

Theoretical Challenges to Therapy Practice and Research:

The Constraint of Naturalism

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Contemporary therapists and therapy researchers are under intellectual siege. The conceptual life of those who practice and study psychotherapy has moved from the thoughtful and free inquiry of the personality theory tradition to what long-time observer Allen Bergin (1997) calls a “bottom line mentality” (p. 83). Bergin describes several forces—economic, medical, and scientific—that have recently coalesced to make therapists into “cookie cutters” (p. 85) and researchers into “mechanotropes” (p. 86). That is, these forces have so limited and constrained mental health professionals that they are discouraged from thinking as creatively and critically as they once did.

To be sure, many see these limits and constraints as a positive trend. The emphases on manualized techniques, standardized diagnoses, and scientific validation are considered marks of disciplinary progress, particularly in comparison to medicine (cf. APA, 1995; Calhoun, Moras, Pilkonis, & Rehm, 1998; Kendall, 1998; Luborsky & DeRubeis, 1984; Messer, 2001; Nathan & Gorman, 1998; Shoham, 1996). Also, constraining therapists in this technical manner is supposed to make them more economically accountable (Nathan, 1998). The problem is that the economic and medical tail is now wagging the therapeutic dog. Normally, we would look to our empirical researchers for critical evaluation of these constraints. Unfortunately, these researchers are themselves constrained because empirical investigation alone cannot resolve the theoretical, philosophical, and even ethical issues involved.

Therefore, this chapter—new to the fifth edition of the Handbook—explicates the major theoretical and philosophical challenges in the current trends of psychotherapy. Many observers have acknowledged the combination of medical, economic, and scientific factors that seem to be implicated in these professional constraints (e.g., Bergin & Garfield, 1994a; Garfield & Bergin, 1986; Goldfried & Wolfe, 1996; Messer, 2001; Richardson, Fowers, & Guignon, 1999; Russell, 1994; Strupp & Anderson, 1995). Few, however, have recognized the philosophy that underlies and fuels these factors—naturalism. Does this philosophy pose problems, even dangers, for the field of psychotherapy? Are the biases of naturalism leading us to ignore potentially effective factors and conceptions? Is there room for innovation in the “bottom line mentality” of today's naturalistic approach to research and treatment? Examining such questions is a primary purpose of this chapter.

Broadening the Relevance of Theory

The first step in answering these questions is to broaden the conception of theory. Theory is often understood as the servant of traditional scientific method. That is, theory is typically viewed as part of the method, either as the speculation that leads to testable hypotheses or as the logical outcome of systematic observations (e.g., Heiman, 1995; cf. Slife & Williams, 1995). From this narrow perspective, theory does not have the evaluative warrant to perform the critical role needed in psychotherapy. As we shall see, for instance, traditional scientific method has itself been cast in a naturalistic light and is thus one of the scientific factors (from the combination above) that requires examination. If theory can only lead to or result from this method, how could it critically evaluate method?

Fortunately, many leading thinkers no longer understand theory in this limited manner (Bem & de Jong, 1997; Held, 1995; Messer, 2001; Polkinghorne, 1988; Richardson et al., 1999;

Robinson, 1989, 1992; Slife, Williams, & Barlow, 2001; Valentine, 1992; Woolfolk, 1998).

Indeed, one only needs to reflect on the rich tradition of personality theory to realize that therapy theory has meant much more than a step in the method (e.g., Hall and Lindzey, 1957; Hall, Lindzey, & Campbell, 1998). Theory also means the philosophy of the discipline, i.e., its basic assumptions and values.

At first glance, this meaning might appear to put theory outside the domain of science, but the hallmark of science is investigation and examination, in all its forms. A scientist has no obligation to stop with empirical investigation. If the assumptions and values that are used to understand particular phenomena become problematic, creative scientists investigate those assumptions. Indeed, many of the greatest advances of science occurred through this sort of conceptual study. Einstein's theoretical investigation (and revision) of Newton's philosophical assumption of Absolute Time is a noted example (Slife, 1993).

But how does a broadened notion of theory help us to discern what is happening in psychotherapy? First, it assumes that all systems of thought have assumptions. All systems have implicit points of view that must be assumed in order to allow the system to operate. No system, whether an investigative system or a school of thought, can escape the need for assumptions. As Karl Jaspers (1954) once observed, "There is no escape from philosophy. The question is only whether [a philosophy] is good or bad, muddled or clear. Anyone who rejects philosophy is himself unconsciously practicing a philosophy" (p. 12).

Jaspers's observations mean that current models of psychotherapy, medicine, and the economy have implicit and often unexamined points of view that merit explication and examination. Even the scientific method does not escape philosophy in this sense. The scientific method has traditionally been considered free of systematic assumptions or points of view that

could taint or bias its findings. Although the possibility of researcher assumptions and biases is well recognized, these possibilities are thought to be eliminatable through experimental control and/or precise measurement. As we shall see, however, some assumptions are inherent in the logic of these methods, in which case Jaspers's observations also apply to the core of scientific investigation (Curd & Cover, 1998; Feyerabend, 1975; Kuhn, 1970; Lakatos & Musgrave, 1970; Mahrer, 2000; Polkinghorne, 1983; Popper, 1959; Robinson, 1992; Rychlak, 2000).

The assumptions inherent in method are another reason that theory cannot be viewed as a servant of method. If method does have systematic assumptions, then the theorist must be able to metaphorically step back from method to investigate and examine those assumptions. Are they correct for the subject matter? How do they affect the ultimate findings? Method assumptions might prevent investigators from properly understanding the phenomena of interest. The science of psychotherapy, therefore, needs theoretical reflection in this broadened sense. Otherwise, its own assumptions could obstruct its investigations, a point that many leading clinical innovators have argued for years (Bergin, 1991; Kelly, 1955; Mahrer, 2000; Maslow, 1970; Polkinghorne, 1983; Rogers, 1970; Rychlak, 2000).

The Philosophy of Naturalism

What does a theoretical analysis tell us about the underlying assumptions of current trends in psychotherapy? As we shall see, it points unflinchingly to the philosophy of naturalism. This philosophy essentially postulates that natural laws and/or principles ultimately govern the events of nature, including our bodies, behaviors, and minds¹ (cf. Griffin, 2000; Honer & Hunt, 1987; Leahey, 1991; Richards & Bergin, 1997; Viney & King, 1998). Please note that this philosophy does not assume that these laws or principles have already been discovered or discerned—only that such laws exist and govern natural events. Still, to identify this one philosophy as the

outcome of theoretical analysis is probably provocative. After all, the social sciences have traditionally been famous (or infamous) for their theoretical plurality, and thus their multiple assumptions and multiple philosophies.

More recently, however, this plurality has diminished significantly in the field of psychotherapy to allow its participation in the political and economic advantages of modern science and medicine. Central to this diminishment is the philosophy of naturalism. As Leahey (1991) notes, naturalism is “science’s central dogma” (p. 379). Consequently, as psychotherapy has moved increasingly toward the natural sciences, this “central dogma” has become increasingly influential, ultimately foreclosing many conceptual and clinical options that were once open to exploration.

But where and how does this foreclosure take place? Here, the formal theories and methods of the psychotherapy enterprise must be distinguished from the informal practices and procedures of psychotherapists and researchers. This chapter claims that the philosophy of naturalism pervades the formalized theories, methods, and techniques of psychotherapy; it makes no such claim about informal practices and procedures. Informal practices are not only more difficult to pin down but also more frequently non-naturalistic. Formal conceptions undoubtedly inform therapy practice and actual research. However, most practitioners also sense a disconnect between formal theory and informal practice (Hoshmand & Polkinghorne, 1992; Richardson et al., 1999). That is, they frequently practice without a formal theory dictating their every therapeutic move. In fact, therapists have been known to practice in spite of their formally held theories. Some historians of science even hold that many scientific discoveries occur in spite of formally held methods (Feyerabend, 1975; Kuhn, 1970).

Consequently, this chapter makes no claims about what therapists and researchers assume in informal practice. It only makes claims about the assumptions of what therapists and researchers have been formally taught—through texts, theories, and techniques. Still, these formal teaching structures are crucial. Indeed, they can be said to comprise the formal discipline. They are, after all, the written compendium and recorded knowledge of the discipline. They also constitute our formal interface with other disciplines and institutions, such as medicine and insurance companies, as well as the first and most continuing exposure of our students in training. Yet, they are guided by a general philosophy that has enjoyed an immense and relatively unnoticed influence on the discipline—the philosophy of naturalism.

Five Assumptions of Naturalism

This philosophy can be divided into five separable assumptions that underlie and frame formal professional culture as well as current trends in psychotherapy—objectivism, materialism, atomism, hedonism, and universalism. This chapter reviews each assumption, in turn, devoting three separate sections per assumption: its description and relation to naturalism, its theoretical and empirical problems, and one of its many possible alternatives (see Table 1).

(Table 1 about here)

Objectivists assume that the logic inherent in the methods and techniques of science and therapy can be relatively free of systematic biases and values. **Materialists** assume that most, if not all, psychological disorders will eventually be shown to have observable and biological bases.

Hedonists assume that the chief goal of life (and therapy) is some form of happiness, fulfillment, or well-being. **Atomists** assume that the qualities of people are contained within the self, so the basic unit of therapy is the individual. And finally, **Universalists** assume that true knowledge and

valid methods are fundamentally unchangeable across time and space, whether in therapy or in science.

Many mental health professionals will resist the implied “versus” (either/or) of this Table, which is rendered more explicit in the narrative description of the comparison (below). However, assumptions are peculiar beasts. They are not factors that can be combined, nor are they variables that interact; they are foundational philosophical conceptions that rule out, in principle, other foundational philosophical conceptions. This is not to say that some assumptions are not compatible with other assumptions. It is only to say that all assumptions rule out, and are incompatible with, some other assumptions. In the case of the naturalistic assumptions of Table 1, the ideas of their non-naturalistic counterparts (and not the labels per se) are disjunctive – incompatible by definition (Slife, in press; Slife & Williams, 1995).

Again, no claims are made about the assumptions of informal practice. Many therapists and researchers undoubtedly hold their assumptions tentatively and even inconsistently. They may even understand formal theorizing to permit a “mixture” of incompatible assumptions. This understanding, however, is a misunderstanding because it indicates an underestimation of the power and scope of formal theorizing and the assumptions that underlie theorizing. Naturalistic assumptions, in particular, are not conceptions about how the world is most of the time; they are the way the factors of nature supposedly work all the time (see section on universalism).

To help clarify the scope of naturalistic assumptions, alternative assumptions are developed in the following sections, along with problems, as part of the description of each assumption. These alternatives are not intended as the “right” positions, any more than naturalistic assumptions are intended as the “wrong” positions. Indeed, naturalism is clearly important to contemporary psychotherapy. Discussing the problems and alternatives of these

assumptions is only intended to help them truly be assumptions—one point of view rather than the only point of view—and thus raise the consciousness of therapists and researchers.

Objectivism

The first assumption to be examined in this regard is objectivism (see Table 1). It may seem odd to refer to objectivism as an intellectual assumption or a constraint on thinking and therapy. Being “objective” is usually associated with a lack of conceptual biases and constraints. As we shall see, however, objectivism not only constrains therapy innovation and the understanding of therapist values, but it also biases the field in favor of objectivist therapy strategies, such as technical eclecticism and empirically supported treatments. In its most basic form, objectivism is the study of “objects” that are external to the observer's mind. Naturalism requires this assumption because nature itself is presumed to exist and involve study that occurs external to the mind. In other words, the subject matter of traditional natural science is not subjectivity—the mental world of opinion, biases, values, and feelings. The subject matter of traditional science (e.g., medical research) is the objective world that presumably occurs outside our subjectivity—the natural world in its pristine form—and thus the world without biases and values.

But what allows objectivists to think they can get outside the biases and values of individual scientists? The scientific method is viewed as their chief tool for accomplishing this task because it ideally provides a value-free, transparent method or logic that does not affect the outcome of investigation. Although the scientists themselves may have biases and values, the ideal or logic of scientific method is to work toward eliminating these biases and values, either through experimental control or precise measurement, or some combination of the two. Objectivism, in this sense, is not the claim that all scientific research is absolutely free of values

(e.g., Borkovec & Castonguay, 1998; Chambless & Hollon, 1998), but rather that all scientific research should strive to be, and thus can be, free of values.

The scientific method is thought to have this potential because it is the shotgun wedding of two, supposedly value-free systems of justification—empiricism and rationalism (Polkinghorne, 1983; Slife & Williams, 1995). That is, scientific validation implies justification not only in terms of rigorous reasoning (rationalism) but also in terms of cold, hard facts (empiricism). Neither rigorous reasoning nor hard facts are viewed as subjective, because neither is thought to be controlled arbitrarily by those in power. The scientific method is itself in control, itself a neutral procedure for determining the good and the effective. In short, the scientific method is viewed as objective.

Most social sciences adopted this objectivist view of science at their inception, both in their object of study and in their method for accomplishing this study (Koch, 1959; Polkinghorne, 1983). After all, it was difficult to dispute the success of objectivism in the natural sciences. Even the science of economics (which will be touched on periodically in this chapter as one of the disciplinary forces involved in the constraints of psychotherapy) has largely adopted this objectivist view (Buchanan, 1979; Caldwell, 1994). There seemed no reason, at the time, to think that objectivism would not prove similarly successful in discerning the natural laws of the social sciences.

Many psychologists, for example, have long used the experimental and correlational methods of the natural sciences as though their scientific observations were the relatively accurate, unbiased renderings of their portion of the natural world (Slife & Williams, 1995). Values and biases are viewed as factors to be controlled, eliminated, or measured (e.g., demand characteristics) rather than inherent in the logic of the method itself. Indeed, the logic of this

method is often thought to be a reasoning procedure that detects and/or eliminates any such values or biases through the rigor of control and/or measurement (e.g., Heiman, 1995).

As a result, many psychotherapy researchers have also embraced variations of objectivism. Research on therapy outcome, for example, is often conducted and reported as if the logic of the methods were transparent, i.e., not itself affecting the outcome of the investigation. Indeed, the mark of objectivists in this research is that they believe the logic of scientific method does not favor one type of therapy over another. This belief has also been pivotal in recent moves to objectify therapy. Eclectics, for instance, have turned primarily to what has been labeled “technical eclecticism” (e.g., Lazarus & Beutler, 1993). With unsystematic eclecticism too capricious and theoretical integrationism too problematic, many eclectics now favor divorcing the techniques of therapy from their theories and then testing them for their effectiveness (cf. Beutler & Clarkin, 1990; Held, 1995; Lazarus, 1995; Lazarus, Beutler, & Norcross, 1992; Slife & Reber, 2001). Often overlooked in this eclectic enterprise, however, is the assumption of objectivism. That is, the logic of the methods used to test these eclectic techniques is assumed to be without any systematic biases of its own.

