the potential of interfering with an alternative set when they are executed by the same therapist. This is particularly the case when the therapist is an intrinsic part of the theoretical arrangement such as in psychodynamic psychotherapy where the transference relationship forms the major vehicle for change. The problem is also likely to occur when moving from individual to group or family approaches. The alliance formed in an individual approach may affect the balance of alliances in group or family therapy involving the same individual.

The problem of interference is more easily managed in sequential than in parallel psychotherapy becuase new contracts can be carefully renegotiated before embarking on the next approach, and transference issues can be worked through. In addition, it is possible to plan therapeutic programmes which take interference effects into account. For example, an individual approach consequent on a group approach will not produce the imbalance of alliances one would expect from the opposite arrangement (long-term individual psychotherapy followed by group work). As long as new frameworks are clearly negotiated with the patient, and therapeutic sequences are carefully planned, it is possible to include the option of sequential psychotherapy with the same therapist in our complementarity programme. This is a necessary step because the ideal of different therapists is not always possible in terms of practical resources. A major negative aspect of this opinion, apart from the need to guard against the interference effects, is the fact that the therapist who uses more than one approach runs the risk of lacking sufficient depth of knowledge and skill in any particular approach.

Ideally in terms of complementarity also, the combined input of more than one approach is considered to be the most beneficial. Availability of finance, time and therapeutic resources, however, may once again make this option impossible from a practical point of view. In addition, a very circumscribed problem (for example, a phobia clearly related to an association with a traumatic event, or a clear-cut discipline problem in a family) may actually call for a single treatment

approach. For these reasons, we include under our complementarity programme the compromise alternative of a single pure approach in preference to an ad hoc mixture of approaches when resources are limited, or as the treatment of choice for a circumscribed problem.

The possibilities presented here are clearly hypothetical and have yet to be empirically verified. The three alternatives proposed for therapeutic complementarity are summarized in Table 3, p. 123. It is possible now to examine the psychotherapy literature for indications that are commensurate with this pluralistic, yet anti-eclectic, specialist approach. In terms of the complementarity hypothesis, apparently contradictory approaches administered in the parallel or sequential manner as outlined here, should be beneficial to the patient, and should not exhibit mutually destructive effects. The examples isolated from the literature will not of course have been previously identified as belonging to the non-eclectic mode of the newly defined terminology.

A case-study by Lambley (1976) for example, deserves the label of sequential complementarity rather than eclectic therapy. Its concern is with the benefits of the separate and sequential use of, first, behaviour therapy and second, psychodynamic therapy in the treatment of migraine headaches. Lambley argues that treatment succeeded because effects gained at the behavioural level (assertive training), could be built on and supported by subsequent modifications made at the psychodynamic level. Llewelyn (1980) similarly describes the effective treatment of a phobic fear by means of sequential therapy. The

	TYPE	MODE OF EXECUTION
1.	PARALLEL THERAPY	Two or more approaches administered by different therapists during the same period of time.
2.	SEQUENTIAL THERAPY	Two or more approaches administered by the same (or ideally different therapists) one after the other over separate periods of time.
3.	A SINGLE PURE APPROACH	A single approach is chosen to be administered in a pure way in preference to an ad hoc mixture of approaches when specialist resources are limited. It is the treatment of choice for a circumscribed problem.

TABLE 3 : THERAPEUTIC COMPLEMENTARITY

(A mode that promotes a plurality of approaches in combination with a primary requirement of separate, specialist practice)

removal of the crippling phobia via systematic desensitization, Llewelyn argues, opened the way for the possibility of psychodynamic therapy. Prior to the desensitization an overpowering need to talk about the symptom had formed an impenetrable resistance in this patient to the exploration of underlying emotional conflicts.

A comparison of two reports by Woody (1968 and 1973) suggest that he has evolved from a haphazard mixing together of psychodynamic and behavioural therapies in true eclectic style (1968) to the concurrent use of these two approaches by different specialist therapists in the style which we have called parallel complementarity (1973). Woody has even drawn up a table which lists the complementary contributions of the two approaches. Segraves and Smith (1976) have come closest to the research concerns of complementarity. As pointed out previously, the question of the <u>way</u> in which different approaches are combined is almost invariably ignored as an issue. Segraves and Smith, however, have conducted a study which examines the consequences of the parallel use of psychodynamic and behaviour therapies over the same period of time with separate therapists. They concluded from three case studies that such a combination was successful. The two treatment regimes had synergistic effects and the anticipated difficulties of a split in the therapeutic alliance, symptom substitution, and precipitous withdrawal from psychotherapy after symptom removal, did not occur. From the deductions arrived at via the epistemological principles of complementarity, these findings do not come as a surprise. Approaches

will not be mutually destructive to each other as long as they are kept pure and distinct.

