To unify or not to unify applied psychology: That is the question. In this chapter we review pendulum swings in the historical efforts to answer this question, from a comprehensive, positivist, "top-down," deductive yes between the 1930s and the early 1960s to a postmodern no since then and until recently. We then present a rationale and proposal for a limited, "bottom-up," inductive yes, using a case-based paradigm that integrates both positivist and postmodern themes and components. We call this paradigm pragmatic psychology and its specific use of case studies the pragmatic case study method (PCS method), because it calls for the creation of peer-reviewed journal-databases of pragmatic case studies. To illustrate the general potential of the PCS method, we begin with a specific psychotherapy case, which provides the reader with a concrete entée into the PCS method.¹

¹Note that the presentation of Mrs. B.'s case is not meant as a model case write-up of the kind that we have in mind for the new journal, Pragmatic Case Studies in Psychotherapy, which is described later in the chapter. Unlike the description of Mrs. B., which is designed to illustrate a particular point about the simultaneous use of multiple theoretical perspectives, the cases in the journal will be written up much more systematically and in depth. This is to enhance their level of rigor and to facilitate multidimensional comparison with other cases. To accomplish these goals, the case write-up includes an analysis in terms of Peterson's Disciplined Inquiry categories, described later in the chapter, and standardized, quantitative measures documenting assessment and outcome.
We then turn to the broader historical and epistemological arguments for the unifying nature of the PCS method and its application to the psychotherapy arena. Finally, we review three general approaches that have been in vogue over the past three decades to integrate and unify the disparate field of psychotherapy, and we suggest ways in which the PCS method can enhance these efforts at unification.

THE CASE OF MRS. B.

We now turn to the case of Mrs. B. to illustrate the potential of the PCS method for unifying across different theories in applied psychology. Our starting with a case embodies a theme of this chapter: An effective way to facilitate unifying processes in applied psychology is to ground the discussion of theory in qualitative “thick descriptions” of real cases.

Framework for Analyzing the Case: Using Multiple Theories Simultaneously as Pragmatic Tools

Sternberg, Grigorenko, and Kalmar (2001) argued that unification in basic research can be enhanced by creating a psychology that is phenomenon-oriented rather than theory-based—that is multi- rather than monoparadigmatic and multi- rather than monomethod. This vision in the basic research realm parallels the PCS method in the applied research realm. A focus on the phenomenon of study is equivalent to a focus on the actual case in practice, rather than on a theory of psychotherapy per se. In addition, Sternberg et al.’s (2001) advocacy of the coordinated and interlinked use of multiple methods and paradigms is parallel to the PCS method’s unifying view of theories and methods as tools whose coordinated working together can be complementary. They can enhance the effectiveness of applied psychological interventions such as psychotherapy rather than act as competitors for discerning the single, true theory and a single, true method.

These ideas are illustrated in the case of Mrs. B., which highlights the capacity of the case study method to facilitate a multiparadigmatic approach in the effort to bring some degree of unity to psychotherapy. The example shows how an individual case can embrace contrasting conceptual perspectives in such a way as to improve on what could be achieved by any of these conceptualizations alone. In other words, the case demonstrates the value added by the four “visions of reality” (described later) working together. (For an expanded write-up of the case of Mrs. B. and the visions, see Messer, 2000; Messer & Woolfolk, 1998.)
The Case

Mrs. B. is a 45-year-old married, Jewish woman who has been feeling poorly for some time. For the past two months, she has experienced frequent crying spells, a lack of interest in people and activities, and a wish to run away from it all. She acknowledged some suicidal ideation but has no plan of action or history of suicide attempts. She failed to meet the criteria for major depressive disorder, but rather was diagnosed as depressive disorder, not otherwise specified (American Psychiatric Association, 1994, p. 311).

When asked what had happened two months ago, Mrs. B. responded that she had learned from her 16-year-old daughter that she had been sexually molested over a two-year period by her older brother when they were younger. Although her daughter acknowledges feeling depressed, she has not been willing to say more about what occurred and has recently started seeing a therapist at her mother’s urging. Mrs. B. says she both wants to know and does not want to know what happened. She feels that she cannot tell her husband about it and is reluctant to confront her son for fear that revealing this information will “destroy the family.” However, she finds herself having antagonistic feelings toward her son that are beginning to “leak out.” Mrs. B. has tried to come to grips with the revelation about her children, but finds herself unable to do so, complaining that she was “falling fast and would soon explode.” Over the past six months, she has taken several kinds of antidepressants that did not help her. Two weeks previously she started on a course of Prozac.

A significant background stressor, which has contributed in an important way to her feeling poorly, is her medical condition. She suffers constant, intractable pain from lupus, arthritis, and collagen vascular disorder; has high blood pressure; and is fearful that her life will be shortened by these ailments (“Lupus is like a slow cancer that will eventually attack my organs”). Walking is painful for her and she is unable to climb a flight of stairs. What worries her is that she will end up in a wheelchair. In addition, she had a breast removed five years ago when it was discovered that she had cancer, and received chemotherapy for a period of time. She was told that she has a genetic marker for cancer. One of the side effects of the several medications that she takes has been a weight gain of 50 pounds that very much distresses her. Not surprisingly, she worries about dying, wonders if there is a God, and “what comes next, after you die?”

