

# **Modern Eclectic Therapy**

**A Functional Orientation to  
Counseling and Psychotherapy**

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**A Functional Orientation to  
Counseling and Psychotherapy**

**Including a Twelve-Month Manual for Therapists**

**Joseph Hart**

**With the Assistance of John Hart**

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This book is  
affectionately dedicated  
to my wife, Regina

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## Foreword

This book is a hybrid; it contains theoretical sections and sections devoted to technique; it attempts to provide a historical perspective and to give a contemporary formulation of theory and practice; and it discusses both practical problems of day-by-day therapy sessions and philosophical issues related to the meaning of psychotherapy in modern society. In a way the book reflects, in its own style and contents, the subject it is about.

Eclectic therapy is certainly a hybrid of many strains of influence; it is more diverse in its structures, theories, and techniques than any other therapeutic orientation. Still, eclectic therapy does have a definite consistency and coherency that I hope will be clearly revealed in this book.

The plan of the book is as follows. In Part I, I will present the arguments and evidence that there is a modern trend toward eclecticism among therapists and then in Part II, tie this trend into the historical tradition of functionalism. Both the common features of clinical functionalism and the specific ideas and methods of James, Janet, Burrow, Taft, and Thorne are presented. I believe it will be a revelation to many readers to see the contemporary significance of the therapies practiced by these eclectic pioneers.

In Part III, I develop a general theory of clinical functionalism and in succeeding chapters apply this theory to an evaluation of a variety of therapeutic techniques from a wide variety of sources. Part III brings together the ideas of the early functionalists, which were covered in Part II, and ideas from other traditions such as psychoanalysis, humanistic therapy, existential therapy, and behavior therapy.

Part IV presents techniques and ideas in a different way, in the form of a day-by-day manual for conducting a series of eclectic therapy sessions. The chapters in the manual draw upon both historical sources of

eclecticism (James, Janet, etc.) and upon eclectic selections of ideas and methods from other orientations.

The book concludes, in Chapter 17, with a broadened discussion of the part played by philosophy in therapy.

Students and professionals who read this book from cover to cover will be able to think about clinical problems from the functional orientation and will be able to design their own programs of eclectic therapy. The book can be read in different ways, depending on each reader's main interests. Those readers who are most curious about practical applications could begin with the manual in Part IV and then read Parts II, III, and I in that order. Readers who are most interested in theory and history should proceed through the book as it is ordered with a concentration on Parts I, II, and III.

There are limits to the range of eclecticism discussed in this book. For instance, I do not include psychiatric and other medical approaches to treatment. This exclusion influences every part of the book. The history sections of Part I give very little mention to Meyer and Sullivan because their contributions had more influence on psychiatry than on psychological therapies. Nor in the manual section do I discuss the use of drugs in therapy. Any truly eclectic therapy must be open to the use of drugs both in conjunction with psychological treatment and in place of psychotherapy. However, limits of time, space, and my own background preclude the coverage of medical therapies.

Also, I do not try to include special target treatment procedures (such as sex therapy, family therapy, or the treatment of special problems—alcoholism, weight control, drug addiction, juvenile delinquency, stuttering, and so forth) in this presentation of eclectic therapy. Eclectic therapists are certainly likely to see many types of clients, but this book is written from a general treatment approach rather than a special problem approach.

Similarly, I discuss the role of community psychology and preventive psychology only briefly (in Part II and Part IV) in relation to eclectic therapy. My reasons for excluding these relevant and fascinating fields from full consideration are the same as my exclusion of medical therapies—limitations of time, space, and my own scholarship. I hope some enterprising scholar in the future will put together a multivolume *Handbook of Eclectic Therapy* that will give a fuller picture of eclectic theories, research, fields, and methods. For now, this book will stay within the limited psychological framework I have indicated.

Despite these limitations, I hope many diverse therapists will find the ideas and methods of *Modern Eclectic Therapy* useful.

JOSEPH HART

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## Preface

It took a number of years for me to discover that my approach to therapy was eclectic. Not until the last five years did I come to understand that not only was I an eclectic, but I was applying a special brand of eclecticism called functionalism. In a way I felt like Molière's bourgeoisie gentlemen who discovered he was "speaking prose." All along I thought I was just "doing therapy" but no, I had been "doing functional eclectic therapy." What a distinction!

My purpose in writing this book is, first, to address the many other therapists who may be practicing functional eclectic therapy without knowing, in detail, the history and theory behind their eclectic practice. I believe many therapists will be surprised and pleased, as I was, to find that the theory of functional eclecticism provides a well-developed, coherent, and creative framework for therapeutic work and thought.

My second purpose is to speak to the many students across a wide variety of disciplines who are studying to be counselors and psychotherapists. Most students are practical eclectics out of necessity—when enrolled in one course they take on that point of view (Professor A's), in another they take on another point of view (Professor B's), and so on throughout the academic alphabet. I believe students within the fields of counseling and psychotherapy will be pleased to learn that a meta-theory exists that can bring order and meaning to many of the competing theories and techniques that they are learning. (An added plus is that the theory of functional eclecticism provides a natural bridge between the sometimes contrasting and conflicting viewpoints of the clinician and the researcher.)