Rossman (1976) describes the successful use of both sequential and parallel therapy in a hospital regime which treats disruptive adolescents. This combined sequential and parallel therapeutic approach is being used for the hospital treatment of other psychiatric syndromes as well, such as anorexia nervosa (Blinder et al, 1970, cited in Rossman, 1976). Essentially the behavioural techniques are used to help the patient reach a stage of treatment where the symptom is sufficiently under control to allow the formation of the relationship necessary for psychodynamic therapy to take place. Behavioural techniques are then continued in parallel with psychodynamic psychotherapy. For example, an anorexic patient may belong to an eating disorders group which focusses behaviourally on the anorexic symptomatology, whilst at the same time undergo individual psychodynamic psychotherapy which specifically evades symptom-oriented discussion in order to uncover underlying repressed emotions.

The problem with all these trends that are emerging in the direction of therapeutic complementarity, is that they are not united at present in a superordinate metatheoretical scheme. This makes their emergence haphazard and less forceful than it should be. It places this mode of therapeutic functioning potentially at risk. Firstly, it may be discounted as falling under the rubric of 'eclecticism' with all its negative consequences. Secondly, in the absence of a unifying conceptual scheme to explain and guide their actions, individual therapists

may all too easily slip into mixing their models. They have no understanding of the mutually destructive consequences of such a lack of purity and no insight into the potential power of the specialist practice of the complementarity system in which they are participating.

As frequently noted, the only two authors in the psychological literature who have explicitly suggested the relevance of complementarity for psychology are Jung and Chessick. This sub-section would not be complete, therefore, without checking on any indications they may provide for psychotherapy practice. Chessick, as mentioned before, does not elaborate on specific practical implications, but leaves us with the very general statement that different orientations are not fundamentally opposed and therefore "may be used successfully to complement each other providing the therapist is fully aware of when and why he is using each complementary map" (1977, p.255).

The indications from Jung are more specific but have to be extricated carefully from his rather confusing use of the term 'theory'. Jung suffered a strong reaction against the dogmatic and sectarian approach of Freud, and in his writings is at pains to reject what he terms 'general theories' which do not take the individual into account. What Jung means by this and wishes to reject, are fixed theories about the content of dream symbols and the specific origins of psychopathology which Freud lays down as identical for all people. Jung does not, however, reject theory at all in the broad sense of the word (cf. definition on p.8). In accordance with the framework of complementarity he considers its role in psychotherapy

as fundamental. This is evident in the following quotations:

> ... we always need some theory to make things intelligible. It is on the basis of theory, for instance, that I expect dreams to have meaning ... I have to make this hypothesis to find the courage to deal with dreams at all.
>
> (1931, para.318)

> For dream analysis is not just the practical application of a method that can be learnt mechanically; it presupposes a familiarity with the whole analytical point of view, ...
>
> (1948, para.498)

In the quotations above, there is a definite statement from Jung of the necessity for theory. In addition he makes it clear, in accordance with complementarity, that it is not possible to separate techniques from the fundamental theoretical underpinnings on which they are inevitably built. And in the quotation to follow, there is a suggestion from Jung which is pluralistic, anti-eclectic, and in terms of the programme outlined in this sub-section, quite clearly in the camp of therapeutic complementarity.

> The severer neuroses usually require a reductive analysis of their symptoms and states. And here one should not apply this or that method indiscriminately, but according to the nature of the case, should conduct the analysis more along the lines of Freud or more along those of Adler.
>
> (1935, para.24)

In sum, this subsection has specified the components of the complementarity mode of therapeutic practice. From as far back as Jung it is possible to locate suggestions of its presence in the literature. Until now, however, it has not been united under a guiding metatheoretical structure.

3.5.3 Training and Research Indications

Complementarity, as seen from the previous two sub-sections, poses a global model for practice that demands a high degree of theoretical knowledge and specialization. Training and research into psychotherapy form the essential feedback loops that serve to inform this type of specialist practice. They must also be pursued, therefore, in a way which promotes differentiation and specialization. Once again, in both these areas, it is possible to detect an anti-eclectic trend in the literature.