Empirically supported treatments are a similar type of professional endorsement of objectivism (APA, 1995; Chambless & Hollon, 1998; Nathan, 1998; Nathan & Gorman, 1998; Seligman, 1994). Given current trends in health care economics, such treatments promise greater accountability. Managed care organizations can more easily justify their use, because the effectiveness of empirically supported treatments has supposedly been demonstrated through the objective methods of science. Some researchers and therapists even contend that empirically supported treatments are the most ethical form of therapy (e.g., Wilson, 1995). Treatments without empirical support are viewed as full of untested assumptions and biases that put

“blindness” on therapists and subject clients to potentially less effective, if not dangerous, forms of therapy (Kendall, 1998). Empirically supported treatments, on the other hand, are supposedly objective treatments that have stood up to the rigorous, controlled science of psychotherapy research (Borkovec & Castonguay, 1998; Chambless & Hollon, 1998; Messer, 2001; Nathan, 1998).

Problems with Objectivism. Recent scholarship in the philosophy of science has challenged the value-free status of the scientific method. Philosophers of science have argued that the logic of this method is underlain with unproven and uninvestigated philosophies and assumptions (Bernstein, 1983; Bem and de Jong, 1997; Bohman, 1993; Curd & Cover, 1998; Feyerabend 1988; Heelan 1983; Kuhn, 1970; Rorty, 1979; Taylor, 1985b; Toulmin, 1972). The gist of this argument is that the formulation of any method must assume, before investigation, a certain type of world in which that method would be effective. Indeed, every occasion that a method is applied to a new population, place, or time—and is thus, in a sense, reformulated—it has to make pre-investigatory assumptions about the nature of that population, place, or time.

The problem for objectivism is that when these assumptions are already assumed to be correct (as they must be for the method to be formulated), they are not the objects of test; they are parts of the test itself. For instance, the assumption that methods should be observable is never itself empirically tested, because this assumption is part of what it means to test. Even if scientists take a pragmatic tack—merely hoping that such assumptions will pay off—no pay-off can be discerned because these pre-investigatory assumptions help determine what it means for something to “pay off.” For example, we might agree that science should save lives. This criterion tells us how to validate the pay-off or success of science – whether it really does save

lives. However, the correctness of this life-saving criterion is never itself tested. It is a value judgment that can never be decided through empirical means alone.

In this sense, the scientific method may provide empirical justification for certain therapeutic techniques, but it provides no empirical justification for itself and the philosophies that ground it. There is no empirical justification for empiricism, no scientific validation for science. Empiricism and the philosophies underlying science are just that—philosophies. Like all philosophies, they have philosophical axes to grind and pre-investigatory values to assert.

Some traditional scientists would argue that these philosophies have been successful nevertheless. There seems to be widespread agreement that the objectivist approach has worked well, at least for the natural sciences. However, it must be remembered that this claim of success is merely a claim—an opinion—however widely it is held. No scientific evidence can be gathered to substantiate this claim without already assuming the validity of the scientific method in the first place (i.e., any method must incorporate uninvestigated assumptions). Still, it is this claim that provided the original impetus for social scientists to adopt the methods of the natural sciences: they assumed these methods would be successful for understanding their own phenomena (Polkinghorne, 1983).

Unlike the natural sciences, however, the success of these methods in the social sciences appears to be more debatable (Richardson et al., 1999). In fact, after over a century of using these methods, social scientists can point to few, if any, natural laws and principles that are generally endorsed (Slife & Williams, 1995). This comparative lack of success has led some to question the appropriateness of untested method values and assumptions for the social sciences (cf. Polkinghorne, 1983). They wonder if the subject matter of the social sciences is qualitatively different from the subject matter of the natural sciences. Even here, however, these questions

cannot be answered without pre-investigatory values. Recall (above) that evaluating the success of a science requires assumptions (before investigation) about what “successful” means. This is not to say that such values cannot be agreed on; it is only to say that such values are inescapable to any form of evaluation.

What types of pre-investigatory values are involved in objectivist methods? Values are usually understood to be ideas about what matters or what has relative worth or merit (Merriam-Webster, 1998). What matters, for instance, in traditional science is what is observable and replicable (see Slife & Williams, 1995 for other values in science). These aspects of reality are the ones considered “scientific,” and thus the ones having relative worth or merit to scientists. It probably bears repeating, however, that there is no empirical evidence that these should be the values of science. The doctrines of observability and replicability are not themselves observable and replicable; they are philosophical (or moral) assertions about what should be valued, and they cannot be supported by scientific evidence, because, again, such values have to be assumed to gather such evidence.

Moreover, these are not the only values available for science. Alternative formulations of science, such as qualitative research, assert different pre-investigatory values (Banister, Burman, Parker, Taylor, & Tindall, 1994; Crabtree & Miller, 1992; Denzin & Lincoln, 2000; Gilgun, Daly, & Handel, 1992; Patton, 1990). In fact, these alternative methods purport to examine and study topics that are not necessarily observable or replicable in the traditional sense (e.g., spiritual experiences; James, 1902/1994). Some traditional scientists may judge these alternative formulations to be unacceptable, but this judgment is ultimately based on opinion. That is, this judgment is not supported by empirical comparisons of the two sets of values, because the validity of these values, and thus the methods, are themselves in dispute.

If science does contain unexamined values, it is vital to know how these values affect the subject matter being investigated. Do the original assumptions of naturalistic science, as formulated primarily about inanimate matter, work well with the animate, cultural realities of the social sciences? Can we have a complete social science based only on the observable and replicable? Existential therapists, for instance, specifically dispute that their theory or their practice follows the assumption of objectivism. Leading existential therapist Irvin Yalom (1980) questions both the observability of what is important in existential therapy—particularly through traditional scientific procedures—and its dependence on any conventional understanding of standardized (and thus replicable) techniques. If, however, certain therapies, such as existentialism, violate the assumptions of science, then these approaches are prevented from being scientifically supported a priori, before they are even investigated (cf. Bohart, O'Hara, & Leitner, 1998). They are scientifically unsupported not because of the data per se, but because of the philosophy that underlies the method and produces the data, a philosophy that is not itself scientifically supported.

Is it merely coincidental that the therapies that match the values of objectivist science are those that are the most scientifically supported? As Messer (2001) sums up the literature on empirically supported treatment (EST):

It gives one pause to learn that the vast majority of studies that meet the criteria set forth by the [EST] task force are cognitive-behavioral in orientation, or what can be referred to as outcome-oriented therapies (Gold, 1995). To be specific, my calculation based on the task force figures is that of the 22 so-called “well established” empirically supported treatments, 19 are behavioral, and of the 7 “probably efficacious” treatments, 6 are behavioral. In the later update on the ESTs (Division 12 Task Force, 1996), I found that

of the 27 treatments added to these categories, 22 are behavioral. Almost totally absent are the psychodynamic, experiential, client-centered, family, and existential therapies. (pp. 3 – 4)

Is it merely coincidental, in this light, that cognitive behavioral therapy has virtually the same epistemological assumptions (values) as traditional science (i.e., a wedding of empiricism and rationalism; cf. Polkinghorne, 1983; Slife & Williams, 1995). The positive empirical evaluations of this therapy may be the result of systematic bias rather than efficacy without such bias. The scientific method, in this sense, is not a value-free, neutral tool of inquiry, but a set of metatheoretical criteria for deciding among theories and thus therapies. To believe that these criteria are the most correct or effective in the first place is to make a very unscientific assertion, because this belief must be asserted before investigation even begins. The presence of pre-investigatory values also makes it difficult to hold that scientifically supported techniques are the most ethical, both because the ethical implications of these values are often unrecognized, and because these values preclude a fair evaluation of therapies with nonobjectivist philosophies.

An Alternative to Objectivism. With these perceived problems, several alternatives to objectivism have arisen over the years. We need to understand only one alternative to help make objectivism an assumption rather than a truism of science and psychotherapy. Without some development of an alternative, it could appear that objectivism (however problematic it might be) is the only “game in town.” Perhaps the most prominent alternative is a position associated with Continental philosophy—that values are inescapable. Philosophers such as Paul Ricoeur (1978), Hans Georg Gadamer (1960/1995), Jurgen Habermas (1973), and Charles Taylor (1985a; 1991) contend that there is no practical or intellectual position, no scientific method or therapy technique that does not have values, at least implicitly.

Objectivism, from this Continental perspective, is a good example of a careful intellectual project that has expressly attempted to escape values, but ultimately failed (as described in the Problems with Objectivism section). As a result, these philosophers advocate a new attitude toward values. The objectivist attitude has us fearing and attempting to avoid values, because we assume they distort our understanding through biases and obstruct our relationships through conflicts. The Continental attitude, however, is that we should embrace rather than fear and avoid our values, a position held by a number of contemporary theorists and therapists (Bergin, 1980; 1991; Kelly, 1955; Richardson et al., 1999; Rogers, 1951; Woolfolk, 1998).

But can we embrace values and truly advance knowledge? Would the embrace of values, and thus biases, lead to inaccurate and distorted understandings of the world? Continental thinkers first remind us that the objectivity of a method does not mean the absence of values and biases (as described above). There is no alternative to a value-laden understanding of the world. Indeed, from the Continentalist perspective, values are required for there to be understanding. Objectivist methods yield understanding, in this sense, only because values and biases are already incorporated into them before investigation. Calling methods “objective” is like calling multiple-choice tests “objective”—values and biases are already built into the structure of the investigation (method or test question). The problem is, this built-in status means that values are often ignored and left unexamined.

If values are truly unavoidable – even in our methods of investigation – then is a true understanding of the world possible? Perhaps surprisingly, it is the qualitative researcher—within this Continental framework—who answers “yes” to this question. Qualitative researchers deliberately attempt to explicate and test any built-in values through the process of investigation (Banister et al., 1994; Crabtree & Miller, 1992; Denzin & Lincoln, 2000; Gilgun et al., 1992;

Patton, 1990). Because values are inescapable, qualitative researchers do not try to eliminate, suspend, or minimize them; they attempt to remain open to the values and biases (methodological or theoretical) that make the most sense of the phenomena under investigation. Although phenomena cannot be understood (or even perceived) without values coming into play, this situation does not mean that values control the phenomena (or our perceptions). Values and phenomena jointly influence our perceptions, allowing us to search for the values that best fit the influence of the phenomena under investigation. As Palmer (1969) put it, “The interpreter is not so much applying a method to the text as an observed object, but rather trying to adjust his own thinking to the text” (p. 236).

Quantitative research is also a useful tool for the Continentalist, especially when its values are taken into account. As Slife and Gantt (1999) have described, the values of quantitative and qualitative research can be assembled into a complementary pluralism of methods. Interestingly, quantitative research supports the inescapability of values in psychotherapy. Even though the values inherent in quantitative methods have often been ignored, the values inherent in therapeutic methods have not. Research on the values of therapy methods dates back at least as far as Rosenthal's classic studies some 45 years ago (Rosenthal, 1955) and involves literally scores of studies (e.g., Almond, Keniston, & Boltax, 1969; Beutler, 1979; Beutler, Arizmendi, Crago, Shanfield, & Hagaman, 1983; Claiborne, Ward, & Strong, 1981; Kelly & Strupp, 1992; Landfield & Nawas, 1964; Maizlish & Hurley, 1963; Martini, 1978; Parloff, Iflund, & Goldstein, 1960).

Perhaps surprisingly, Rosenthal's findings have held up remarkably well over the years, though the methods have since been improved and refined. Rosenthal essentially found that all therapists not only held (and did not suspend or eliminate their) values but also promoted them with their clients (however unintentionally or unconsciously). Subsequent studies have made clear

that no therapist is immune from this unconscious attempt to influence clients with his or her values (Slife, Smith, & Burchfield, in press). As Kelly (1990) put it in his review of this research, “therapists [are] not value free even when they intend to be so” (p. 171).

Why are so many therapists “intending” to be “free” of values? If the conclusion of this rigorous and lengthy program of research is that psychotherapy values are inescapable, why are so many therapists (and researchers) attracted to objectivism? Being “objective,” in the sense of being relatively unbiased, has long been important to many therapists. The movements of technical eclecticism and empirically supported treatments evidence this importance in evaluating therapy. There are also clear ethical injunctions against the imposition of one’s values and biases on one’s clients (ACA, 1995; APA, 1992). But why the desire for objectivity and the injunction against value imposition if therapist values have been shown to be inescapable, in both holding and acting on them?

Some observers explain the move toward objectivity—and thus the attempt to escape values—as a historic misunderstanding (e.g., Richardson et al., 1999; Taylor, 1985b). Modern thinkers (and therapists) are rightly sensitive about the misuse of values because of the many historic abuses that have occurred, from the Middle Ages onward. The Enlightenment solution to these abuses was to transform science into a value-free method that could arbitrate the truth without bias and thus without abuse (Polkinghorne, 1983; 1990). The problem, from a Continental perspective, is that this “solution” not only ignored the values inherent in any method but also threw the baby out with the bath water. Values in general were mistakenly identified as the problem when it was actually the abuse of values that was the problem. Therefore, the Enlightenment confounding of values and their abuse helps to explain the generalized fear of values in modern times (as “biases”) and in modern psychotherapy.

Still, therapists are rightfully cautious about their power in value-laden situations such as therapy. Is there a way for therapists to acknowledge their values without becoming, as Meehl (1959) once warned, “crypto-missionaries” (p. 257)— where therapists impose their values on their clients in the worst sense? The objectivist approach to avoiding value imposition is to try to suspend or eliminate values in therapy, but this elimination is not only impossible, from this alternative perspective, but also dangerous. Objectivism can lead therapists to believe that their values are not involved, so they act on values of which they are unaware (e.g., hedonism and atomism assumptions below). The Continental alternative, by contrast, recognizes that therapy cannot take place without values and actively encourages explicit value awareness and engagement. Space limitations prohibit a more complete explication (see Smith & Slife, in press). However, one key for therapists is to become more aware of their values (or assumptions), especially as they affect therapy, and to articulate them as they arise, so that the client has an opportunity to give an ongoing, informed consent.