Another ongoing stressor is that her husband lost his job a year ago and has not been able to find regular employment. He has started his own business, which is seasonal, and it is not yet financially solvent. In addition to working full-time in an administrative position in a large company, Mrs. B. tries to help her husband run his business.
The client describes her husband as a quiet, decent man, much like her deceased father, who lacks self-confidence and is both self-critical and very critical of others. He is passive, not a go-getter like her, she says, and he cannot handle too much at once. He tends to minimize her medical problems, which leaves her feeling that she has to face them alone. She would like him to be more affectionate to her and to be more helpful around the house, especially given her physical difficulties. She does most of the household chores herself—cooking, cleaning, handling bills—and rarely asks for help because she does not want to provoke arguments and risk her marriage coming to an end. It is likely that her husband is depressed, she says, and he is also taking Prozac.

Mrs. B. was married once before and divorced about 15 years ago. She describes her first marriage as physically and emotionally abusive in which she was hit and pushed around a great deal. Her two children are from that marriage. Her son is married and her daughter is in high school, but she is not performing well. Mrs. B. commented that she feels like she is a mother to everyone but gets nothing for herself. She feels guilty if she is not making others happy, yet is frustrated because she does not get to do what she wants to do. She wonders if she is trying to make up for her long-standing feeling of not being good enough.

Mrs. B.'s father died 10 years ago when he was 60 and she was 35. They had a close relationship and she still misses him. Her mother tries to be helpful to her but “babies me too much.” In this vein, her mother lets her know that the proper role of a wife and mother is to cook, clean, and otherwise attend to all the physical and emotional needs of her family. When she was growing up, her mother was very strict with, and critical of, her.

Mrs. B. is well regarded at work, seems to take pleasure in the challenges there, and is striving to advance herself by taking workshops in her area of expertise. She tends to miss some days at work because of her medical condition, but is able to take work home. She is engaging to be with and, despite her many problems, conveys a degree of strength and perseverance under adverse circumstances. She has hobbies in the artistic realm that also give her pleasure.

Case Analysis

There are a variety of perspectives that can be used to conceptualize the clinical facts of the Mrs. B. case. In the discussion that follows, we have chosen four “visions of reality” for the analysis.
Visions of Reality in the Case of Mrs. B.

The visions of reality refer to the tragic, comic, romantic, and ironic genres of literature that have been elaborated on most extensively by the literary critic Northrop Frye (1957) and applied to psychoanalysis by Roy Schafer (1976). For a fuller exposition of the visions and how they apply to different forms of therapy, such as behavioral, humanistic, and psychoanalytic, see Messer and Winokur (1984) and Messer and Woolfolk (1998).

The Tragic Vision

In this section we try to imagine how the visions of reality might influence the angle of regard of the therapist at different points along the way in Mrs. B.'s therapy. In terms of content, the tragic vision would highlight the irreversible features of Mrs. B.'s life condition. She has reared her children and can undo little of whatever damage has accrued from the sexual contact between them. She must struggle with the attendant guilt of not having noticed, or not wanting to notice, what was happening at the time and in what way she may have been to blame. She has no easy choice facing her, whether it is to let sleeping dogs lie or to confront her children with their deeds. To do the former is to allow the wounds to fester and possibly to spoil her relationship with her son. To do the latter is to risk a permanent rupture among several members of her family. From the tragic perspective, the piper must be paid.

Mrs. B.'s medical condition is chronic and is slated to worsen. One cannot wish this away, in the spirit of the romantic vision, or avoid the daily reminders of her condition evidenced in her pain and difficulty walking. Her life possibilities are no longer what they once were—that is, she may have to accept that she will not get the college degree she wanted, or rise to greater heights in her company, simply because her physical condition might not allow it.

From the point of view of process and technique, the tragic view calls for exploration, reflection, and contemplation, which is most typical of psychoanalytic and humanistic approaches. The therapist participates in the client's problems in a manner similar to the audience's participation with the hero in a tragic drama. Just as the audience responds with pity and terror based on an identification with the hero's plight, the therapist responds empathically to the client based on resonance with similar tragic themes or echoes of them in his or her own life. The therapist also recognizes the ubiquity and universal nature of the kinds of conflict, anxieties, and suffering that the client faces. Understanding and treating them within the tragic vision call for an introspective and subjective stance with a
thorough-going internal focus. Both the therapist and Mrs. B. come to realize, within the tragic view, that the best she can do is come to accept her fate with a certain degree of equanimity—a calm acceptance with a modicum of despair.

The tragic view, in isolation from the leavening provided by the other visions of reality, can lead to an overly gloomy and pessimistic therapeutic stance. The danger is in subtly encouraging the client to wallow in her angst, leading to passivity that would allow opportunities for action to pass her by. Some of this leavening comes from the therapist keeping in mind the comic vision.

The Comic Vision

As in comic drama, one might view the content of Mrs. B.’s problems as situational obstacles to be overcome through direct action. The problems can be framed as maladaptive interpersonal interactions among her and her children and between her and her husband, which are potentially ameliorable. Similarly, her husband’s employment and business woes can be approached in a problem-solving mode that could improve Mrs. B.’s mood and reduce her anxiety. Ways can be proposed to improve her physical condition as well.