Bishop et al (in press), writing from the perspective of family therapy, suggest that training within this field should focus on one theoretical approach. Exposing beginners to multiple modes, they maintain, often confuses them and conveys the idea that family work is "a bit of this and a bit of that". Beal (1980), also with respect to family therapy, advocates the need to strive for clarity in theoretical understanding and training within a particular orientation. He states as follows:

> In an era where eclecticism proliferates ... a major difficulty for all trainees occurs when they attempt to think about families from an intrapsychic, interpersonal, or

> systems viewpoint or from all viewpoints simultaneously. It is difficult enough to recognize emotional process, it is infinitely more complex for the new trainee when he or she is confronted with several viewpoints and theories about emotional process.
>
> (p.262)

It is possible to enlarge on what Beal is saying to include all the modes of psychotherapy in addition to family therapy (i.e. group, individual and marital therapies), each in turn with their different within-mode theoretical orientations. The result is the chaotic and confused situation of about 150-200 choices of approach for the trainee, which is the problematic point at which this thesis began.

From the conceptual framework of complementarity it is possible to make some preliminary suggestions for the training of psychotherapists. The eclectic mode of a cursory training in the use of as many approaches as possible, or a mixture of approaches, is considered inappropriate. Complementarity promotes specialized in-depth training in a very limited number of orientations within a larger metatheoretical framework which accepts the potential contribution of multiple approaches. A suitable beginner's training for example would be practical exposure to a <u>single</u> theoretical orientation from each of the following four major complementary modes: family (including marital), group, individual behavioural and individual psychodynamic. The rationale behind this choice is to give the practitioner a potential repertoire of each mode of therapy, as well as an approach from each side of the fundamental

dialectical/demonstrative poles (i.e., behavioural and psychodynamic). In this way a therapist would be equipped to conduct sequential therapy if necessary in a limited range of approaches from the major therapeutic modes. At a later stage, the trainee should ideally choose to specialize in one approach exclusively, or in one theoretical orientation which he can apply in different modes (for example, a psychodynamic orientation applied to individuals, families and groups). It is only by means of in-depth training in this way that the field will produce practitioners who can make use of the full range and convenience of individual approaches, and thereby produce a competent and ethical service.

If we turn now to the area of research, it is possible to find here also a growing dissatisfaction with conceptual looseness and a trend towards complementarity. Recent reviews on research into psychotherapy draw attention to the extreme complexity of this research because of multiple intervening and uncontrollable variables (Bergin, 1967; Bednar and Kaul, 1979; Shapiro, 1980). These authors suggest that outcome measures are virtually meaningless unless they are in combination with clearly delineated procedures which in turn are embedded in an integrated theoretical rationale.

The kind of research endeavour that exemplifies these authors' criticisms, is the meaningless type of outcome study mentioned earlier where a term such as 'eclectic' is used as an independent variable with no specific elaboration of what this means with regard to procedure (Koss, 1983; Cohen, 1981). Shapiro and Bergin suggest that it is high time to supersede

such crude global comparisons with precise specifications of interventions, and detailed process analyses which can be linked to meaningful outcome measures.

More specifically, the kinds of research strategies that Shapiro suggests are summarized as follows:

(1) Single-case experiments directed towards the identification of relatively short-term responses to specific treatment interventions.

(2) Between-group comparisons in which specific treatment elements are experimentally manipulated.

(3) Process studies identifying causal relationships within the therapeutic transaction.

(4) Longer-term outcome studies of well-researched methodological packages.

The longer term outcome study, according to Shapiro, belongs relatively late in the evolution of research on a given treatment mode. It depends on the prior development of an unambiguous, clearly defined method grounded in systematic theory which is obtained via single case studies, and studies which manipulate specific treatment variables.

It is evident that the message from these authors with regard to psychotherapy research is in line with epistemological indications from complementarity. This highly complex, potentially ambiguous endeavour must be made as unambiguous as possible by means of the development of clearly delineated methods and rationales. Such research will have the potential

to detect potent differences between approaches which can feed back to the case management level. This in turn will enhance the effectiveness of the various specialist practices and training in the total system of therapeutic complementarity (see Figure 7, p.133).

3.6 CONCLUSION

It is evident that the feedback loop of therapeutic complementarity works at all levels (case management, therapy practice, research and training), towards conceptual and methodological tightening both within and between therapy approaches. This is in opposition to the feedback loop of eclecticism, which starts with conceptual confusion and breeds further confusion. By means of complementarity, therefore, it is possible to break out of the negative cycle and produce a more ordered, effective, and therefore ethical science.

This newly delineated system provides the basis for empirical research. The type of research envisaged involves the analysis of process changes to identify differences between the execution of eclectic therapy and the variety of combinations suggested by complementarity. A further research possibility would involve a survey of practicing psychotherapists to establish the degree to which their functioning reflects either an eclectic or complementarity approach. This is necessary to establish the extent to which those therapists designated "eclectic" (Garfield, 1976), are in fact moving to the approach advocated in this thesis.