Materialism

As the second assumption of naturalism (see Table 1), materialism helps account for the increasing emphasis on the biology of disorders and treatment (e.g., prescription privileges) as well as the problems of operationalization and inference in materialist research. Materialism is the notion that what matters (and is valued) is matter. The philosophy of naturalism does not encompass intangible constructs or entities, such as spirits and ghosts; rather, the important (and valued) things are tangible, visible, and substantial. This materialist value is based in part on the traditional natural science notion that only material things are knowable. That is, materialism is typically linked to the primary epistemology of science—empiricism. Only our sensory

experiences can supposedly be known (empiricism), so only tangible and visible materials can supposedly be candidates for knowledge (materialism).

This connection between the material and the knowable is just one of the many bridges between naturalism and traditional science. Traditional scientists have embraced empiricism because we can supposedly know only what can be observed (a sensory experience). Even if the constructs under investigation are themselves intangible and unobservable (e.g., motivation), the philosophies of empiricism and materialism require that they be operationalized—made into material things or processes (e.g., behavior)—so they can be observed. This operationalization may mean that only the material aspects of the constructs are investigated. Still, the tangible and the visible are ultimately the only things that really matter from this naturalistic perspective.

These materialist values have heavily influenced the social sciences, both in method and in application (Fisher, 1997). In research methods, the social sciences have long endorsed empiricism and the operationalization of nonobservable constructs. In therapy applications, many observers have noted that the influence of materialism has recently increased—what some have called the “biologization” of psychotherapy (e.g., Fisher, 1997, p. 46; Williams, 2001, p. 51). This biologization includes not only a greater emphasis on the biological understandings of disorder but also a greater stress on pharmacological interventions—hence the movement toward prescription privileges in psychology (e.g., DeLeon & Wiggins, 1996). These emphases are obviously different from those of the past, when distinctly psychological accounts were often advanced to explain even schizophrenic symptoms (e.g., the double bind theory—Bateson, Jackson, Haley, & Weakland, 1956). Most therapists believe this change is due to recent research indicating the biological bases of these disorders (e.g., Silk, 1998; Valenstein, 1998; Williams, 2001; Zuckerman, 1999).

Interestingly, materialism seems to have affected other social sciences in a similar manner. For example, materialist values pervade the assumptions of many economic theorists and their models (cf. Buchanan, 1979; Caldwell, 1994). Methodologically, the science of economics has largely endorsed empiricism and the operationalization of nonmaterialist constructs. Theoretically, economists are rarely concerned with nonmaterialist matters (e.g., spirituality) in tracking the economy or predicting consumer behaviors. Economists are more interested in observable “goods,” meaning things, behaviors, and products that can be turned into money and used to buy material things. Materialism, in this economic sense, is the accumulation of material things. We can only purchase a limited number of these things, so we should accumulate as much money as possible to buy as many things as possible.

This materialist view of our economic nature has had wide impact on the halls of science. Grant funds are the “coin of the realm” in many natural science and even social science disciplines—the greater the number of these “coins,” the more prestigious the researcher. These materialist values are also heavily involved in the rationale for managed care. Because there is a limited supply of health-care funds and everyone presumably wants them, the efficiency and efficacy of care are paramount. The quickest and most effective medical and psychological treatments are the “best” treatments, with long-term interventions almost a thing of the past.

Psychotherapy researchers have frequently assisted the materialism of these organizations, providing dependent measures as well as experimental designs to aid in increasing the efficiency and efficacy of therapy (cf. Bergin, 1997; Messer, 2001; Miller, 1999). This assistance comes in part because researchers have been trained in the economic materialism of grantsmanship. When the economic giants of the medical industry cry for greater “efficiency,” many psychotherapy researchers heed this cry, in part because it issues from economic giants. The point is that all the

variations of materialism—medical (biologization), scientific (operationalization), and economic (accumulation of goods)—coalesce and converge to facilitate current trends in psychotherapy.

Problems with Materialism. It is a testament to the pervasiveness and subtlety of these materialist values that they seem so natural. The success of the natural sciences has clearly contributed to this perception, as communicated most forcibly to psychotherapists by the financial and political power of medicine and granting agencies (e.g., Messer, 2001; Valenstein, 1998). Unfortunately, this success has sometimes prevented scientists from exploring the problems of materialism. In the social sciences, especially, materialism has long been problematic, though these problems have rarely been acknowledged (cf. Slife & Williams, 1995, chapter 6).

The social sciences, by definition, investigate social relations as well as natural relations. Because these social relations cannot be observed (only the things having the relations can be observed), some of the subject matter of the social sciences is, by its very nature, nonmaterial. Family and marital relationships are just a few of the topics that are vital to the social sciences and psychotherapy, but they are not material, at least as traditionally understood. Such nonmaterial topics have also been a problem for the philosophy of empiricism, because they are not experienced through our senses—i.e., we do not observe or touch the “betweenness” of a human relationship.

These problems are the main reason the doctrine of operationalism was so readily adopted in the social sciences—it aided social scientists in studying such topics within the empiricist model (Green, 1992; Koch, 1992). The function of this doctrine, as already mentioned, is to make nonmaterial entities into material entities by translating them into their materialist manifestations. If, for example, one wanted to study love (as a feeling), operationalism would require that we observe its behavioral or neurological (materialistic) manifestations (e.g., hugs, endorphins),

because the feeling of love is not itself observable (through the sense of vision). However, when we use operationalizations, we study, at best, the manifestations of the phenomenon of interest (e.g., hugs), not the phenomenon of interest itself (e.g., the feeling of love).

Consequently, all the findings that use operationalizations—accounting for the vast preponderance of social science investigations—are the findings of manifestations rather than the findings of the intended phenomenon of study. A program of research that is ostensibly about love is really a program of research about its material manifestations only (e.g., hugs). Sternberg and Barnes (1988), for example, attempted to establish the operationalized “structure” of love. Unfortunately, behavioral factors such as communicating well and being “supportive” did not reveal why, or even whether, people love certain people (Sternberg, 1998). To truly understand love, Sternberg turned away from materialist, operationalized methods and turned toward nonmaterialist, narrative methods—stories of love (Sternberg, 1998).

Another important problem with operationalizations is that we can never be sure that operationalized manifestations are manifestations. There can be hugs, for example, (or any other specified behavior) without love, and there can be love without hugs (or any other specified behavior). Operationalizations, in this sense, have no necessary relation to the phenomena being operationalized. They are only postulated relations, with the experimenter free to choose literally any relation or operationalization. More importantly, the relations between the construct of study (e.g., love) and the operationalization (e.g., hugs) are never themselves empirically tested, because empiricism requires that such relations be specified before an investigation occurs. Even multiple measure, multiple source studies still function with the same pre-investigatory, operational postulates. The upshot is that we cannot know for sure with traditional scientific methods what is

actually being studied in our research investigations, because we cannot know with any measure of empirical certainty what a particular operationalization means (cf. Slife & Williams, 1995).

The history of attempting to objectify psychodynamic therapy illustrates this problem. In the first edition of this Handbook, Luborsky and Spence (1971) stated: “At this point, what can be known through clinical wisdom is far more than what can be known through quantitative, objective means” (p. 430). In the years since then, however, researchers have made a valiant effort to operationalize psychodynamic phenomena and demonstrate the efficacy of this therapeutic approach through materialist methods (e.g., Henry, Strupp, Schacht, & Gaston, 1994). Although the success of this endeavor can be debated, the nature of this struggle has vividly exposed the limitations of operationalizing (and thus materializing) personality dynamics and human relationships. Indeed, early descriptive studies of the therapy process (e.g., Marsden, 1971)—now relatively rare, given the emphasis on “bottom-line” efficacy studies—may have provided more understanding of important therapeutic phenomena (Bergin, Personal Communication, May, 2000).

These problems with operationalism also apply to biological research on mental disorders and treatment. Any nonmaterial phenomena of the social sciences, such as love, can also be operationalized as neurological or biochemical factors (e.g., hormonal factors, serotonin levels). However, all the problems just reviewed regarding operationalism apply to these factors as well. The main problem is that we cannot know empirically the relation between the operationalization and the phenomenon of interest (e.g., love). We cannot know empirically what type of relationship the biochemical substrate has to the phenomenon. We also cannot know empirically whether there is any relationship (because the operationalization is specified before investigation).

Unfortunately, the philosophy of materialism compounds the problems of operationalism in this literature. Because the biological is often already (before investigation) assumed to be the “basis” or “cause” for whatever is “manifested” behaviorally or cognitively (the assumption of materialism), many researchers forget they are engaged in a process of operationalizing nonmaterial phenomena into material phenomena. They assume, instead, that they are engaged in a process of identifying the material basis or cause of the nonmaterial phenomenon of interest (materialism). They confuse the process of operationalization, which presumes no cause or basis, with the process of identification, which presumes (via materialism) that the cause or basis is matter.

Culbertson and Krull’s (1996) use of Mirsky’s (1987, 1989) materialist conceptualization of Attention-Deficit Hyperactivity Disorder (ADHD) exemplifies this type of confusion. Mirsky’s phenomenon of interest is the distractibility of the ADHD client. However, Mirsky’s way of understanding these attention problems is to identify their “neuroanatomic localizations” (Culbertson & Krull, 1996, p. 278). In other words, Culbertson and Krull (1996) do not view these parts of the neuroanatomy as postulated operationalizations of these attention capacities; they assume that these “neuroanatomic localizations” are the site or basis of these capacities, without any empirical test. Because ADHD involves attention, and because the reticular formation of the brain has been associated with attention, then the reticular formation must be the basis of ADHD.

Unfortunately, the logic of this inference is highly problematic – i.e., an operationalization is not an identification of a basis or a cause. A counterexample reveals this problem most directly: Because a concussion involves vomiting, and because the stomach is associated with vomiting, then the stomach must be the basis of the concussion (Williams, 2001). Obviously, the stomach is

not usually thought to cause a concussion, yet this materialist “logic” is vulnerable to this type of mistake. The point is that Culbertson and Krull (1996) reify an unsupported, purely theoretical postulation as though it were fact. Culbertson and Krull (1996) do consider Mirsky’s speculations “preliminary,” because ongoing research “will most likely provide greater specificity” (p. 279). However, this preliminary status pertains only to the “specificity” of these localizations, not to the materialism of the “localizations.” The power of materialism leads researchers to assume the latter—an inferential leap, at best—because its correctness is not demonstrated through the empirical evidence.

As it happens, such leaps of inference occur frequently in this literature. This is not to say that all studies have these problems, but several scholars have repeatedly noted the high proportion of these inferential problems, and thus the power of this assumption (Sarbin, 1990; Slife & Williams, 1995; Sternberg, 2000; Valenstein, 1998; Williams, 2001). For instance, leading neuroscience researcher, Eliot Valenstein (1998), notes the high number of instances in which biological “correlates” are automatically assumed as causes. As he puts it, “no one would suggest that the carrying of an umbrella causes rainfall, although umbrella carrying is highly associated with rain. Yet, if some biological marker in the brain is found to correlate with a mental disorder, it is easy to fall into the trap of believing the marker is the cause of the disorder” (p. 126).

Silk (1998), for example, consistently falls into this trap while working almost exclusively with the biological correlates of personality disorders, referring to them as “bases,” (p. xvii), “localizations,” (p. xvi), and “underlying disturbed biological mechanisms” (p. xiv). The problem, as Valenstein (1998) notes, is that researchers routinely underestimate the power of other causes: “a person’s mental state and experience can modify the brain just as surely as the other way around” (p. 126). This malleability of the brain creates obvious problems for researchers in

sorting out causes and effects. Still, the main issue from Valenstein's perspective is that few researchers seem sensitive to these problems. Most researchers automatically and perhaps unconsciously make the materialist assumption, regardless of whether the experimental logic allows for this assumption.

Williams (2001) notes three breaches of experimental logic or problems of inference as a consequence of materialism in this literature—post-hoc deference, post-hoc ergo propter hoc, and argument from deficit. Each breach of logic involves an entire category of materialist research, and each illustrates the reification of materialism without empirical support. For example, the “argument from deficit” (p. 60), proceeds as follows: We know that brain damage (or some other Central Nervous System abnormality) results in a particular behavioral deficit. Therefore, we know that the normal brain (or other physiological) structure is responsible for normal functioning.

Often, the problems with this logic are not immediately apparent to the materialist. However, this logic would mean, via counterexample, that because damaged vocal cords prevent an orator from speaking, we should conclude that vocal cords are responsible for oratory. Obviously, there is more to “oratory” (or any speaking, for that matter) than vocal cords. The most that can be said from such evidence is that our biology is a necessary (but not a sufficient) condition for this behavior. That is, the evidence yields an important (necessary) factor that needs to be taken into account—our biology. However, the necessity of biological conditions does not mean they are sufficient alone to account for and fully understand behavior. Indeed, no set of biological conditions will, by themselves, provide us a complete account of stirring oratory. More importantly, this insufficiency implies that this evidence does not support materialism. Materialism implies the sufficiency of matter for understanding and explaining things, particularly

understanding and explaining the body. However, evidence of the necessity of matter implies that there are other necessary conditions than the material for producing behavior—i.e., other things matter than matter.

What would happen if these problems of inference and breaches of logic were taken into account when evaluating the empirical support for materialism—the biologization of psychotherapy? Most reviews of the materialist literature overlook these problems. However, those few reviews that have attempted to evaluate these problems find much of the support for materialism evaporating. This is not to say that the importance of biology evaporates – only that the support for biology as a sufficient condition (materialism) seems to evaporate. Valenstein (1998), for example, concludes an extensive review of the materialist literature with this statement: “I have concluded that this [materialist] theory, which is guiding much of clinical practice and our research efforts, is not supported by the evidence and may well be wrong. Yet for reasons that have little to do with science, the theory is being pursued relentlessly . . .” (p. 241)

In summing up a similar review, Williams (2001) believes that a “much stronger statement” can be made: “There is, in fact, no evidence that a single meaningful, directed, telic behavior has ever resulted directly from any physiological state” (p. 60). Other scholars have made similar critical evaluations of materialism and reductionism, with similar conclusions (Agazzi, 1991; Charles & Lennon, 1992; Davidson, 1980; Dupre, 1993; Eccles & Robinson, 1984; Lennon, 1990; Robinson, 1985; 1995; Sarbin, 1990; Slife & Williams, 1995). Such conclusions may be jarring to a mainstream materialist. So many findings and reviews have seemed so supportive of materialism. Still, the question is, are these supportive reviews and findings the result of the data? Or, are they the result of an unrecognized, and perhaps even

unintentional, bias toward materialism in interpreting the data, with all its accompanying problematic inferences?