With respect to technique, within the comic vision one would approach Mrs. B. with a sense of optimism and can-do. True, she is depressed and life is not easy for her, but mental health practitioners have available tools and techniques to make things better. The client’s depression can be alleviated with the appropriate medication, which will at least lift her mood, and/or she can be administered an empirically supported treatment for depression such as cognitive or interpersonal therapy (Task Force, 1995). Her distorted beliefs and maladaptive interpersonal relations may be improved in this way. Perhaps certain behavioral stress-reduction techniques, appropriate diet, and an exercise regimen would also help control her condition, albeit not cure it.

Regarding the relationship to her husband, she can be taught assertiveness training to get more of her own needs met and/or communication skills to improve their marriage. In this way a reconciliation between our “hero” and her “antagonist” could come about. With respect to her children, perhaps the situation can be cognitively reframed as their experimenting with sex to prepare themselves for adult life (as is accepted in some cultures), thus alleviating or eliminating her guilt.

The limitations or danger in this approach is “in the assumption that the therapist knows best and that the client merely has to follow advice in order to lead a satisfying life” (Andrews, 1989, p. 808), which can remove
too much responsibility from clients for charting their own course and
destiny. The comic vision can also induce expectations for cure in the client
that are unrealistic, leading to disappointment.

The Romantic Vision

Within the romantic vision, the creative, fulfilling, and adventurous
aspects of life are emphasized, even if there are temporary setbacks. In Mrs.
B.'s case, she has artistic interests that can be capitalized on to help her
live a more satisfying life. Regarding the process of therapy, Mrs. B. can be
helped to strive to fulfill her potential in the work sphere and to develop
her artistic talents as expressions of her true self. Her inner life of fantasies
and daydreams can be explored with the view of encouraging her to see
herself as a complex, striving individual who is not defined solely by her
illnesses or her current life condition. She can be helped to live more in
the moment than in the past. In general, the therapist, acting within the
romantic tradition, holds an attitude of curiosity and openness to unexpected
developments in the client, characteristic of the humanistic therapy
tradition.

The danger in a one-sided emphasis on the romantic vision is of
overplaying the creative possibilities and ignoring the client's and life's
realistic limitations. Clearly, not all fantasies can be realized nor all aspira-
tions fulfilled.

The Ironic Vision

This vision provides a corrective to the romantic vision in particular.
The process or technique of therapy within the ironic vision calls for the
therapist to be skeptical of all he or she sees and hears from the client. It
encourages a questioning, challenging, even confronting attitude toward
what the client says and does. The ironic vision also predisposes the therapist
to keep the three visions in balance. Things may not be as bad as they seem
for Mrs. B., but they are not infinitely malleable. One should not be too
readily persuaded to side with Mrs. B.'s position or with that of her husband,
her children, or her boss. What might seem at first blush like a clear case
of fate conspiring against Mrs. B. may turn out to be her bringing things
on herself—for example, by doing too much for others, by not standing her
ground, and even by not attending to her illnesses in an optimal way. Might
she have chosen accomplices to play out her cyclical maladaptive pattern?

Within the ironic vision, nothing should be taken at face value or for
granted. The liability of the ironic stance is that its unremitting skepticism
and confrontation can verge on hostility and lead to an intensification of
the client's self-criticism (Andrews, 1989) and to accusatory interpretations (Wile, 1984).

Orchestrating the Visions

As we have suggested, the application of each life vision to therapy has its plus side and its minus side. What is the pragmatic value of taking all four visions into account? By being aware of the four visions and keeping them in mind simultaneously, the therapist does not allow the therapy to tilt too much toward the implications of one to the exclusion of the others. To do so might well turn out to be detrimental to the client. By having several perspectives available at the same time, the therapist can keep the treatment in proper balance.

Another reason to have all four visions at hand is that it expands the therapist's repertoire of responses, much as having a variety of tools provides flexibility of response for the crafts-person. One can then select those therapeutic tools (procedures, strategies, and so forth) that are tailored to the problem needing solution. After all, different visions are likely to be more or less apt at different points in therapy. For example, at a time when Mrs. B. was demoralized and depressed, one would not want to be confrontational, as might be called for within an ironic mode. Rather, taking action within the comic mode was considered more appropriate, such as encouraging her to be socially engaged rather than following her inclinations to withdraw; challenging her ruminative negative self-thoughts about her disabilities; and/or reminding her of her strengths. At other times, however, it might be therapeutic for her to be able to bemoan her fate and her failings as a mother and work toward an acceptance of herself and her life circumstances, as encompassed by the tragic vision.

Similarly, as Prochaska and DiClemente (1983) have shown, people come into therapy at different stages of readiness to tackle their problems. For example, before instituting an action mode within the comic vision, such as assertiveness training, Mrs. B. has to first become aware of the way in which she is making a martyr of herself and what in her background predisposes her to do so. This process falls within the ironic mode, where an effort is made to discern a deeper reality, hidden by superficial appearance. She then could be helped to see how she is overly deferential in interpersonal situations, including in her interactions with the therapist. At that point, she may become more ready to look out for her own needs, not just those of others, and could be taught through role playing, for example, how to better manage her interpersonal environment.