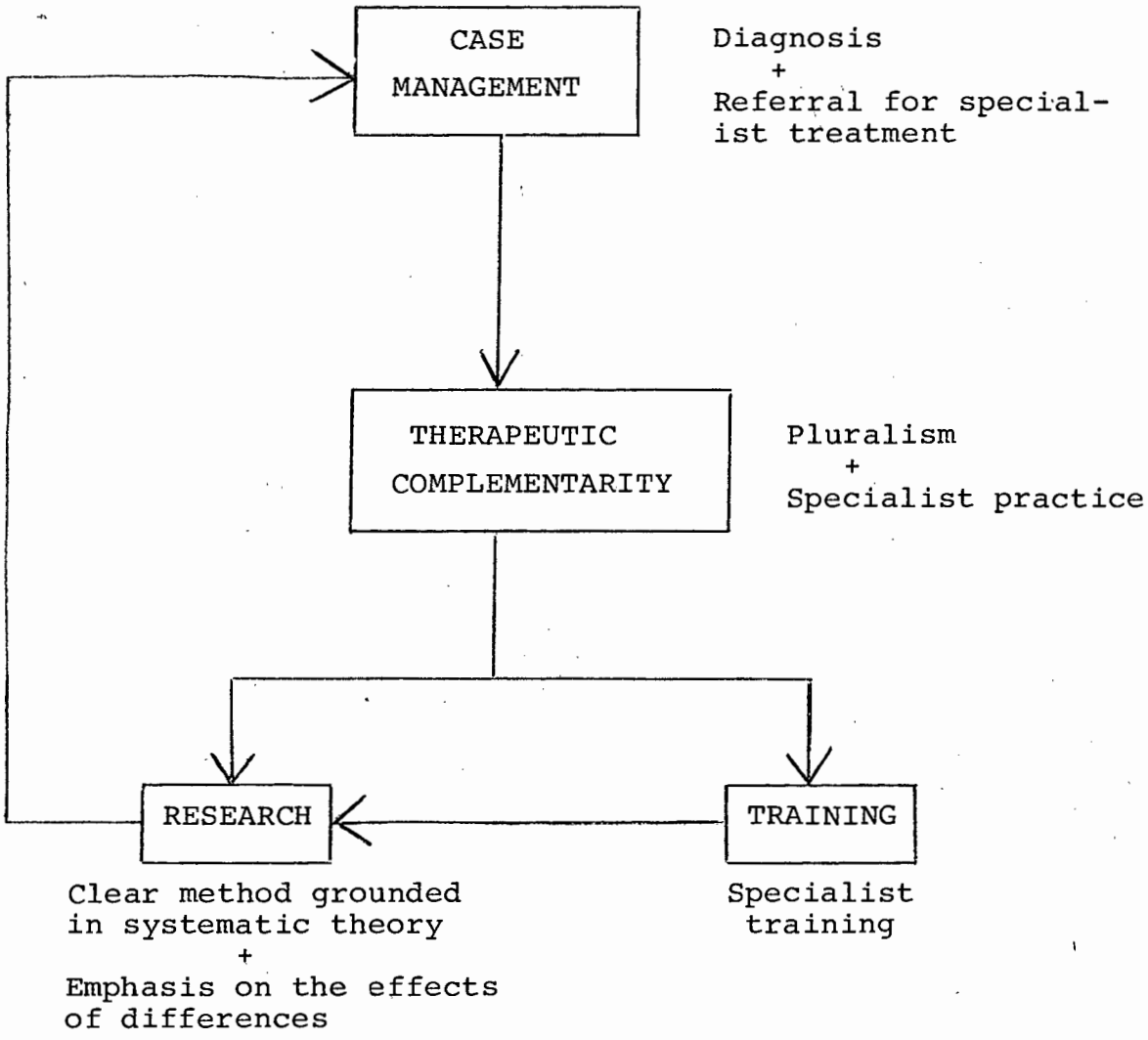

FIGURE 7 : FEED-BACK LOOP IN THE SPECIALIST PRACTICE OF THERAPEUTIC COMPLEMENTARITY

Finally, there are emergent trends in the literature which are in line with the proposed system. It is imperative that these trends be given recognition as a development in their own right and that they be differentiated from integration, and most particularly from eclecticism. Therapeutic complementarity combines approaches in a distinctive way that strives to maximize the therapeutic power of complementary differences. This is a trend which has roots in dialectical psychological theory and in the most recent developments in the philosophy of science. It is a trend that can no longer afford to be neglected.

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