It is important to note that neither Valenstein nor Williams claims that brains and chemical processes are irrelevant to therapeutic work. Nor do they claim that there are no direct relationships between the brain and psychological consequences, such as with brain injury. Their main point is that the pertinent biological data can be explained in ways that do not necessitate materialism. Our biological state is obviously a necessary condition for all behavior, but the notion of a necessary condition implies the need of other necessary conditions for complete (and sufficient) understanding. As important as biological conditions are, the data do not support our ignoring nonmaterialist factors (e.g., culture) that may also be crucial to the behavior in question. Other factors than matter may matter.

This possibility also implies problems for economic materialism. Here, materialism has had a powerful synergy with hedonism, where the “bottom line” of managed care profit—materialist self-interest—has frequently overwhelmed the ethos of patient care. Obviously, a capitalist system will always endorse a profit of sorts. However, the amount of this profit, and the extent to which this profit dictates the delivery of mental health services, are other issues entirely. Part of the problem is that therapy researchers have frequently joined with these economic forces, often without questioning their philosophical or ethical origins. Part of the reason is that the materialism of economics is a philosophical bedfellow with the materialism of science. Scientific and economic materialisms coalesce to dictate the manner in which research is conducted and specify what is allowed to count as therapeutic results (e.g., observable outcome). Ultimately, this focus on “demonstrable” effects—the therapeutic results that fit the philosophies of

empiricism and materialism—means that psychotherapists must “teach to the test.” They must fit their care of clients within the parameters of these untested philosophies.

An Alternative to Materialism. These problems hint at a possible alternative to materialism. Materialism essentially asserts that all that really matters is matter. If we understand the materiality of things, then this understanding is sufficient to understand the natural world. (If it were not presumed to be sufficient, then our materialist, operationalized methods of science could not provide a complete understanding of the natural world.) In psychotherapy, this means that a biological understanding is sufficient to understand a disorder; biological factors are the ultimate causes of disorders. From this perspective, traditional theories of personality and psychotherapy are merely stopgap explanations—ultimately temporary and inadequate—until the biological bases of these disorders are understood, and biological interventions are formulated to treat them.

An interesting alternative, then, is to postulate that material factors are necessary but not sufficient conditions for disorders. This alternative assumes that the material and the biological are crucial, even pivotal, to understanding the issues of disorder in psychotherapy. However, this alternative does not assume that biological factors are sufficient unto themselves for causing and understanding these issues. Instead, it assumes that other, nonmaterial factors are also necessary to fully account for and explain behaviors, cognitions, and even our bodies. As William James (1902/1994) once put it, “The total expression of human experience . . . urges me beyond the narrow ‘scientific’ bounds. Assuredly the real world is . . . more intricately built than physical science allows” (p. 509).

For some, the truth of James’s observation is clear and materialism is obviously untenable. It is also true that neuroscience research, as an example literature, contains few explicit

assumptions or claims that the material is sufficient. Nevertheless, this assumption does not have to be explicit to be assumed. Merely asserting that the material explains, accounts for, or is responsible for the behavior (or cognition) in question – especially if no nonmaterialist factor is also included – implies sufficiency. As we will also see, the absence of clear, materialistic assertions in the neuroscience literature does not mean this assumption is not influencing many practices and findings.

A major appeal of the necessary-condition alternative, on the other hand, is its accounting of all the relevant biological data. That is, these data clearly point to the necessity of a biological element to disorders, but these data do not indicate the sufficiency of that element. The fact is, no data can indicate the sufficiency of material factors in this regard. Even the most highly controlled of experimental studies—a truly experimental design—contains factors other than the independent variables that contribute to the study's outcome. These factors may be controlled or equated across the experimental groups or conditions, but they are never eliminated. Their influence is still present and still necessary to whatever effect occurs. For instance, the influence of gravity in most earthbound experiments may be taken for granted and even measured as equal across experimental conditions. However, this control and this equation do not mean that gravity is not a necessary condition for whatever occurs, or that the loss of gravity would not change whatever occurs.

Even in the biological sciences, such as medicine, the insufficiency of one set of factors is well recognized. The pathogen of disease, for example, is rarely considered a sufficient cause for the disease itself; other conditions of the body are also necessary (e.g., problems with the immune system). (All the various systems of the body are necessary for health, and thus all are necessary, in some sense, for any lack of health.) Indeed, many pathogens (e.g., viruses) are often already

present in the body (or its environment), waiting for other conditions to change. In this sense, the pathogens themselves are never sufficient conditions for the disease; the pathogens are only a necessary condition among many other necessary conditions.

Viewing material (and nonmaterial) factors in this manner implies an alternative metaphysic—holism (e.g., Bohm, 1980). Just as a whole has many parts that are all necessary to the qualities of the whole and the qualities of each part, a biological whole (organism) has many necessary conditions that are all necessary to the qualities of the whole (and its parts). Holism also offers an alternative to materialist causation. Whereas materialism assumes that a causal factor is a sufficient condition for (and thus completely determines) the effect, holism assumes that a causal factor is a necessary condition for (and thus only partly determines) the effect. Material factors are causes, in this holist sense, because they are necessary. However, this type of cause does not support materialism, because material factors are not all that ultimately matters and are not sufficient to produce the effect in question. The upshot is that nonmaterialist (and nonnaturalist) factors could be involved in materialist experiments, but traditional scientists often overlook these factors due to materialist assumptions.

Some researchers may contend that they have never considered biological factors to be anything but necessary conditions. In other words, the philosophy of materialism does not really influence these researchers (i.e., materialism is a “straw man”). However, the necessary-condition alternative has two important implications that are often overlooked in this research literature, disputing the “straw man” assertion. First, this alternative implies that other factors matter than matter. That is, nonmaterial factors are also necessary for a complete understanding of mind and body. Rarely, however, are these nonmaterial factors investigated, or even postulated, in the

literature concerning biological factors (see Libet, 1985 for an exception). The influence of materialism, however unrecognized, explains this lack of investigation.

Second, biological explanations are often considered a replacement for, and not a complement to, traditional psychological explanations (e.g., Churchland, 1994). Yet, biological explanations, in a necessary-condition sense, could never serve as a replacement for other sets of necessary conditions or for holistic explanations that attempt to specify all the necessary conditions—material and nonmaterial. Interestingly, psychological explanations often serve as holistic explanations in this way. The vast majority of these explanations implies, if not specifically explicates, the necessity of biological factors (cf. Rychlak, 1981). What accounts, then, for the move to replace such explanations? The tacit assumption of materialism accounts for this move. Because materialism assumes that biological factors are sufficient for explanation, no other sets of necessary conditions are needed. Materialism, in this sense, is far from being a straw man.

Consider also the compound-word conceptions, such as bio-psycho-socio-etc. models, that attempt to provide more holistic replacements for traditional psychological explanations (e.g., Paris, 1998; Silk, 1998; Zuckerman, 1999). These conceptions are rarely more than collections of materialist variables. Truly nonmaterial factors are frequently overlooked, with variables such as “socio” and “psycho” defined and operationalized in naturalistic terms (e.g., “environment”). As DeBerry (1993) shows, such compound-word conceptions typically devolve to a deterministic interaction of materialist factors.

Are truly nonmaterialist factors available as necessary conditions? Considerable empirical research on spirituality and agency suggests that they may be (Howard, 1994; Howard & Conway; 1986; Richards and Bergin, 1997; Rychlak, 1988; 1994; Shafranske, 1996). Richards

and Bergin (1997), for instance, review the many empirical studies that indicate the significance of spiritual factors for mental and physical health. They also explicate the nonmaterialist status of such factors, conflicting as they do with all the naturalistic assumptions of the present chapter (cf. Richards & Bergin, 1997, pp. 320 - 321).

This incompatibility with the assumptions of naturalism, including materialism, does not mean that spiritual “forces” cannot coexist with and even complement the necessary conditions of biology. Spiritual forces are only incongruent with the sufficiency but not the necessity of material factors. Indeed, many brain researchers view their findings as indicating the necessity of both spiritual and biological factors rather than the sufficiency of biological factors alone, i.e., materialism (e.g., Eccles & Robinson, 1984; Popper & Eccles, 1977; R.W. Sperry, 1988, 1995). This view might seem to raise the specter of dualism, with spirit and matter unable to interact, but this philosophical issue is a product of the sufficiency notion of matter (and the philosophy of naturalism) rather than an unsolvable problem per se (e.g., Muse, 1997; Williams, 2001).

The sufficiency notion of material factors also tends to rule out agentic factors in the formal explanations of psychotherapists (Rychlak, 1988; 1994). Agentic factors typically involve a client's choices, free will, or self-generated thoughts and actions. Although these factors are often discussed in the informal practice of psychotherapy, the notion that material factors are a sufficient condition for, and thus the sole determinant of, all behaviors and cognitions has prevented most formal theories from incorporating agency (Rychlak, 1981, 1988). However, the alternative framework described here would consider material factors only necessary conditions, and thus raise the possibility that agentic factors are another set of such conditions.

The problem is that many therapists and researchers affirm the predictability of thoughts and behaviors. That is, many have assumed that a free will is "free" because it is independent of

biological or environmental constraints, and thus "random" or "chaotic" (e.g., Heiman, 1995, p. 5). Such independence would prevent a complementary, holistic relation among the necessary conditions of biology and agency, because holism requires some interdependence among the parts of the whole. However, few free will theorists advocate such independence (see special issue on free will—Howard (Ed.), 1994). Moreover, as Slife and Fisher (2000b) explain, the notion that a free will implies this independence is ultimately a misconception on the part of those who use a naturalistic (and modernistic) framework. In fact, there is considerable empirical evidence that a free will is itself an important, albeit overlooked, predictor of behavioral, biological, and learning variance (Howard, 1994; Howard & Conway; 1986; Libet, 1985; Rychlak, 1988; 1994). In this sense, agency could serve as a nonmaterial necessary condition that complements the necessary conditions of biology.

Hedonism

The term “hedonism” often has a negative connotation. Nevertheless, this third assumption of naturalism dominates formal disciplinary conceptions of therapy outcome, human nature, and human relationships (see Table 1). Hedonism is the assumption that all living things seek pleasure and avoid pain, with plants turning toward the sun and animals moving toward whatever is “pleasurable,” broadly defined. In fact, hedonism is thought to be necessary to evolution and the survival of a species – with species risking evolutionary extinction when they consistently move toward pain and suffering. Higher animals, too, are viewed as hedonistic, though in more complex and sophisticated ways. Hedonism implies a certain ethic and purpose for higher animals—that well-being, happiness, or self-benefit is the sole or chief good in life (cf. Merriam-Webster, 1998).

This application of natural science conceptions to higher animals has led the social sciences to incorporate hedonism as one of its primary assumptions of formal theorizing. In a book entitled Theory and Progress in Social Science, Rule (1997) notes that naturalistic hedonism “offers the best—and perhaps the only—hope for meaningful progress in social science,” because hedonistic explanations “tap the most fundamental levels of social reality” (p. 79). Consonant with Rule’s observations, formal theorizing in psychotherapy has been consistently hedonistic. Although psychotherapy has always enjoyed considerable conceptual diversity, hedonism is amazingly pervasive, even among the “four forces” of traditional therapy theory—psychoanalysis, behaviorism, humanism, and cognitivism (cf. Slife & Williams, 1995).

Freud (1949), for example, surmised that all operations of the psyche ultimately reduce to what he termed “The Pleasure Principle.” As Freud put it, “It seems as though our total mental activity is directed towards achieving pleasure and avoiding unpleasure” (Freud, 1963, p. 356). Even though the ego and superego are concerned with reality and social values, these reality-based and socially-oriented strategies ultimately serve the id and its seeking of pleasure, broadly defined (Rychlak, 1981). Although psychoanalysts and behaviorists agree on little else, they agree on the importance of hedonism. Advocates of operant conditioning, for instance, have traditionally assumed that reward or “reinforcement” is a prime motivator of all animals, including humans. As Skinner (1972) explained, “We are so constituted that under certain circumstances food, water, sexual contact, and so on will make any behavior which produces them more likely to occur again . . .” (p. 35).

Even theorists who historically reacted negatively to psychoanalysis and behaviorism—humanists and cognitivists—nevertheless affirm versions of hedonism. Rogers (1951), for example, stated rather baldly that, “Present tensions and present needs are the only ones which the

organism endeavors to reduce or satisfy . . . there is no behavior except to meet a present need” (p. 492). Humanists, after all, are concerned primarily with the growth of, and thus benefits to, the “self,” such as self-actualization (Maslow, 1970; Rogers, 1951; see Slife & Williams, 1995). Cognitive therapists have been equally concerned with self benefits, including the importance of engaging in pleasant activities (Beck, Rush, Shaw, & Emery, 1979). As Aaron Beck made abundantly clear, “the goal of cognitive therapy is to relieve emotional distress and the other symptoms of depression” (Beck et al., 1979, p. 35). Indeed, cognition itself is thought to be organized around the evolutionarily derived interests of the individual. Cognitive schemas, as they are called, cluster around “primal modes” that have “evolved to deal with the most basic needs of the organism” (Clark, Beck, & Alford, 1999, p. 89).

Some psychologists may wonder whether these hedonistic assertions are truly meant to be fundamental in nature. They might contend that these theorists are just discussing how humans are most of the time. The problem is, this contention would mean that all the formal theoretical assertions of these scholars should be understood similarly—e.g., Freud meant that we have an id most of the time; Rogers believed that we have subjectivity most of the time. Even the hedonistic assertions quoted above would need to be understood with this qualifier. However, Freud did not say, “our total mental activity is directed” most of the time “towards achieving pleasure and avoiding unpleasure.” Although there are conditions for many theoretical constructs (e.g., Skinner’s “circumstances”), there are no temporal conditions for our ultimate motivation being self-benefit. If there were conditions on hedonism—conditions for those occasions on which the ultimate motivation of humans was pleasure or happiness—then these theorists would need to account for those occasions on which humans were not interested in benefits to the self, and they do not.

Alfred Adler (1958, 1969) is one of the few theorists of therapy to assert that clients should have a “social interest” and altruism for others. If the four theorists discussed here—Freud, Skinner, Rogers, and Beck—made similar assertions, they would have developed, along with Adler, well-articulated therapy strategies for teaching clients to benefit others. Most of these theorists are concerned, to be sure, about interpersonal relations, with some even mentioning the client’s service of others. However, they mention this service because it ultimately serves the interest of the client, as a means to greater self (client)-benefit. The self (however it is defined) is the ultimate end, and others are always a means to this hedonistic end (see Richardson et al., 1999, for a review, and Slife, 2000a, for special issue on hedonism). The hedonistic assertions of these theorists are thus intended as assertions of universality—assertions of the nature of human nature (see the Universalism section below).