In these examples, we see a sequencing in use of the visions. At other times, the therapist may rapidly tack back and forth among the four visions in response to the shifting moods and needs of the client. The examples
illustrate how taking into account contrasting and even contradictory theoretical perspectives can surpass what can be achieved using one or two perspectives only.

HISTORICAL AND EPISTEMOLOGICAL CONSIDERATIONS IN THE SEARCH FOR UNITY IN APPLIED PSYCHOLOGY

Pragmatic psychology, illustrated by the case of Mrs. B., is a new, bottom-up approach to unity in applied psychology. It emerges from a search for a third way out of psychology's present "culture wars" between modern–positivist and postmodern–constructivist visions of psychology. These culture wars undermine unity in applied psychology and draw resources away from practical problem solving that is directed toward today's pressing psychological and social issues. Next we describe the culture wars and pragmatic psychology as one way of resolving them.

The Modern, Positivist Vision of Unity

Positivism assumes that a fundamental set of underlying, unifying laws of human behavior and experience can be discovered from the natural-science-derived experimental method. Following a model of applied psychology that Peterson (1997) calls "applied science," positivists believe that once the underlying laws are uncovered, they can be used to deductively derive technologies for helping applied psychology's "clients"—from individuals to communities—to address the problems for which they seek help. Thus, for the positivist, creating unity in applied psychology can be traced back to discovering the fundamental laws of psychological functioning through psychological science.

One dramatic example of the positivist search for the basic, underlying laws of psychology is the work of the learning theorist Clark Hull. In the spirit of Isaac Newton and his superunifying formulas (e.g., $f = ma$), in 1943 Hull presented a general mathematical model of all animal and human action, which he notated as $sEr = sHr \times D \times V \times K$. This translates into a statement that the likelihood of a particular behavior ($sEr$) in regard to a particular reward or goal depends on how habitual the behavior is ($sHr$), how motivated or driven the organism is to seek the reward ($D$), how intense the stimulus signaling the reward is ($V$), and how much of the reward may come as a consequence of the behavior ($K$). From the formula Hull was able to derive 17 postulates that could be combined into 133 specific theorems and numerous corollaries. This looked impressive in terms of the natural science model. The only problem was that as the theory's testable propositions were researched in the laboratory, they repeatedly failed to yield confirming data.
Although stop-gap corrections kept the theory afloat for a time, Hull's students and collaborators finally acknowledged failure after his death (Baars, 1986).

Judged by today's sensibilities, Hull's efforts to explain the vast diversity of human behavior on the basis of the behavior of animals in the laboratory seems simplistic and somewhat quaint. Of course, it should be noted that using animal behavior as the basis for generalization still lives today within the evolutionary psychology movement (Pinker, 1999). However, evolutionary psychology is viewed as one of many possible approaches to psychology, not the only approach accepted by all.

Thirty-five years after Hull, another psychologist took the dream of a fully unified psychology for another breathtaking spin. In the spirit of Hull, but bringing to the table a much more complex and sophisticated basic paradigm informed by both biology and all of the social sciences, James G. Miller (1978) published his classic Living Systems. In it, he tried to show that a general theory of living systems could be constructed. Miller's book is an 1,102-page tour de force that demonstrates the conceptual and functional parallels among seven levels of systems: the cell, the organ, the individual organism, the group, the organization, the society, and the supranational system. Miller laid out 19 critical subsystems within each of the seven systems, which created 133 categories of knowledge, together with an additional category that involved how interactions of matter, energy, and information among systems at one level could be conceptualized as creating the next higher level. Cross-cutting these 134 categories were 186 hypotheses for testing.

Part of Miller's magnum opus was to fit vast amounts of the published research literature from biology and each of the social sciences into his 134 knowledge categories and 186 hypotheses. The scope of this feat is indicated by the fact that Miller's index of authors had 2,400 entries. However, although Miller's book was something of a sensation at the time of its publication, it is rarely mentioned today. When it is cited, it is more for its detailed presentation of system concepts, not because of new data in support of its empirical hypotheses. Also, no individual or group has attempted to update the book by incorporating into its framework empirical work conducted since 1978. One explanation for the failure of Miller's vision to have a long life in the history of psychology's unification efforts is that it took place in the middle of a postmodern period of increasing diversity, pluralism, and perspectivism in psychology, as discussed more later in the chapter. In this light, Miller's grand, systems theory integration of all social science knowledge is today viewed—like evolutionary psychology mentioned earlier—as one of a number of different possible paradigmatic perspectives. In other words, it is seen as one possible, historically interesting
attempt at integration, but not the one “true” attempt at integration accepted by all.

