Eclectic Psychotherapy

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Eclectic therapy is an approach that draws on multiple theoretical orientations and techniques. It is a flexible and multifaceted approach to therapy.

Having concepts and techniques from different therapeutic approaches allows one to use the most appropriate tools for each situation instead of those indicated by a specific theory; this increases the effectiveness of the interventions. It also allows more easily apply holistic treatments, that is, directed to the person as a whole.

Everyone has certain characteristics that set them apart from the rest; therefore, adapting the interventions to each client can become fundamental. The ‘eclecticism’ is very useful in this sense, since the increase in the range of treatments makes it possible to cover – better – the different needs of the clients.

Flexibility and creativity of the therapist are essential for being successful in psychotherapy. The therapist ‘par-excellence’ who is able to demonstrate these traits in the treatment room was Milton Erickson, the “Einstein of treatment” [1]. Erickson believed that, “Each person is a unique individual. Hence, psychotherapy should be formulated to meet the uniqueness of the individual’s needs, rather than tailoring the person to fit the Procrustean bed of a hypothetical theory of human behavior” [2].

Flexibility should also be demonstrated with regards to the length of the sessions, time between sessions, and involvement of any significant others of the patient in the treatment as well as the use of co-therapists and consultants in the treatment when indicated [3, 4].

Arnold Lazarus is of the opinion that relationships of choice are no less important than techniques of choice for effective psychotherapy [5]. A flexible repertoire of relationship styles, plus a wide range of pertinent techniques seem to enhance treatment outcomes. Decisions regarding different relationship stances include when and how to be directive, supportive, respective, cold, warm, tepid, formal, or informal. If the therapist's style differs markedly from the patient's expectations, positive results are unlikely.

The use of humour in certain situations can also be surprisingly effective in psychotherapy. Killinger points out that humour appears to releases patients from a narrow, ego-centred focus while loosening rigid, circular thinking [6]. Thought processes that had become ruminatively stale and closed are interrupted through humour, and a new fresh perspective emerges. “The shift in focus facilitated by humour may then serve to unlock or loosen the rigid repetitive view that individuals often hold regarding their particular situations.”

Flexibility in perceiving and evaluating things and situations is a ‘sine qua non’ for creative thinking. To be a creative therapist requires originality and unconventionality in one’s thinking and one’s actions and the willingness to take risks. Quaytman, concluded, “...what makes a creative psychotherapist is the extent to which she can risk chance, utilize diverse approaches to therapy, avoid dogma which denies a person’s uniqueness, and expand her own life experience”. “Thinking out of the box”, at times, is important in order to meet the requirements of the patient and be an effective psychotherapist [3, 7-9],

Perry and his colleagues concluded, “Too often patients receive the treatment known best to, or practiced primarily by, the first person they consult, rather than from which they might benefit” [10]. Trainees and supervisors also are likely to spend the bulk of their time together discussing phenomenology, or psychodynamics, and devote little, or no, time to the choice of treatment.

There is great value in having trainees exposed at the outset of their training to the non-dogmatic notion that many treatments are possible and that no one teacher or supervisor has a monopoly on the truth. They should be taught to determine what treatment is most likely to be optimal even if they don’t know how to do it. Learning when and how to refer onwards is an important part of clinical training. Instilling the notion of flexibility and openness at an early juncture of their training is crucial. Interns should be exposed to a dynamic atmosphere where different views are presented and creativity and experimentation are encouraged, to an environment enriched by the tension of clinical decision making and feedback.

“If the only tool that you have is a hammer, you will treat everything as if it was a nail” [11].
References