Recent scholars and social science commentators have also clarified the fundamental nature of hedonism in contemporary psychology. As Higgins (1997) succinctly puts it, “People are motivated to approach pleasure and avoid pain . . . It is the basic motivational assumption of theories across all the areas of psychology . . .” (p. 1280). Miller (1999) seems to concur with this assessment but points to an even broader context: “With the publication of *Leviathan*, Thomas Hobbes enthroned self-interest as the cardinal human motive, a status it enjoys to this day” (p. 1053). Evolutionary psychologists also make plain the hedonistic nature of human nature (Beyers & Petersen, 2000; Buss, 1998; Reber, 2000). Indeed, many contemporary cognitive theorists argue that human rationality is itself underlain with hedonistic self-concern (cf. Gantt, 2000; Manktelow, 1999). From this perspective, there is no rational motive for acting against one's self-interest.

Many practicing psychotherapists appear to have accepted this version of human nature and rationality (Fisher Smith, 2000; Gantt, 2000). Some version of happiness or self-benefit is a standard therapeutic goal. Chronic suffering or depression is typically viewed as inherently bad. Part of the obligation of any health professional, in light of the medical (naturalistic) model, is to prevent pain and relieve suffering. A recent version of these hedonistic variations is the positive psychology movement (e.g., Diener, 1995, 2000; Myers, 2000; Seligman & Csikszentmihalyi, 2000). This movement has asserted that well-being and happiness are the fundamental purposes of life, often without any defense of this assertion. Indeed, this lack of defense is a hallmark of an implicit assumption such as hedonism—it is not explicit enough or questioned enough to be defended. Even religion and God, from this positive psychology perspective, are primarily means to hedonistic ends (Emmons, 1999; Slife & Calapp, 2000). Emmons (1999) reveals this means-ends relationship with this statement from his book on positive psychology and spirituality: “What advantage for psychological well-being is there in holding spiritual goals?” (p. 108).

These basic conceptions of human nature have, in turn, influenced other social scientists. Many economists assume a similar means-ends relationship, because consumers are supposed to act in their own self-interest (cf. Buchanan, 1979; Epstein, 1991). Rational Choice Theory and Utility Maximization cast one's relationship with others and things as relative costs and benefits to the self (Gantt, 2000; Green & Shapiro, 1994). They characterize human social behavior as the result of fundamentally egoistic reasoning processes. Indeed, some view the capitalist system as fundamentally driven by hedonism (cf. Yunus, 1999), in which case the economy itself is dependent on people maximizing their own interests and benefits. However, if people are viewed as constantly maximizing their benefits, what is to prevent them from deceiving others to effect

this maximization? Obviously, if hedonism is inherent in human nature and rationality, then some economic system of accountability is necessary to prevent dishonesty.

Of course, if humans are innately and wholly hedonistic, then psychotherapists are themselves hedonistic. They also act in their own self-interest, and they cannot be counted on to act in the interest of others. This unstated assumption is one of the reasons the profession of psychotherapy supposedly needs to be “managed.” The economists associated with managed care assume that psychotherapists, like all hedonistic entities, must be carefully monitored and held accountable. Otherwise, these mental health professionals will maximize their own monetary standing at the expense of the insurance companies that are paying for their services. Some make the case that the managed care system is also necessary to protect the interest of clients. Left to their own devices, who knows whether psychotherapists will act in the interest of their clients, particularly when it conflicts with their own interests?

Problems with Hedonism. Some therapists may resist this hedonistic picture of themselves. They may view themselves as at least altruistic toward their clients, aiding them in many ways without the need or even the expectation of return benefits. The problem is that the formal theories of psychotherapy, as outlined above, do not allow this altruism; their assumptions about human nature do not explain or even permit such altruism. Consequently, the field of psychotherapy is faced with a dilemma: either the hedonistic assumptions of human nature—as manifested in these formal theories—are themselves wrong and true altruism is possible, or therapist altruism does not really exist and the therapists who think they are altruistic are merely fooling themselves. Let us examine each horn of this dilemma in turn.

If the former were true—if altruism were really possible—then major qualifications, if not whole revisions of the mainstream theories of psychotherapy would be necessary. In

psychotherapy, for example, these theories extensively describe how clients can gain (and the therapist facilitate) benefits for themselves. They rarely, if ever, describe how clients can benefit others (and the therapist can facilitate clients in effecting these benefits). If these theoretical schools attend to “helping” behaviors at all, it is ultimately to benefit the person exhibiting the behaviors (i.e., hedonism). Truly altruistic motives allow self-benefits to ensue, as an indirect result of an altruistic action. However, truly altruistic motives cannot, by definition, allow such benefits to be pursued (as an ultimate motive), because this pursuit makes the helper the ultimate end (e.g., Yalom, 1980).

Altruistic motives would also throw a conceptual “wrench” into many theoretical mechanisms and principles of these schools of therapy. Operant conditioning, for example, would not operate to the degree that persons are not interested in their own benefits—their own reinforcements. This potential disruption of operant conditioning effectiveness is never discussed in the behavioral literature because this prospect is never considered possible (i.e., operant conditioning assumes the ultimate hedonism of all animals, including higher animals). Similar revisions of the theories of Freud, Beck, and Rogers would be necessary. Some of Freud’s (1913/1961) criticisms of religion, for instance, depend on his theoretical assumption that religion is ultimately a means to hedonistic (id) wishes. Clearly, major revisions would be necessary if these theories were wrong about the fundamental hedonism of humans.

What if, on the other hand, these theories were basically correct, at least regarding their fundamental hedonism? Then, of course, the classical problem of hedonism would be the issue: no one can truly be altruistic. That is, if people are hedonistic by nature, then no one can truly sacrifice themselves for the sake of others. Freud would be correct: religious people would only worship God as a means to their own selfish ends (which may not be “worship” at all). If love,

for instance, requires some measure of self-sacrifice, then true love would presumably be impossible. People who “love” others would really be loving themselves, ultimately (Levinas, 1987; Reber & Beyers, 2000). No one would be able to treat others as an end in themselves.

Hedonistic theorists have long disputed this classical problem by noting that many altruistic behaviors occur in order to gain self-benefit; many people serve others as a means to some hedonistic end. Although many “sacrifices” are made and even suffering incurred, these sacrifices and sufferings are meant to actualize some benefit for the self. The ideal of this mutually beneficial hedonism is reciprocity. Reciprocity postulates that the best human relationships involve the “win-win” scenario, where mutual sacrifices yield mutual benefits. This win-win is the hedonistic ideal of many economists and therapists (Fisher Smith, 2000; Gantt, 2000). Economists assume this reciprocity of harmonious economic systems, whereas psychotherapists assume the reciprocity of harmonious therapeutic systems—the client provides monetary benefits and the therapist provides therapeutic benefits. In addition, many therapists teach this win-win scenario as an ideal of human relationships in general. Good marriages, for instance, are supposed to work in this reciprocal fashion (Fisher Smith, 2000; Fowers, 1993; Richardson et al., 1999).

This hedonistic ideal, however, is not without its problems. For example, it means there are no benefits provided to others, whether economic or therapeutic, if there are no benefits provided to the self. Reciprocity and contractual agreement are so widely used that this might not seem to be a problem. However, reciprocal agreements do not account for the broad service orientation of the mental health profession. Although many of the relationships of the therapy enterprise consist of reciprocal agreements, therapists are also expected to act in the client's best interest, regardless of the benefits gained (APA Code of Ethics, 1992). With hedonistic

reciprocity, therapists would not perform any benefits to others without a commensurate benefit in return.

Another way to put this issue is that therapists do not have to provide their services unless they can see a benefit for themselves. Indeed, if hedonism is fundamental to human nature, therapists would not be able to provide their services without a clear sense of comparable benefit for themselves. Consider a common set of possible interventions in a therapeutic situation. The first intervention is clearly in the best interest of the client, but provides no benefit to the therapist. The second intervention, though less helpful to the client than the first intervention, provides some benefit to the therapist. The final option for intervention is actually quite harmful to the client but is the most beneficial for the therapist.

Unfortunately, the philosophy of hedonism not only predicts movement away from the first intervention—the intervention that most ethical codes would require—but movement toward the third intervention, the intervention that most ethical codes would outlaw. Some will undoubtedly respond that the third intervention will hurt therapists in the long term—that benefiting the client, even when therapists suffer, will help therapists build a clientele, and so on. However, this response assumes that the hypothetical of the third intervention (above) does not take into account long-term benefits. All this hypothetical says is that the intervention is the most beneficial for the therapist (long or short term), in which case hedonism predicts movement toward this intervention.

The point is that the prospect of no benefits for the therapist means there is no reason to do what is best for the client. The philosophy of hedonism only guarantees that therapists will do what is best for themselves. Reciprocity, the ideal of hedonistic human relationships, argues for some equality of benefits, but such equality is rare in practice. Moreover, hedonistic creatures

will only affirm this reciprocity if it is in their interest. If there was some way to take advantage, and to broker an agreement that has more benefits, presumably this way would be the path taken.

In addition, therapists would not teach altruism to their clients, because they would assume that such altruism was impossible. Indeed, they would assume that one should be suspicious of people acting altruistically, because “altruistic” people must, of necessity, be deceptively pressing for their own advantage. This deception is also the reason economic accountability is thought to be required; therapists are considered incapable of being altruistic toward insurance companies. Consequently, they must be monitored and managed to serve the interest of the insurance company, if not the patients.

An Alternative to Hedonism. If mainstream theories of psychotherapy are any indication, naturalism is so endemic to the social sciences that the only way in which many social scientists formally explain altruistic behaviors is hedonistically (e.g., Beyers & Petersen, 2000; Reber, 2000). All behaviors are for the sake of self-interested motives, so why should behaviors that help others be any different? Obviously, such explanations are not truly an alternative to hedonism. As long as the ultimate concern or motive of the person (whether consciously or unconsciously) is some benefit to the self, then it is hedonistic. In this regard, the alternative is obvious, though seemingly improbable from the perspective of a naturalistic social scientist. The alternative is a capacity to be ultimately concerned for the other.

Altruism, in this sense, is not helping others with an ultimate motive to benefit one’s self (however long or short the term of the benefit). Altruism is making the other the ultimate end—making decisions with a “neighbor’s” needs as the ultimate criteria for the decisions. This capacity for altruism does not assume that all concerns and motives would necessarily be for the sake of the other, but it does assume that all concerns and motives could be for the sake of the

other. That is, this alternative to hedonism does not have to mean a constant motive of altruism, though constant altruism might would be the ideal from the perspective of some altruists (e.g., Adler, 1958; 1969). This alternative would merely mean the possibility of the ideal becoming real—clients (and therapists) can (and should) treat others as ends in themselves, rather than as means to their own self-oriented ends. This assumption may, in fact, be the informal assumption of many therapists. However, if this is true, it is not reflected or developed in the formal theories of psychotherapy.

What would such an alternative mean if it were more formalized and developed in psychotherapy? First, as mentioned earlier, it would mean major qualifications, if not revisions, of the mainstream schools of therapy theory—psychoanalysis, behaviorism, humanism, and cognitivism. Unlike the pleasure principle of Freud, for example, a true reverence or love for others, including God, would be possible (Levinas, 1987). Also, the extent to which altruistic motives replaced self-beneficial motives is the extent to which conventional “reinforcements,” at least as conceived by many behaviorists, would be less important. In addition, something besides the humanistic self would be of central interest. Instead of self-actualization, other-actualization would be the apex of the motivational hierarchy. And, contrary to many cognitivists, a client’s motivation to think of others first, and to consider his or her own self-interest second, would be the epitome of rationality, regardless of the outcome for the client (e.g., suffering).

An altruistic community is also possible, where members of the community were more concerned about communal than individual benefits. Journalists, for instance, routinely assume (via hedonism) that community and political leaders act in their own self-interests (e.g., getting elected). An altruistic alternative would assume that political leaders could be ultimately concerned with what is best for the community, rather than their own careers. Consequently, this

possibility is as likely as hedonism when interpreting a politician's behavior. Similarly, therapists could be truly altruistic with their patients and work to instill altruistic values in their clients. Reciprocity and "win-win" relationships would not necessarily be the ideal of human connectedness. Marriages, friendships, and even therapist/client relationships could be entirely (and continually) unequal or asymmetrical in the benefits particular members of these relationships receive (e.g., Levinas, 1987).

A truly altruistic alternative would also put pain and suffering in a different light. As Jerome Frank (1978) has observed, psychotherapy currently has no room for "the redemptive power of suffering, acceptance of one's lot in life, adherence to tradition, self-restraint and moderation" (pp. 6-7). Altruism, on the other hand, would allow for the possibility of meaningful pain for its own sake—not just meaningful in the hedonistic sense of ultimately leading to well-being or happiness, but meaningful in its own right. Depression and other types of therapeutic suffering could have a meaning and purpose of their own, as some existentialists have argued (e.g., Yalom, 1980). Depressive symptoms and feelings would be probed for their own meaning, without automatically assuming they should be eliminated at some point. Indeed, continued suffering might be integral to continued meaning. Therapy might help clients experience greater purpose in their suffering, but this purpose would not be required to make the client "feel better" (a hedonism). This purpose would put the suffering in perspective or give it meaning, without taking away the pain or suffering in any conventional sense.

This alternative view of suffering implies perhaps the most striking contrast with a hedonistically oriented discipline—a change in orientation toward therapy outcome and efficacy. Currently, client benefit is the unquestioned ideal of nearly all therapies. An altruistic alternative, however, would imply another ideal, at least as the primary outcome—client altruism. That is, it

would be better for clients to benefit others than to benefit themselves. Note that this ideal is not the same as saying that clients would be “better off” benefiting others—often meant as a hedonism again. The main outcome would, instead, be the benefit of others, even at the expense of the self. Also, this altruistic outcome would not preclude the possibility of self-benefits ensuing. It would, however, preclude the client pursuing self-benefits—at least as the primary, desired outcome. In fact, some self-benefits might not be available to the client except through true self-sacrifice (e.g., some types of meaning).

Interestingly, this alternative to hedonism would also mean that conventional outcome measures (measuring self-benefits) should be more focused on others, as the beneficiaries of clients, rather than on the clients themselves. A positive therapy outcome would mean client sacrifices for the sake of others, including helping others to be more altruistic. Presumably, measures of the clients themselves would include a client’s sensitivity to others as well as a client’s skills in serving others. Similarly, holistic or communitarian measures would be formulated. Has the client’s sense of purpose within the community been heightened (even without the client “feeling better”)? The focus would be more on how the individual serves society than on how society serves the individual, even if suffering and depression were the individual outcome.