I have been very fortunate throughout my career in the opportunities I had to study with leading theorists, clinicians, and researchers. At the University of Wisconsin, where I took an M.S. in clinical psychology, I studied and worked closely with Drs. Carl Rogers, Eugene

Gendlin, and Charles Truax. At Stanford University, where I obtained a Ph.D. in experimental psychology, I studied with Drs. Albert Hastorf, Karl Pribram, Leon Festinger, and Ernest Hilgard. Earlier, in my undergraduate years at Lewis and Clark College, I had the good fortune to begin my study of psychology with two clinical psychologists who had strong interests in hypnosis and organizational psychology (Drs. Volney Faw and Norman Hickman). Later, in postgraduate studies, I traveled to the Jungian Institute in Zurich and the Esalen Institute, Kairo, and other growth centers throughout the United States where I worked with a great variety of therapists and workshop leaders (including Fritz Perls, Claudio Naranjo, and Arthur Deikman). I also learned from close associations with Stanley Keleman and Dr. Alexander Lowen in bioenergetic therapy and Dr. Arthur Janov in primal therapy. For a time (1966 to 1970) I participated in the development and growth of biofeedback research. (Drs. Joe Kamiya, Perry London, and Barbara Brown were particularly stimulating colleagues.) During the 1960s I was also influenced by contacts with Alan Watts, Dr. Timothy Leary, Dr. James Fadiman, Dr. Charles Tart, Dr. Robert Ornstein, and other proponents of meditation and psychedelics.

In the 1970s I was deeply involved in the creation of a therapy and therapeutic community called "Feeling Therapy," described in *Going Sane* (1975). My colleagues during that period (Drs. Stephen Gold, Werner Karle, Richard Corriere, Gerald Binder, Lee Woldenberg, and Mr. Dominic Cirincione) helped me to explore the benefits and limits of a community-based therapeutic structure.

More recently (1980–81) I was influenced by my colleagues (particularly Drs. Albert Marston and Milton Wolpin) and students at the University of Southern California, where I learned firsthand about the cognitive behavioral approach.

That brings me right up to the present, in which my main clinical activities are conducted with John Hart, my brother and professional associate, at Hart & Associates in Los Angeles. My major applied interest today is in management consulting, sports psychology, and sports counseling. (In Chapters 7 and 11, you will see how these new emphases contribute to my formulations of eclectic therapy.)

Out of this long list of associations and influences I hope the reader comes away with one strong impression: *variety* and *exploration*. Whatever else eclecticism is, it is most characterized by an open-minded willingness to try out almost anything and everything. The reason William James emerges so prominently in this book as a prototype for the eclectic is because he exemplifies a daring and open-ended risk-taking that must be associated with eclecticism if it is not to become merely a



safe and cliché-ridden haven for intellectual retirement. This may sound too strong, but I want to caution at the beginning that eclecticism can take many forms, and not all of them, to my mind, are socially and intellectually valuable.

I am not eclectic about eclecticism. This book will present a very definite and selective point of view that will contrast not only with other general viewpoints, such as psychoanalysis and behavior therapy, but with other types of eclecticism. This point will become clear in Part I, which discusses types of eclecticism. Part II goes on to develop the history and theory of functional eclecticism in detail.

I should mention that very few of the colleagues and associates I have named would agree fully with the formulations that are presented in this book. Nor would I agree with their ideas and methods in the same fashion that I did in the past. My reason for taking the time, in introducing this book, to name many of the individuals who have influenced my thinking is because I want to be frank about the sources of my "creative borrowing."

I have been a member of the Association for Humanistic Psychology and the Association for the Advancement of Behavior Therapy. I have published articles in clinical journals such as *Psychotherapy* and the *Journal of Clinical Psychology* and research journals such as *Science* and the *Journal of Verbal Learning and Behavior*. I have attended conventions devoted to workshops and experiential presentations and conventions devoted to presentations of experimental findings. Amid this variety of experiences the main thing I have noticed is that the practitioners in one area know (and care) very little about what happens in other areas. Although lip service is paid to the "value of research" by clinicians and to the "necessity for clinical experience" by researchers, in fact most clinicians pay no attention to research and most experimenters do not care to learn about clinical theories and methods. The famous scientist-practitioner model of the Boulder Conference (Raimy, 1950) remains the dominant model for academic training of Ph.D.'s in clinical psychology, but it does not really produce many practitioners who are scientists or scientists who do clinical work.

There is no one reason for this isolationism in psychology. Politics, accidents of history, and temperamental differences all surely play a part. However, I suggest that one important reason for psychology's factionalism is that no general theory that comfortably covers both experimental concerns and clinical concerns has achieved prominence. Among the three major orientations that have dominated the field of therapy in the last 50 years, psychoanalysis has seemed "too subjective," behavior therapy "too objective," and humanistic therapy "too program-

matic." I also suggest in this book that functional eclecticism is potentially such a metatheory.

I hope that students and professionals will come away from this book having learned at least three valuable things: (1) a theoretical perspective (functional eclecticism or clinical functionalism) that integrates many seemingly disparate techniques, (2) a practical framework for the systematic application of ideas and techniques, and (3) a refined appreciation for the interconnectedness of clinical and experimental contributions.

JOSEPH HART

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