The Postmodern, Constructivist Vision of Fragmentation and Antifoundationalism

One important reason for the decline of interest in grand unifying efforts such as Hull's and J. G. Miller's has been the rise in psychology and the other social sciences of an alternative to positivism: the postmodern, constructivist epistemological paradigm, starting in the early 1960s and inspired by continental philosophy. The established modern, positivist view is guided by the assumption that a single, objectively knowable psychosocial world—organized by quantitative, “context-free,” and “value-free” laws—is being progressively discovered by dispassionate social scientists through rigorous application of the experimental or quasi-experimental method to the study of groups of subjects. By contrast, postmodern epistemology embodies an opposite view in every way: Psychosocial knowledge must be constructed through naturalistic observation, not discovered experimentally, and it is intrinsically subjective, perspectival, context-bound, valuative, fragmented, nonfoundational, and reflective of multiple realities (Denzin & Lincoln, 2000; Fishman, 1999; Gergen, 2000). For example, consider the postmodern approach to social science research as described by Denzin and Lincoln, editors of the highly regarded book on this topic, the Handbook of Qualitative Research:

[Postmodern social scientists primarily employ qualitative methods that range] from grounded theory to the case study, to methods of historical, biographical, ethnographic, action, and clinical research.... [Their theories vary] from symbolic interactions to constructivism, naturalistic inquiry, .... phenomenology, ethnmethodology, critical theory, neo-Marxist theory, semiotics, structuralism, feminism, and various racial/ethnic paradigms.... The old functional, positivist, behavioral, totalizing approaches to the human disciplines .... [have been] giving way to a more pluralistic, interpretive, open-ended perspective, [including] “thick descriptions” of particular events, rituals, and customs.... [with] boundaries between the social sciences and the humanities [becoming] ... blurred. (2000, p. 15)

Other Forces Working Against Positivist-Inspired Unity

Starting in the 1930s and continuing into the 1970s, positivism was also being challenged from within its ranks by Anglo American “postpositivist” philosophical ideas:
Popper, Kuhn, Quine, Feyerabend, and Wittgenstein all sound a similar theme, emphasizing the limitations if not the impossibility of objective, scientific knowledge because of our embeddedness in the logical, cultural, cognitive, and linguistic preconditions of that knowledge—preconditions that change according to historical and cultural context. For Popper, these preconditions include the deductive theoretical principles that we simply have to assume without being able to prove them; for Kuhn, these preconditions are scientific paradigms; for Quine and Feyerabend, they are webs of belief; and for Wittgenstein, they are language games. (Fishman, 1999, pp. 87–88)

The move toward postmodernism and postpositivism in psychology was part of a larger “centrifugal” trend in society toward diversity, starting in the early 1960s, after a period of relative cultural unity from the late 19th century. For example, since the 1960s there has been (a) an explosion in the number and types of members within, and in the types of specialties recognized by the American Psychological Association; (b) the development of dramatically new psychological perspectives, such as humanistic psychology, the cognitive revolution, and a focus on the impact of human diversity; and (c) the development of new epistemological and methodological perspectives in psychology, such as hermeneutics, social constructionism, qualitative research, and feminist research approaches, and the separation of “human science” from “natural science” (Altman, 1987).

Pragmatic Psychology as a “Third Way” in Applied Psychology

As a group, the broad, dispersive forces just outlined have worked in opposition to unity in psychology. More specifically, postmodernism has contributed to fragmentation in psychology in two ways. First, the dialectical opposition of modernism and postmodernism has created its own “culture wars” in psychology, especially because postmodernism focuses much of its energies on ideological and intellectual opposition to positivism (Messer, Sass, & Woolfolk, 1988). Second, as mentioned earlier, postmodernism is intrinsically committed to disciplinary knowledge that is in many ways foundationless, fragmentary, relativist, and dependent on the perspective of the knower.

Postmodernism’s fragmenting, dialectical struggle with positivist-inspired models certainly rules out straightforward unity in psychology in Hull’s and J. G. Miller’s sense. Attacks on the possibility of discovering an agreed-on set of underlying laws of human behavior are also attacks on the viability of the applied science model for unifying applied psychology. If basic researchers cannot come to an agreement on the underlying laws of human behavior, there is no resulting base on which to deductively derive applied psychology technologies for the effective amelioration of human
problems. However, we believe that there is a “third” way. This is “pragmatic psychology” and its associated pragmatic case study method. This approach draws on, in a complementary and integrative manner, the insights of both postmodernism and positivism to create a unifying framework for applied psychological research generally and psychotherapy research specifically. As mentioned at the start of the chapter, the PCS method does this by a bottom-up inductive approach, in direct contrast to the top-down deductive model of applied science.

Pragmatic psychology is an applied psychology model that is grounded in philosophical pragmatism—first developed in the late 19th century by such thinkers as William James, Charles Peirce, and John Dewey (Menand, 2002) and later elaborated on by such postmodern thinkers as Richard Bernstein (1983), Richard Rorty (1991), and Stephen Toulmin (1990). James’s and Dewey’s philosophical pragmatism is founded on a social constructionist theory of knowledge, which is why it has been embraced by a number of postmodern thinkers. One of pragmatism’s organizing themes is the concept of contextualism:

The world is seen as an unlimited complex of change and novelty, order and disorder. Out of this total flux we select certain contexts; these contexts serve as organizing gestalts or patterns that give meaning and scope to the vast array of details that, without the organizing pattern, would be meaningless or invisible. (Lilienfeld, 1978, p. 9)

In other words, to understand and cope with the world, we take on different conceptual perspectives, as we might put on different pairs of glasses, with each providing a different perspective on the world. The pragmatic “truth” of a particular perspective does not lie in its correspondence with “objective reality,” because that reality is continuously in flux. Rather, pragmatic truth lies in the usefulness of the perspective in helping us to solve particular problems and achieve particular goals in today’s world.