Is such an alternative to hedonism really possible or desired? Certainly, many religious traditions contend that it is (Slife & Calapp, 2000). However, many social scientists reconstrue these traditions of altruism as ultimately self-serving (cf. Emmons, 1999; Freud, 1963; cf. Slife & Calapp, 2000). Perhaps a more pertinent question is whether the data related to altruism can be interpreted in this alternative fashion. That is, do researchers have to interpret apparently altruistic behaviors hedonistically? Or, is hedonism an implicit assumption that is invoked

automatically (and without comparison to an alternative) when interpreting these data? Some observers would contend the latter (Beyers & Petersen, 2000; Fisher Smith, 2000; Gantt, 2000; Reber, 2000). Hedonism is part of the unconsciously held naturalistic paradigm of the social sciences, and thus is typically assumed and rarely tested (at least against alternative explanations).

If this dominance of data interpretation is true, then an alternative interpretation of the data is possible, perhaps even an altruistic alternative. Mental health professionals might have the capacity to follow their code of ethics, and therapists might be able to act in the best interest of their clients, regardless of their own self-interest.

What would such an alternative imply about the presumed need for economic accountability? Recall that accountability was needed, in part, because of the hedonistic nature of humans. What if humans were capable of truly altruistic motives? This capability would allow therapists to be as altruistic toward insurance companies as they are toward their clients. If therapists can act in the best interest of their clients, they could conceivably act in the best interest of the insurance company, particularly with an education about insurance company interests. However, the mere capability of altruistic motives does not mean the use of such motives. No one who champions the person's ability to act for the sake of others assumes that this ability means that persons cannot act for the sake of themselves. Although therapists are not relegated to being selfish, as with naturalistic hedonism, they are not relegated (through "natural law") to being selfless. However, this alternative approach to motives opens the possibility of alternative relationships between therapists and insurance companies.

Atomism

Atomism may be the least known of naturalism's assumptions (see Table 1). Still, this underlying conception accounts for some of the most popular implications of naturalism in

therapy, including the emphasis on individual diagnosis and treatment (individualism), and the notion that therapists should work within the moral framework of the client (relativism).

Atomism is the notion that the natural world is comprised of self-contained “atoms” (molecules, cells), each with its own properties and qualities contained therein. All the essential properties of an atom are located in the atom itself (e.g., as reflected in the periodic table of the elements). This location does not prevent atoms from interacting with other atoms, but it does imply that each atom must first exist as a self-contained entity and then cross time and space to interact with other atoms. Indeed, one of the goals of naturalism is to discover the laws or principles that govern these atomistic interactions.

Many social scientists and practitioners have adopted this assumption by viewing individual people as the “atoms” of larger communities, with each individual as a self-contained unit (cf. Richardson et al., 1999; Slife, 1993). That is, the qualities of each individual are understood as originating from the individual—from the self. Individuals are considered either in terms of their unique pasts (e.g., intrapsychic dynamics, reinforcement histories, memory storage) or in terms of their unique biochemistries (e.g., genetic makeup, neuroanatomy) or some interaction of the two. Whatever is the case, these characteristics are thought to be contained within the individual and carried from situation to situation by the individual (e.g., personality, trait, diagnosis). Atomism is so pervasive that even mainstream approaches to relationships and systems view them as collections of self-contained individuals (cf. Slife, 1993, Ch. 8).

Another important implication of atomism is the uniqueness and relativity of each “atom.” If the properties of each atom or individual are self-contained, then it follows that these properties could be unique. Each individual or atom could be quite different from other individuals and atoms, each with its own individual “needs.” In therapy, for instance, what some

clients need is not necessarily what other clients need. Consequently, individual clients should be understood relative to their own personal histories and biological needs. This relativity is also thought to include values; individuals should be understood relative to their own values. As discussed previously, there are clear ethical injunctions against therapists imposing their values on clients (ACA, 1995; APA, 1992).

This relativity is also a prime reason that individual therapy has traditionally been more popular than group or family therapy. The problems that clients bring to the therapy session are considered unique and contained within the self. A group of such clients would be a collection of self-contained uniquenesses. To do their unique problems any justice is to deal with them on an individual basis, even in the group. Moreover, the common practice of having clients come to the therapist's office originates from the atomistic assumption that clients carry their problems with them. If their problems were not self-contained, then they might change from situation to situation and be qualitatively different in the therapist's office. To be sure, atomists expect some differences as situations change, but the basic qualities of individuals (e.g., personalities, traits, diagnoses) are thought to be essentially stable and self-contained.

Even the methods of science, including the methods of the social sciences, are bathed in atomism. Scientists routinely assume, for instance, that they are studying self-contained events and unique “variables.” Variables are supposedly separable from and independent of other variables, each existing in their own right and having their own properties. Therefore, scientists believe they can isolate certain variables—e.g., “independent variables”—by eliminating extraneous variables in the laboratory or controlling them through experimental designs. They also believe they must sample all the relevant variables, because their findings would not contain the influence of these self-contained variables without such sampling. Natural scientists remain

interested in discovering the laws that govern the interaction of these isolated variables.

However, they view these multivariable interactions as first existing as self-contained individual variables.

Problems with Atomism. As popular as atomism and individualism are, these assumptions of naturalism can be very problematic. Perhaps the most obvious practical problem is the expense of individual care. If all people are unique and self-contained, then the ideal of health care is some individually tailored treatment, relative to each client's situation and needs. Atomism does not exclude group or community treatments. However, such treatments are frequently viewed as less than ideal and are often conducted as individual therapy with an audience (Yalom, 1983; 1985; Slife & Lanyon, 1991).

Unfortunately, the atomism that fuels these practices is not well supported—empirically or theoretically. In fact, there is considerable evidence that many qualities and characteristics of people are not self-contained (Richardson et al., 1999; Woolfolk, 1998). Some qualities and characteristics are inextricably intertwined with contexts and factors that are “outside” individuals. They cannot be understood without reference to the simultaneous context that surrounds them. The term “simultaneous” is emphasized here to distinguish self-contained qualities that interact sequentially with their environments (atomism) from qualities that cannot be separated and do not exist apart from their contexts, even for a moment (Slife, 1993).

For example, a moderately active child—Little Bobby—could be perceived (and perceive himself) as a “behavior problem” because everyone else in his classroom is relatively passive. Little Bobby’s context—the relative passivity of his classroom—could be the sole reason he is viewed as “abnormal.” If the same child, with the same behavior and “self-contained” qualities, were somehow placed in a classroom or culture of similarly active people, his activity would likely

not be noticed, let alone “diagnosed” as a problem. Note also that Little Bobby’s context and his behavior problem are not in sequence; the context of the classroom is not “first” and the behavior problem “second.” Little Bobby’s behavioral problem, in this case, is simultaneous with and inseparable from his context.

Likewise, a woman from Finland was recently enrolled in a class taught by the author. She claimed (and her family corroborated) that her emotional state and personality were the same in the United States as they were in Finland. However, in Finland she was considered a “joyous and energetic sort,” whereas in the United States she was constantly asked whether she was depressed. If the culture of Finland is somewhat introverted and taciturn, as some report (Sallinen-Kuparinen, 1986; 1987; Sallinen-Kuparinen, Asikaincn, Gorlander, Kukkola, & Sihto, 1987), then someone who is less introverted and taciturn might be labeled as “joyous and energetic.” This same pattern of behavior could also be understood differently in the light of another culture’s emotionality and behavior, in this case the United States. Diagnosis, from this perspective, does not depend entirely on one's self-contained qualities (e.g., nature/nurture). Diagnosis also depends on the simultaneous culture or context of the person being diagnosed. Even the notion that one should be diagnosed could be a product of culture in this sense (Fowers & Richardson, 1996).

These difficulties with atomism have served as the impetus for both the family therapy and social constructionist movements. Family therapists noticed that the “identified patients” of the family—the patients who their families identified as being the most problematic—were better understood and treated in the context of the family itself (e.g., Becvar & Becvar, 1988). The problems were not located “inside” the identified patient, as an atomistic entity; rather, the problems were located among the relationships of the family members. Although this insight was

the original impetus for the family therapy movement, many family therapy conceptions have not escaped atomism. These conceptions still assume that the family is a collection of interacting “atoms” rather than a nexus of relationships (Slife, 1993).

Social constructionists have experienced similar problems, both with individualism and with evading atomism more generally. First, the cross-cultural studies of social constructionists have revealed the ethnocentricity of individualism—the cultural factors involved in embracing atomism (e.g., Gergen & Davis, 1985). Virtually all the atomistic traits and characteristics of the self have been associated with Western culture (Gergen, 1994). Even professional notions of self-contained personalities, self-esteem, and the self in almost any capacity have been shown to be far more “Western” than previously realized. Many Asian cultures, for example, are relational and contextual. Honesty is not a trait that one carries from context to context; honesty is related to specific contexts, and thus is potentially changeable, even within a particular individual (e.g., Schweder & Bourne, 1982).

Interestingly, however, social constructionists may fall prey to atomism at another level. Although they clearly eschew atomism at the level of the individual, they have been criticized for assuming atomism at the level of society (Fowers & Richardson, 1996; Slife, 1999). That is, social constructionists seem to view societies and cultures as self-contained, with their own rules, customs, and traditions. The only way to understand a society, from this widely held perspective, is to study the society itself, with all its qualities contained therein. This understanding of society is the main reason that social constructionists are thought to be relativists (e.g., Richardson et al., 1999). They believe that therapists should understand and treat people relative to their culture, and they argue that one culture has no right to impose its self-contained values onto another culture, including the value of atomism.

The difficulty is that relativism at any level—whether individual or societal—is problematic, even paradoxical. The root of relativism is the notion that we should not privilege one particular individual or social value system over any other, at least in any absolute sense. If certain values are privileged, relativists believe their privileged status comes from the social power that supports them. In this sense, the relativist seems to endorse no existing value system. The problem is that there is also a sense in which this lack of endorsement is itself a value system. That is, the notion that one should avoid privileging a particular value system itself implies a host of implicit moral injunctions. First, it is wrong to claim an absolute justification for one's value system that one does not possess. (One should be honest.) Second, it is wrong to privilege one value system over another when the only basis for privileging is “might makes right.” (Might should not make right.) Third, the tolerance of other value systems is a supreme virtue. (Intolerance should not be tolerated.) Fourth, it is wrong to “judge” other people from your own value framework. (One should be nonjudgmental.) And fifth, it is wrong to persuade others to abandon their own value system. (One should respect the views of others.)

The paradox of this relativistic position, then, is that it is a particular value position while simultaneously claiming that one should not endorse a particular value position. This paradox has very practical consequences for therapy. Although relativistic therapists are supposed to approach a client as if they have no values—to identify and work within the client's moral system—the notion that one should approach a client in this manner is itself a value (Fowers & Richardson, 1996; Slife & Fisher, 2000a). That is, to be tolerant or open to someone's values is to support the values of tolerance and openness. The paradox of relativism becomes clear when we consider a client who values intolerance or close-mindedness. What values do relativistic therapists use in this instance? Should relativists adopt the values of the client, as relativism

would demand, and abandon their own relativistic tolerance and openness, even openness to the client in the session? Or should they uphold the values of relativism in the session, and thus in their word or deed persuade the nonrelativist to become more relativistic?

The existence of these two alternatives raises an interesting empirical question: Which alternative do relativistic therapists typically pick? The research on this question is fairly unequivocal: relativists typically do not embrace their clients' close-mindedness and intolerance in therapy. Instead, they attempt to influence their clients (however intentionally or unintentionally) to become more open-minded and tolerant (e.g., Bergin, 1985; Kelly & Strupp, 1992; Smith, 1999; Strupp, 1980; Tjeltveit, 1986; 1999). In other words, relativistic therapists not only hold very specific values (what Bergin, 1985 calls the “freedom” values, p. 108), but they also attempt to impose these values on their clients, often without even realizing it. Indeed, they rarely view these values as stemming from their own unique philosophical positions—that is, from their own private values. They view them as the values all clients should possess. As Jensen and Bergin's (1988) survey indicates, the values related to relativism are the most endorsed values of psychotherapy. They are seen as the way in which all clients should be—as a kind of universal set of values.

Unfortunately, this quasi-absolutism violates the relativist ethic about not imposing values on clients, regardless of how widely these values are endorsed. Even values that are widely agreed upon are still values and still imposed when the therapist promotes them. Moreover, there is considerable evidence that these therapists do promote them (see Bergin, 1985; Beutler & Bergan, 1991; Kelly, 1990; and Slife & Fisher, 2000a for reviews). Indeed, this promotion is the reason that many multiculturalists see therapy in general as a type of cultural imperialism (cf.

Fowers & Richardson, 1996; Hoshmand, 2001). The paradox, again, is that such relativists (particularly social constructivists) are specifically attempting to avoid such imperialism.

An Alternative to Atomism. One prominent alternative to atomism challenges both individualism and relativism—contextualism. Instead of the properties or qualities of a thing being contained “inside” the thing, the contextualist asserts that at least some of these properties and qualities come from “outside” the thing, in its context or situation (cf. Bohm, 1980; Slife, 1993). Just as parts get their identities from their relation to other parts (the whole), individuals get their identities from their relation to other individuals (or the community or culture). Individuals, from this perspective, are radically social creatures. They derive their identities, in large part, from the roles they play and the relationships they enjoy (e.g., Bellah, Madsen, Sullivan, Swindler, & Tipton, 1985; Eriksen, 1963). People are not first individuals and then communities—from this holistic perspective—they are parts of wholes, first and always.

This contextualist alternative has many intriguing implications. Methodologically, for example, none of the variables or events that science studies is self-contained. They do not exist, and cannot be understood, except in relation to one another, including the “variable” of the observer of the variables—the scientists themselves. Variables, in this sense, cannot be isolated or made “independent” of other variables without qualitatively altering them from their “natural” occurrence, as part of a whole. As Bergin (1997) notes, persons particularly (clients, therapists) should not be viewed as “variables” in this isolated sense (p. 84). To study an isolated subject in a laboratory setting or to counsel an isolated individual in a therapist's office is potentially to miss vital qualities of the individual that exist only in relation to his or her context.

In therapy, this context includes the therapist or observer of the individual. That is, the interpretation of the individual (e.g., diagnosis) is itself part of (a necessary condition to) the

context. From this contextualist perspective, even individual therapy is always and already a “systemic” enterprise; the “client” is understood in relation to the therapist (and therapist's interpretation). Diagnostic and outcome measures, from this perspective, would need to be interpersonal and relational rather than personal and individual (cf. Kellerman, 1979; Leary, 1957; Yalom, 1985). In addition, the ideal treatment would not be individual therapy, at least in the narrow sense; the ideal treatment is a truly systemic therapy. Crucial here is distinguishing, theoretical and practically, truly systemic therapy from individual therapy with an audience. Also, systemic therapy could have important economic consequences. Many people could be effectively treated at the same time, both because individuals are inherently related to one another, and because many of their characteristics only arise in relation to one another.

Understanding these people relative to one another (and their context) would seem to make relativism important. Recall, however, that relativism depends ultimately on atomism. That is, relativism requires individuals or cultures to be self-contained, so that they are understandable and meaningful in isolation from one another (e.g., unique individual needs). Contextualism, on the other hand, assumes that individuals and cultures are only understandable and meaningful in relation to one another (the whole). For example, there would be no such thing (or word) as “culture,” if there were not other cultures in which to relate and compare it. Even qualities of cultures—e.g., romantic, industrious—ultimately depend on their relations to other cultures. Without some contrast with less romantic or industrious cultures, these qualities of a culture would not stand out or get noticed. In this sense, the qualities of cultures (and individuals)—at least as understood and experienced—are not completely internal to them or relative to their self-contained properties. Indeed, to truly understand why a particular culture (or individual) is understood a particular way requires knowledge of comparison cultures (or individuals).

Philosophers sometimes call this type of contextualism temporalism to distinguish it from relativism (e.g., Faulconer & Williams, 1985; Heidegger, 1962; Slife & Reber, 2001; Widdershoven, 1992). Contextualism requires that individuals and cultures be understood in relation to their context. However, this context is not itself atomistic or self-contained. Even this context must be understood in relation to the context of contexts, and so on. From this perspective, no context is completely “local;” all contexts have at least some translocal characteristics that pervade many or all other contexts (Kristensen, Slife, & Yanchar, 2000; Slife, 2000b).

In therapy practice, this temporality means that individuals and their cultures are not self-contained. Individuals, regardless of their culture or unique qualities, are not “closed systems” shut off from one another. Whatever values, beliefs, and experiences individuals might have, they are relatable to and potentially understandable from the perspective of a person from another culture, race, or gender. Contextualism, in this sense, is an interesting challenge to some multicultural and feminist approaches that assume that only a therapist from the same culture, gender, or experience can truly “relate” to and understand the client (cf. Hoshmand, 2001; Maracek, 2001).

Universalism

As the final assumption of naturalism (see Table 1), universalism helps to account for the formal disciplinary emphasis on theoretical principles, standardized diagnoses, and manualized techniques, as well as the formal research importance of generalizability, uniform procedures, and reliability. Universalism (or atemporality, as it is sometimes called) originates from the Greek legacy to Western culture that says the most fundamental and natural things are the things that do not change—the things that are universal across both time and space (Faulconer & Williams,

1985; Slife, 1993; Slife, 1995; Slife & Williams, 1995). The common notion that truth does not change stems from this universalism (Boman, 1960). That is, if the truth is fundamental, then it cannot change. Of course, if the truth cannot change, then it cannot be a physical thing. As the Greeks knew full well, physical things do not meet this unchangeable standard, because they eventually change (e.g., deteriorate, evolve). The most fundamental things, then, are metaphysical entities or those entities that are “beyond” the physical, such as principles and laws (e.g., truth as principles).

To say that principles and laws are beyond the physical may seem a bit odd, particularly when we are considering natural laws and principles. Natural laws and principles are considered the most fundamental entities from a naturalistic perspective. After all, they are the entities that are thought to govern the events of nature (e.g., Newton, 1934). Natural laws, however, are not physical in the conventional sense. They do not fall on our retinas and they cannot be touched; only their manifestations are sensorily experienced. For example, no one has ever seen the law of gravity per se, but everyone has experienced its manifestations (e.g., scale weight, footprint in the sand). The point is that natural laws, and thus universals, are not themselves physical; they are the unchangeable entities that supposedly control the physical (and thus control the changeable). They are thus discovered through inference rather than experienced directly.

These unchangeable laws are highly valued because they are viewed as the most fundamental and natural of all things, again courtesy of Greek philosophy. Even in the social sciences, which can boast of few natural laws, true knowledge is expected to approximate universality (i.e., change as little as possible). True knowledge must be generalizable to more than one place and time—hence, the importance of replication in the social sciences. Empirical findings that are not replicated, and thus do not apply to more than one place and time, are not

accepted as real findings (e.g., parapsychological findings; Reinsel, 1990). Indeed, a lack of replicability, in this sense, would mean a lack of scientific predictability. Part of the importance of universal laws and principles is that they allow the prediction (and determinism) of natural events across time and place.

Many social science endeavors evidence the importance of universalism (and its approximation). In fact, all the formal theories, concepts, and techniques of the social sciences are supposed to be universal. Formal theories, in particular, are recognized for this quality (Rychlak, 1981). Beck's theory, for example, assumes that all people (universally) have a mind (Beck, Rush, Shaw, & Emery, 1984); Skinner's (1972) theory assumes that all people can be reinforced. Although few, if any, social science theories are proven universals, they must be formulated as universals to be candidates for knowledge. All the mainstream theorists of psychotherapy postulate universals of human nature (e.g., hedonism), as if universalism is inherent in theorizing. The formal techniques of therapy are considered similarly. Although they can be tailored to some degree, they must possess universal principles that transcend the client on whom they are applied. Otherwise, they are not "techniques" in the usual sense of that term and would not be usable after being learned the first time.

Universalism, then, is a prime factor in the discipline moving to minimize professional variability (or change) through standardization and categorization (e.g., Bergin, 1997; Messer, 2001). A diagnostic system, for instance, would not be knowledge if it contained no generalities. If its categories (e.g., schizophrenia) changed qualitatively with every change in situation, it would not be viewed as knowledge in this universalist and naturalist sense. This variability would also rule out materialism, because biological principles are themselves understood in universalist and thus cross-situational terms. Universalism is also the root of our professional motivation for

manualized techniques and standardized tests (e.g., Strupp & Anderson, 1995). If techniques and tests changed constantly from context to context, particularly in their basic concepts and principles, they could not be viewed as knowledge. Nothing learned in one situation would seem to be transferable to the next situation.

Therefore, the ideal from this universalist perspective is a matching of “universals.” Unchangeable and universal diagnostic categories should be matched to unchangeable and universal techniques, so a manualized and mechanically administered treatment can be prescribed for a known and thus predictable disorder (e.g., Koss & Shiang, 1994). This ideal, of course, is the medical (naturalist) model. Ideally (with all universal principles known), no thinking or creativity would be necessary in this model. Our knowledge of the universals, including the general principles of the matching process itself, would dictate the prescriptions given. Even the course of treatment would ideally consist of a set of principles to be followed mechanically. If tailoring to the uniqueness of the client was needed, a set of principles should also guide the tailoring, with a truly “cookie cutter” therapist as the ultimate result (Bergin, 1997, p. 85).

Problems with Universalism. The issues of tailoring and uniqueness hint at the traditional problems with universalism. The assumption of universalism is warranted only if clients and their contexts are fundamentally the same. If, however, clients and their contexts are fundamentally and qualitatively different, even at times, then generalizations and “universal” theories are not the only path to knowledge and truth. Psychologists do engage in “individual differences” research, but they consider such differences to be potentially universal, and thus generalizable and replicable. In other words, the universalist assumption is still in place with such research. What if important information involved nongeneralizable, nonreplicable, and even completely unique and

one-time events? What if, as many therapists report, significant client events are often one-time and possibly unique (e.g., trauma, “spiritual” events)?

A common response among universalists is that nongeneralizable information is unscientific or unsupportable, and thus cannot be important to a scientifically based practice (cf. Reinsel, 1990). However, this position is questionable in light of evidence indicating that one-time events can be greatly significant to those who experience them (Jung, 1960; Stricker, 1996). Many traumatic or even “spiritual” experiences occur only once and may be irrelevant to anyone else, yet their lack of replicability and generalizability does not detract from their fundamental significance to the persons experiencing them. Artistic and creative works are often one-of-a-kind, yet few would question their importance or potential for providing meaning and even life-altering experiences.

Another universalist response to this uniqueness is to multiply the number of universalist categories available for classifying unique experiences, people, and so on. Eclecticism is an example of a project that is intended to do just this – through the multiplication of therapeutic categories (Slife & Reber, 2001). Eclectics typically spurn single theories and single sets of interventions because they are too limiting. Their solution to these limitations is either to multiply theories (theoretical integrationism) or to multiply techniques (technical eclecticism). The diagnostic system, as another example, has been expanded and modified to make sense of the many idiosyncratic manifestations of behavior disorders and emotional difficulties. These approaches allow for some differences, to be sure, but they also deny the existence of truly one-time or wholly unique experiences and people. More and better generalities are still generalities. They still assume that clients and/or problems are fundamentally interchangeable parts, within a particular category.

Unfortunately, this assumption is questionable in therapeutic practice (e.g., Henry, Strupp, Butler, Schacht, & Binder, 1993; Strupp & Anderson, 1995). It might be problematic to assume that the client who just left the consulting room is fundamentally the same as the new client who just entered—even with the same diagnosis. Moreover, there is considerable evidence that therapists themselves are not interchangeable parts in this way. Although researchers have gone to great lengths, in the spirit of universalism, to “eliminate the therapist as a unique factor” (Bergin, 1997, p. 85), Lambert and his colleagues have shown that the second largest amount of variation in therapy outcome stems from therapist differences—the first largest being client differences (Lambert, 1989; Luborsky, 1995). Standardized (and universalized) techniques are not the strongest determinant of client change (Lambert & Okiishi, 1995).

Perhaps the best case for fundamental particularity is the relatively recent awareness of the depth of ethnic, racial, and gender differences (Fowers & Richardson, 1996). However, these differences have traditionally been understood either as categories of approximate universality (as described above) or as “add ons”—factors that are not viewed as essential to the identity or problems of the client (Hoshmand, 2001). Universals and generalities are considered more basic and essential than cultural uniquenesses and particulars. For example, a different diagnostic system is not provided for each culture: the diagnostic system is considered fundamentally universal and cross-cultural (again, following the dictates of the medical model). Generalities, after all, lead to knowledge that can be used repeatedly, whereas qualitative differences obviate knowledge advancement in this universalist sense.

However, a focus on generalities can also result in less therapist openness and creativity. If true knowledge consists of generalities and universals, then a true knowledge of clients requires a focus on the things that do not change—commonalities and samenesses—to discern universals

rather than particularities and one-time occurrences. Universalism leads therapists to selectively attend to what fits the particular category of generality (e.g., diagnostic category, theoretical construct) and to selectively inattend to information that it does not fit. Formal theories and systems of therapy, in this sense, can obviate an authentic openness to the client. Therapists can lose vital information about what is changing in their clients in an effort to find the most fundamental aspects of their clients' conditions or to apply the generalities of the theory or system.

Fischer (2001) calls attention to similar problems in psychological assessment. The history of psychological assessment has been one of careful norming and standardization, in the universalist tradition. However, Fischer points cogently to the information being lost through such procedures. In addition, if universalized and standardized theories and manuals are to mechanically guide therapy practices, then therapists would be less able to creatively deal with client idiosyncrasies and uniquenesses. Slife and Reber (2001), for instance, cite a prototypical case in which the therapist's attention to his theory's universals (and thus techniques) obstructed his truly "seeing" his client. In fact, it was not until the client burst through the therapist's theoretical bubble that any creative interventions were available to the therapist.

An Alternative to Universalism. Hermeneutics can serve as an alternative to universalism (e.g., Packer, 1985; Packer & Addison, 1989; Richardson et al., 1999; Messer, Sass, & Woolfolk, 1988; Woolfolk, 1998). Advocates of hermeneutics, in fact, specifically challenge the universalist Greek legacy to Western culture by contending that the changeable is at least as fundamental than the unchangeable (Faulconer, 1990; Faulconer & Williams, 1990; Heidegger, 1962; Messer, Sass, & Woolfolk, 1988). Instead of searching exclusively for universal, metaphysical laws that occur without regard to context, hermeneuticists advocate the search for experiential patterns of

change—e.g., patterns of behavior, experiences, meanings, or relationships (e.g., Bohman, 1993).

Many of these personal or interpersonal patterns are not lawful in the conventional naturalist sense because metaphysical laws or principles are not thought to control them; there is nothing more fundamental than the patterns themselves. These patterns of behaviors or relationships pertain to and must be understood within the context in which they are found—potentially unique and nonrepeatable. Replication, in this sense, is not required, at least in the universalist sense. Indeed, some patterns may not be replicated in all or even most other contexts; some may even be limited to a very specific context or culture (e.g., family). This limitation, however, is not viewed as preventing knowledge or understanding; rather, it is considered a vital aspect of true understanding. In this sense, the hermeneutic approach is not unlike some case study methods.

Some contextual patterns, as with instructive case studies, may apply to many conditions and contexts. Still, from this hermeneutic perspective, these patterns cannot be elevated to theoretical universals or natural laws because this status is always presumptuous. That is, universals and laws presume a knowledge that no human can ever have—that the pattern exists in all contexts. Consequently, the hermeneuticist prefers a more conservative, more humble approach that considers a pattern to be present only when it is experienced. Therapists, for instance, should never presume that a regularity of behavior (e.g., as connoted by a diagnostic label) is correct in another context (e.g., the next therapy session). Each new context—indeed, each new moment—means new possibilities. Even a “schizophrenic”—a diagnostic label frequently understood to cross most contexts—can have periods of symptom-free behavior.

From this hermeneutic perspective, such individuals might be better labeled “intermittently schizophrenic.”

Therapists, then, must be open and ready for change, at any point and under any circumstance, because change is a “natural” and fundamental way of things. Universalism, on the other hand, precludes such changeableness, because it assumes that the most fundamental events of therapy can be known in advance (through universal principles). The hermeneuticist, by contrast, can never assume that the patterns observed are final or complete – particularly among humans – because they are liable to change as our contexts shift and the interpreters of such regularities themselves change. These changes can be gradual and regular, such as a learning curve, or these changes can be discontinuous and cataclysmic, such as a sudden insight.

In either case, social science researchers would not be required to find the unchanging laws or principles that govern these changes. They could embrace experiential change for its own sake or perhaps find patterns in the change, but they would not elevate these patterns to a status that says the patterning itself (laws, principles) governs the change. In other words, the change is not necessarily determined (or governed). The regularities of change that are discerned through research would not have to be patterns of necessity; they could be patterns of possibility and meaning, permitting nondeterministic (and nonnaturalistic) constructs, such as agency and transcendence, to be part of the research enterprise.