How are these problems and goals to be selected, defined, articulated, and addressed? The social constructionist epistemology of postmodernism proposes that human problems and goals are not “given” by the natural world, and thus they cannot be discovered through rational thought, as moral objectivists claim, or through natural science as evolutionary psychologists, among others, claim. Instead, these problems and goals represent the multiple purposes, intentions, desires, interests, and values of individuals and groups. In most industrialized Western countries there is a political and moral consensus that these problems and goals should be articulated and chosen through dialogue and democratically negotiated agreement among the local individuals, groups, and communities who are stakeholders in the particular problems and goals involved.
As a constructionist, problem-solving-centered epistemology, pragmatism rejects the notion of foundational truths, but it does present an alternative to “anything goes” relativism—that is, to the undermining of any standards for deciding what is true or false, good or bad. This alternative, “pragmatic relativism” (Fishman, 1999), while denying transhistorical and cross-cultural “foundational” standards, points to the already established and agreed-on procedures and norms Western society now has for determining truth and morality in particular contexts (Putnam, 1981). Examples are the procedures and standards used to elect government officials democratically, to settle civil and criminal disputes in the court system, to conduct academic scholarship in universities, to carry out investigative journalism, and to describe social behavior “objectively” in quantitative surveys such as the U.S. Census, using the statistical methods derived from natural science.

In summary, philosophical pragmatism holds that applied knowledge is not “given” by nature but rather is constructed in specific human contexts to solve particular problems, ideally as democratically agreed on by relevant stakeholders. Building on this way of thinking, pragmatic psychology proposes that in deciding on what should be the basic unit of knowledge in applied psychology, we should start from the point at which knowledge is ultimately applied. That end point is the single, holistically situated case, because the ultimate purpose of applied psychological knowledge is to improve the condition of actual clients within the complexities of their reality, whether the “client” be an individual, a family, a group, an organization, or a community (Fishman & Neigher, 2003).

It has been argued that knowledge of a single case lacks “external validity”—that is, the capacity to generalize in a deductive manner, which one can do within the positivist paradigm via the group experimental study. Nevertheless, the single case study does contain the potential to inductively generalize across settings (Fishman, 1999). This can come about by organizing case studies of clients with similar target goals and similar intervention approaches into computerized databases. For example, consider the application of cognitive–behavioral therapy to a phobia in a middle-class, professional Latina woman who has associated depressive symptoms, marital difficulties, and alcohol problems. Or consider family therapy with a poor, White teenager who is also a single mother of a child with attention deficit disorder. A write-up of either case is limited in terms of the number of case situations in the future to which it will apply. This limitation is a result of large contextual differences that can occur between any one case and any other case that is randomly drawn out of a heterogeneous case pool. However, as cases in the database grow, they begin to sample a wide variety of contextually different situations in which the target problem can occur and a wide variety of intervention approaches for that problem. Therefore, as the number of cases in the database rises substantially, the probability increases that there
exist specific cases in the database that are particularly relevant to a new target case in terms of both the nature of the target problem and the intervention approach used.

Thus, pragmatic psychology, through the PCS method, calls for the creation of databases of systematic case studies. To create such databases at the highest level of scholarship, Fishman (2000, 2001) has called for the creation of peer-reviewed journal-databases. These would be online journals to accommodate, first, large numbers of thickly described cases and, second, easy accessibility to search the considerable amount of qualitative and quantitative material in the cases. Also, such a journal would be structured like a wheel, to accommodate the developing “bootstraps” nature of case study knowledge:

The hub of the wheel would consist of articles of two types: (a) those that address epistemological, theoretical, methodological, logistical, economic, political, and ethical issues in the development of insightful and useful, systematic case studies in the problem area; and (b) substantive cross-case analyses of groups of individual cases already published in the database. The spokes of the wheel would each consist of particular databases of types of cases within the content area, embodying the issues and applied usefulness associated with practice in the content area. (2001, p. 299)

At the Graduate School of Applied and Professional Psychology at Rutgers, we are about to launch a pilot-test of this concept with an online journal, Pragmatic Case Studies in Psychotherapy. (For more information about this journal, contact the first author.)

To facilitate analysis across cases in our new journal, it is important to have a common and standardized, but still quite generic, framework for structuring case study write-ups. As an initial base for this, we have chosen Peterson’s (1997) disciplined inquiry model, which is based in part on empirical studies of how the most effective professionals in diverse fields actually practice (Schön, 1983) and which Peterson contrasts with the applied science model used by followers of Hull and J. G. Miller as mentioned previously.