From this perspective, treatment and research is less about discovering the universals and theoretical principles that underlie the client’s behaviors and experiences and more about understanding the particular meanings of change that inhere in these behaviors and experiences. Interestingly, many qualitative researchers have explicitly advocated this approach, where the emphasis is more on understanding these meanings than on explaining underlying (naturalistic)

forces (Crabtree & Miller, 1992; Denzin & Lincoln, 2000; Gilgun et al., 1992; Slife & Gantt, 1999)

Assumptions as Constraints

At this point, we have reviewed five major assumptions in the philosophy of naturalism. We have also reviewed some of the problems with, as well as one of the alternatives to, each assumption—to clarify its boundaries and counter any notions that it is an unchallengeable truism. The question now is: how do these five assumptions actually constrain therapists and therapy researchers? Recall that some prominent observers have feared that therapists and researchers are becoming technicians, without a critical and creative perspective (e.g., Messer, 2001). Some have feared they are becoming “cookie cutters” with a “bottom-line mentality” that emphasizes mechanical techniques and leads to inflexibility (e.g., Bergin, 1997). Even if this disciplinary mentality has not yet come completely to fruition, what accounts for these fears and perhaps even these trends?

First, unrecognized assumptions are the worst sort of mental constraints, because they exert their influence without our awareness. We are so familiar with them (through our formal training and acculturation in the discipline) that we automatically and unconsciously assume them. Indeed, they may even appear to be part of our world. We are so used to organizing and interpreting the world with these assumptions that we forget they are conceptual organizations and interpretations. They become reified, stultified, and ultimately constraining to our perception, thinking, and experiencing, because they are institutionalized through the discipline that informs us. They color our perceptions, direct our thinking, and imbue certain experiences with special importance. Let us briefly review each of the five assumptions of naturalism to see how they constrain psychotherapists in these ways. Again, these constraints are primarily related to

institutionalized and formal conceptions of psychotherapy (as described in the introduction to the philosophy of naturalism). They do not necessarily pertain to the informal practices and conceptions of psychotherapists.

Objectivism. Although being “objective” frequently connotes a lack of mental constraints or intellectual biases, objectivism has definitely constrained the field of psychotherapy. Indeed, this connotation may be the primary constraining implication of objectivism—therapists and researchers presume they do not need to attend to implicit biases and values. The problem is that this inattention is singularly unscientific. The hallmark of science is investigation, in all its forms—including the investigation of its own assumptions and values (Slife, 2001). With objectivism, however, biases and values are viewed as either irrelevant or already settled, because objectivist methods are assumed to control or eliminate them through research. Therefore, therapists can remain ignorant of the effects of assumptions in therapy as well as ignorant of the innovations available from potential alternatives.

The upshot is that unrecognized constraints and unacknowledged interpretations (e.g., naturalism) become reified. As mentioned, some assumptions and values are so familiar that they are thought to exist in the external world. As the “real” rather than the debatable, therapists typically do no thinking about them and researchers usually provide no examination of them. Doubtless, these assumptions make either positive or negative contributions (or both) to the therapeutic matter at hand. However, objectivism obstructs the active search for and test of these contributions, both in therapy and in research. In research, particularly, objectivism stymies the development of nonobjective methods and techniques—methods and techniques that do not share the values and assumptions of objectivism (e.g., qualitative methods, existentialism). This lack of development, in turn, prevents methodological pluralism, where researchers know the advantages

and disadvantages of various methods (including quantitative methods) and pick and choose from among them depending on the subject matter (Bergin & Garfield, 1994a; Caldwell, 1994; Richards & Bergin, 1997; Roth, 1987; Slife & Gantt, 1999).

Materialism. Materialism constrains both research process and therapy outcome. In order to study psychotherapy outcome and process, all factors must either be material by their nature (i.e., biological) or made into material factors by proxy (i.e., operationalized). This materialist requirement has several implications for therapy and research. In therapy, it means we must focus increasingly on those things that are observable and replicable—namely, the techniques and biology of therapy. Moreover, any theories of therapy that do not focus on observable techniques or biology (e.g., existentialism) are viewed either as wrong before investigation or as “unscientific”—which can amount to the same thing in a scientific discipline.

In research, materialism means the discounting of nonmaterial factors in two senses. First, it implies that material (biological) factors are more basic, and thus more like causes than effects. Even before investigation, theories about material processes are presumed to involve more scientific and more fundamental processes. This presumption can account for the many inferential leaps that are permitted in materialist interpretations of data (see the Materialism section above). Second, the study of nonmaterial factors requires a translation process (operationalization) that allows only the material manifestations of these factors to be studied (and not the factors themselves). If nonmaterial factors (e.g., love, spirituality, relationship, agency) have any real import for the social sciences in general and therapy specifically, materialism hampers their development and use by therapists, and their study and understanding by researchers.

Hedonism. The assumption of hedonism gives special importance to benefits of the self. Although there are many variations of these benefits—including happiness, well-being, and

fulfillment—and many therapies urge clients to help others, the ultimate concern is whether the self is benefited. This concern is effectively the “bottom line” of therapy, and it is the bottom line of managed care. Client benefits lead to managed care profits. After all, the medical (naturalistic) model advocates the relieving of suffering as one of its primary tasks. Therefore, medical professionals should attempt to eliminate all types of suffering, unless the suffering itself benefits the self. Therapy, from this perspective, is the facilitation of a sophisticated selfishness, because selflessness is either secondary or impossible.

Hedonism, in this sense, puts severe constraints on the meaning and purpose of suffering as well as the sacrifices one can make for the sake of others. Depression, for instance, can have no legitimate purpose or function in itself. It is only legitimate if it serves as a means to some greater happiness (e.g., stress inoculation). Similarly, no suffering or sacrifice for the sake of others is justified or can be recommended, unless, again, it leads to benefits for the self. This constraint is also true of professionals; they can only help others if they gain a commensurate benefit for themselves. Therapists may experience altruism toward their clients, but the discipline explains this experience hedonistically. True altruism is impossible, so there is no point in therapists cultivating altruism—in themselves or in their clients. Indeed, a therapist should cultivate a suspicion of people who say that their motives are altruistic.

Atomism. Atomism restricts the disciplinary emphasis to the individual (the self). Although the interaction of individuals is clearly permitted (e.g., communities, systems), these interactions can only be conceptualized as collections of self-contained individuals. Theorizing is focused on understanding individuals (personality theory) rather than conceptualizing holistic communities or cultures. The greatest concerns of atomistic theorists are the qualities that are inherent in these individuals (e.g., reinforcement history, cognitive schema, intrapsychic conflict)

and the qualities that remain relatively stable across different situations (e.g., personality traits, cognitive storage). These concerns imply, in turn, an emphasis on individual interventions and a tailoring to each individual's needs and values (e.g., relativism).

This individualism restricts the development of community-based interventions as well as conceptualizations of systems that do not consider individuals to be their most basic components. As Sandel (1996) and Fowers (1998) have noted, atomism makes communities and relationships the means to individual ends. If, for example, a married individual is no longer happy, then the marriage is no longer doing its job as a means to this individual happiness, so divorce should be considered. Valuing individual happiness is, of course, the synergy of hedonism and atomism, where therapy is limited to the hedonistic benefits of the individual client. Clients are the “experts” on their individual needs because each client is self-contained. This expertise means that therapists are restricted to what their clients believe they need, because the community or culture (including the therapist) supposedly plays little or no part in deciding these needs.

Universalism. The assumption of universalism predisposes the therapist and researcher to attend to what is universal (generalizable) and unchangeable (permanent), because knowledge and truth are supposed to consist of, or at least approximate, what is universal and unchangeable. If therapists want to know the truth of a client's condition, they must look for and focus on the commonalities or generalities of this condition (e.g., theoretical principles). This focus places two types of constraints on the therapist. First, it means the therapist should attend primarily to what is unchangeable in the client, even when the therapist is striving to help the client to change. Second, it leads to an overreliance on therapy theory, at the expense of understanding the particulars of the client, because theory supposedly contains the more important (unchangeable)

principles of therapy. Therapists are to use these theoretical principles with all clients, because the universals of naturalism provide security, expertise, and authority.

A similar reliance on diagnostic labels can also occur, as is well known (e.g., Rosenhan, 1973; Woolfolk, 2001). Here a marriage of atomism and universalism can result in identifying an individual client with a diagnosis (e.g., a “schizophrenic”), as though the diagnosis were contained within the individual (atomism) and not essentially changeable across different situations (universalism). This combination of atomism and universalism also complements the materialist assumption that diagnoses are fundamentally a property of the client's matter (e.g., a self-contained and unchangeable genetic structure). This complementarity of three assumptions means that people are biologically the same within a diagnostic category. Finding this sameness is the primary task of the researcher and therapist—hence, the emphasis on standardized procedures and manualized techniques. However, as Bergin (1997) has noted, this restriction to standardized procedures can lead to “cookie cutter” therapists because clients are thought to be, fundamentally, interchangeable parts.

Together, these five assumptions—the philosophy of naturalism—constrain not only what is thought to be the desired outcome of research and therapy but also what is viewed as the desired process. The most desirable outcome for research and therapy is a generalizable (universalism) and observable (materialism) benefit (hedonism) to the individual client (atomism).

The fifth assumption, objectivism, enters the picture by helping therapists and researchers to assume that this desired outcome is not itself laden with questionable values and biases (i.e., it is “objective”). Significantly, managed care enters the picture by institutionalizing this outcome as the ideal and making what is considered “objective” the only process for which compensation is offered.

The coalescence of these five assumptions also restricts the desired process for attaining this outcome, whether that process is therapy or research. This process should isolate (atomism) and manipulate observable (materialism) and value-free variables (objectivism) to find the natural laws or theoretical principles (universalism) that govern benefits (hedonism) for our clients. This view of the desired process fits nicely the logic of traditional experimentation, particularly the medical model that is concerned primarily with dosage in relation to effect size. However, this view also fits an increasingly prevalent conception of therapy. As Bergin (1997) puts it, “the epitome of this conception is the notion that people (personalities and psychological problems) are objects (or dependent variables) to be acted upon by therapeutic interventions (independent variables) designed by experts” (p. 83).

Conclusion

Some readers may view this chapter as a diatribe against naturalism. They may assume that exposing the assumptions of naturalism and calling them “constraints” mean that they are supposed to be bad or inappropriate for psychotherapy. The problem with this assumption is that there is no escape from assumptions. As Jaspers (1954) was quoted as saying in the early portion of the chapter, “There is no escape from philosophy” (p. 12). If Jaspers is correct, then no framework associated with psychotherapy—including the alternatives described here—avoids assumptions, problems and alternatives, and theoretical and practical constraints. A similar chapter to this one could be written on each of the alternatives mentioned in this chapter.

What can we do, then, with this assumption-bound, value-laden enterprise? The first step is the purpose of this chapter—awareness. Therapy practitioners and researchers need to be aware of the assumptions they are making and the constraints they are under, so they can be examined. This awareness, however, requires more than mere exposure to the assumptions. It

requires the elements incorporated into this chapter: an understanding of the problems of each assumption as well as at least one alternative with which to contrast the assumption. These elements help the assumption to be seen as an assumption, allowing its weaknesses to be recognized and the therapist's creativity to emerge. With an awareness of these elements, assumptions become points of view (rather than truisms) and possible ways of organizing and constraining therapy and research (rather than the only way).

Unfortunately, the pragmatism of many therapists and researchers thwarts this awareness of their philosophical assumptions. Such awareness is often considered more “philosophy” than “science”—as if understanding the intellectual foundations of the discipline is superfluous. Even pragmatism has its own intellectual foundations (e.g., James, 1907; Pierce, 1931); even pragmatism cannot escape its assumptions. However, many therapists and researchers have proceeded as if they could escape their assumptions, allying themselves with “whatever works” and the “bottom line.” This unreflective pragmatism—a variation on objectivism—seems to underlie many aspects of the current trends in psychotherapy. It certainly helps to explain the recent emphasis on therapy efficacy for so many factions, from researchers to managed care organizations to therapists themselves.

The thrust of this chapter, then, is not a diatribe against naturalism. It is a call for a reflective pragmatism, where we not only reflect on our conceptual constraints, but also move to alternatives when these constraints no longer suit us. The difficulty is, a reflective pragmatism requires more than mere awareness; it requires the active development and deliberate investigation of alternative points of view (hence, the space devoted to alternatives in this chapter). Without viable alternatives, familiar assumptions appear to be truisms. Popular points of view become reified, and one organization of reality becomes the organization of reality.

Naturalism is a case in point for formal theory, practice, and research. Many of the most familiar approaches and most common conceptions of the discipline are affiliated with this philosophy. Their affiliation with naturalism does not mean, of course, that these approaches and conceptions are bad or ineffective. Rather, it means that they have limitations (as do all approaches and conceptions) and that therapists and researchers should be ready to make adjustments as they encounter these limitations. It also means that these approaches and conceptions are often assumed without deliberate and rigorous examination. This lack of examination is understandable, given the seemingly divergent realms (economics, medicine, business, science) that have appeared to converge on the same vision for psychotherapy—even the same desired outcome and desired process. Such a convergence is commonly considered an indication of the truth of a shared vision. That is, if everyone sees things a certain way, then the way they are seen must be the way things really are.

Still, a convergence does not a truth make. In other words, there are alternative ways of accounting for this common vision. What is “seen” involves more than what is actually “there.” What is experienced or seen, especially when considering the validity of assumptions, involves our selective attention as well as our interpretation of that selection—in short, our formal and informal theories of the world. In this sense, another way of accounting for this common vision is that these normally disparate spheres of endeavor—economics, medicine, science, business—share intellectual histories and philosophies. It was this observation, of course, that led Kuhn (1970) to postulate the existence of paradigms in the natural sciences. He believed the taken-for-granted assumptions of these paradigms were as necessary as the data for understanding the beliefs and decisions of scientists. This chapter, then, is a call to examine the usually taken-for-

granted assumptions of naturalism, because recent trends indicate that we no longer have the luxury of leaving them unexamined.

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¹ Naturalism has been conceptualized in many ways over the centuries (cf. Griffin, 2000). Another paper would be necessary to chronicle and distinguish its various uses. However, as a brief attempt to differentiate my own use in this chapter, I would distinguish the meaning of naturalism from the natural, with the former as an interpretation of the latter. In other words, the philosophy of naturalism, as I intend it here, is a particular mechanistic and reductive interpretation of the life world.