Unlike the positivist approach to applied psychology, which begins with research on basic principles and then uses these principles to create technologies for application to clients, the disciplined inquiry model begins with the client, his or her problems, and goals for change. The first step is assessment, which is orchestrated by (a) the practitioner’s “guiding conception” of the process under study, including assumptions about theory, epistemology, intervention program goals, and ethics; and (b) the practitioner’s knowledge of relevant empirical research and remembered examples of similar cases. The assessment is then used by the practitioner to create a specific
formulation of the client’s situation and an action plan for change. This is followed by actual intervention, the effects of which are monitored in an ongoing manner. The results of the monitoring can lead to the possibility of recycling to the earlier steps; for example, lack of progress toward goals might lead to a reassessment and/or a reformulation of the client’s problems. When the process is completed, a concluding evaluation can be conducted to assess the overall outcome of the intervention.

Linking the Pragmatic Case Study Method to Basic Research

Although the main focus of this chapter is unification in applied psychology through pragmatic psychology, it should be noted that there are links between pragmatic psychology ideas and unification efforts in basic research.

Theories as Wittgensteinian “Tools”

The disciplined inquiry model incorporates both positivist and postmodern basic research—as they apply to a particular client—in its “guiding conception” component. More generally, adding to overarching unification, pragmatic psychology views the theories, methods, and empirical results of both positivist and postmodern psychology as tools that can be usefully applied to certain types of cases and case situations, including multiple theories used in a complementary manner. (This is like Wittgenstein’s analogy of language as similar to a bag of carpenter’s tools, with each having its relevance and value in certain types of situations.) For example, the pragmatist views positivists as having contributed psychometrically sophisticated and inventive methodologies that set high standards for rigorous, critical, and ingenious thinking about the complexities of measuring psychological phenomena. They have developed a rich supply of psychological theories and ideas that explore the vast array of possible perspectives that can be taken on human behavior and action.

Parallels Between the Case and Sternberg’s “Phenomena” as Unifying Vehicles in Psychology

As discussed and illustrated earlier in the case of Mrs. B., the logic of pragmatic psychology for unification in applied psychology parallels that of Sternberg and his colleagues (2001), who argued that unification in basic research can be enhanced by creating a psychology that is phenomenon-oriented rather than theory-based, that is multi- rather than monoparadigmatic, and multi- rather than monomethod.
Ragin’s “Fuzzy-Set Social Science”

The sociologist Charles Ragin (2000) has demonstrated that a useful approach in basic social science research is to use combined qualitative and quantitative data from the multivariate case as the fundamental unit of data collection and analysis. This is in contrast to the traditional model, which uses individual variables abstracted from a large number of individual cases. Ragin shows that an important consequence of his model is that seemingly similar cases at the variable level can actually divide into a variety of subtypes at the case level, with each subtype possessing a different causal model for how a system’s inputs and activities are related to its outcomes.

Ragin’s work has engendered a great deal of international interest and involvement, which has been organized around a COMPASSS Research Group (COMParative methods for the Advancement of Systematic cross-case analysis and Small-n Studies). The resonance of this effort with the theme of the case as a vehicle for unity discussed earlier can be seen in the description on their Web site:

COMPASSS is a research group bringing together scholars and practitioners who share a common interest in theoretical, methodological and practical advancements in a systematic comparative case approach to research which stresses the use of a configurational logic, the existence of multiple causality and the importance of a careful construction of research populations.

This site is open to all, regardless of disciplinary affiliation. Indeed, one key goal of this site is to bring together researchers and practitioners from a broad range of disciplines (political science, sociology, anthropology, economics, law, history, social work, demography, marriage and family therapy, criminology, psychology, education science, etc.).

(COMPASS Research Group, 2004)

EFFORTS TOWARD UNITY IN PSYCHOTHERAPY RESEARCH AND PRACTICE

We now turn to illustrating this viewpoint within the arena of psychotherapy research and practice. Psychotherapy is well-known for its fragmentation, with the existence of hundreds of contrasting psychotherapy approaches or “schools” (Karasu, 1986). Whereas in the single-school approach to treatment a therapist adheres to a particular theory and uses the interventions that are prescribed by it, psychotherapy integration refers to the effort to look beyond one school and to incorporate theories and strategies from other models. To explore current developments in psychotherapy integration, especially as they affect the use of the case study in the integrative
process, we next take a brief critical look at three major efforts to unify psychotherapy: the search for common factors across therapies, technical eclecticism, and theoretical integration.

Common Factors

This way of seeking integration looks for commonality across the different therapies, most typically in their practices but also in their theories. It is based on the premise that there is much more held in common by the different brands of therapy than that which is dissimilar. This perspective has been strongly bolstered by the repeated result of "no difference" in comparative therapy outcome studies (e.g., Luborsky et al., 2002). In addition, the finding that only a relatively small percentage of the outcome variance in psychotherapy is a result of specific techniques compared to client, therapist, and interpersonal factors (e.g., Lambert, 1992) has also accelerated the search for common factors.

Perhaps the best known attempt to present the common factors in any kind of psychotherapy is that of Jerome Frank (e.g., Frank, Frank, & Cousins, 1993). According to Frank, the patient enters therapy in a state of demoralization—that is, disheartened and dispirited. All therapeutic systems, he postulated, combat demoralization through the provision of four effective features (Frank & Frank, 1991, pp. 42–44): (a) an emotionally charged, confiding relationship with a helping person; (b) a healing setting; (c) a rationale or conceptual scheme; and (d) a ritual or procedure that requires the active participation of both patient and therapist.

There is considerable appeal in the prospect of a therapy model that teases out the factors that contribute to successful outcomes in many or all therapies. This approach has the virtue of pragmatism and unifying parsimony, as well as being consistent with the general research literature on psychotherapy outcome. By emphasizing what the psychotherapies share rather than what separates them, common change principles provide a meeting ground for proponents of different schools, thereby promoting a more open, unified, and less doctrinaire stance. However there is no guarantee that we have correctly discerned what are the most efficacious common factors and, therefore, cannot confidently advocate which ones should be emphasized. For example, in an analysis of 50 studies (Grencavage & Norcross, 1990), only 50% of the authors reviewed cited the most popular candidate—the development of the therapeutic alliance. Other factors were agreed on only by 24% to 38% of the sample.

Another problem is the lack of specificity of the common factors. The level of generality in which they are stated may allow initial agreement about their commonality, but on closer inspection they look quite different.
Technical Eclecticism

Eclectic therapists are prepared to draw on techniques from any source if they seem called for in a particular case. The emphasis in technical eclecticism is on what works, preferably as determined by empirical research. Theory is accorded less importance. In Lazarus's (1992) brand of technical eclecticism, for example, a client's problems are assessed across seven descriptive categories: behavior, affect, sensation, imagery, cognition, interpersonal relationships, and drugs/biology. Interventions are chosen to target each problem in each modality. It is Lazarus's contention that one can incorporate diverse techniques without bringing along pieces of the theoretical framework in which they are embedded (Lazarus, in Lazarus & Messer, 1991).

Technical eclecticism has the virtue of pragmatism, calling on what works regardless of the dictates of a particular theory. It is empirically oriented, paying attention to what has been learned from research or clinical practice even more so than from theory. It takes clients' (and, to a lesser extent, therapists') individuality seriously by attempting to tailor the therapy to their particular needs. Furthermore, it encourages therapists to think systematically about what kinds of treatments or individual techniques may apply to the clients in their care.

One of the problems with this form of eclecticism is the assumption that the usefulness of a given technique can be evaluated independently of the theory that gave rise to it (Lazarus, in Lazarus & Messer, 1991). It often proceeds as if a therapeutic technique is a disembodied procedure that can be readily transported from one context to another, much like a medical procedure, without consideration of its new psychotherapeutic context (Messer, in Lazarus & Messer, 1991). Yet, in line with the discussion earlier of contextualism, a therapeutic procedure such as an interpretation or an empathic response does not stand on its own independent of the framework of meaning created by the entire therapeutic system, as embodied in the relationship between a particular therapist and client. Although transported interventions can be effective, it is important that the new context is conveyed to and understood by the client. That is, the way in which a technique is assimilated into the home therapy is important because there is a pervasive effect of the theory used (Messer, 2001). In summary, it is a
Theoretical Integration

In this form of integration, different theories are combined in the attempt to produce a superior, overarching conceptual framework for psychotherapy. Perhaps the best known example of theoretical integration is Wachtel’s (1997) rapprochement of interpersonal psychodynamic therapy and behavior therapy, based on cyclical psychodynamic theory. On the positive side, such superordinate integrative theories can lead to new and valuable forms of therapy that capitalize on the strengths of each of its elements.

Theoretical integration also comes up against obstacles. For example, any theoretical integration picks and chooses which elements of each school it includes. Inevitably, elements that may be just as important as those embraced are excluded. Whether one judges an integrative therapy to be superior to the individual therapies from which it stems will depend on one’s view of the importance of the elements included and excluded. In light of what we have discussed, we suggest that the search for a single theory integrating all of psychotherapy is as problematic as Hull’s and J. G. Miller’s grand theories of integration. On the other hand, we welcome the development of new psychotherapy theories that integrate elements from present theories. The ultimate practical value of such integrative theories can then be contextually tested in the crucible of numbers of detailed, systematic psychotherapy case studies.

CONCLUSION

In going from unification via the individual therapy case of Mrs. B. to Miller’s grand unification of the social sciences and biology, one might wonder if we are talking about the same discipline. Yes, we believe that these two examples dramatize the difference between a top-down versus a bottom-up approach to unity in applied psychology. We have argued that the advent of postmodern, postpositivist, and pluralistic perspectives in psychology has undermined the top-down, positivist approach to unification represented by Miller’s model. However, we have also argued that a third way to such unity is possible via a bottom-up strategy that draws on both positivist and postmodern elements and themes. This is the pragmatic case study method, which proposes the creation of peer-reviewed journal—databases of systematic case studies in applied psychology areas such as
psychotherapy, allowing for unifying themes within areas to emerge inductively through cross-case analysis. An important strength of the PCS method from a unifying point of view is its resonance with parallel efforts in the basic research arena by authors such as Sternberg et al. (2001) and Ragin (2000), who start with case-based phenomena and then derive inductively multiple, complementary theories for explaining such phenomena in a unified way. In short, we have argued in this chapter that, to paraphrase the old Chinese saying, the long journey to unity in applied psychology starts with a single, individual case.

REFERENCES


