THEORETICAL ORIENTATIONS OF SPANISH PSYCHOTHERAPISTS: INTEGRATION AND ECLECTICISM AS MODERN AND POSTMODERN CULTURAL TRENDS.

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SUMMARY:

In this article, we focus on the theoretical orientations of Spanish psychotherapists with reference to the concepts of integration and eclecticism associated respectively with the cultural patterns of modernity and postmodernity. Data are reported from 179 Spanish therapists who responded to the Development of Psychotherapists Common Core Questionnaire (Orlinsky et al., 1999). The results indicated that these Spanish therapists do not show a tendency toward postmodern eclecticism, suggesting that present clinical practice in Spain still needs high-profile theoretical constructs.

RESUMEN

En este artículo, nos centramos en las orientaciones teóricas de los psicoterapeutas españoles con referencia a los conceptos de integración y eclecticismo asociados respectivamente a los patrones culturales de la modernidad y la posmodernidad. Se presentan datos de 179 terapeutas españoles que respondieron al Cuestionario Común del Desarrollo de Psicoterapeutas (Orlinsky et al., 1999). Los resultados indicaron que estos psicoterapeutas españoles no muestran una tendencia hacia el eclecticismo posmoderno, lo que sugiere que la práctica clínica actual en España todavía necesita construcciones teóricas de alto perfil.

As several authors have noted, psychotherapeutic research has mostly focused on the effects and nature of therapeutic procedures, paying scant attention to the characteristics and development of psychotherapists (Lambert, 1989). Moreover, as Orlinsky and colleagues (1999) point out, although some work has been published about psychotherapists since the 1950s, studies about topics other than clinical results, psychotherapeutic processes, and patient characteristics are relatively scarce—despite many authors defending the contribution of therapists to therapeutic process and outcome (Crits-Christoph & Mintz, 1991; Lambert, 1989; Lambert, Shapiro, & Bergin, 1986; Luborsky et al., 1986; Luborsky, McLellan, Woody, O'Brien, & Auerbach, 1985; Orlinsky et al., 1999; Silberschatz & Curtis, 1993; Truax & Mitchell, 1971; Vasco & Dryden, 1994). To help correct this imbalance, in the present study we examine the theoretical orientations of a group of Spanish psychotherapists to reveal information about the ongoing shift from modern to postmodern cultural attitudes.

Two basic assumptions guide this study: first, that psychology and psychotherapy are influenced by their cultural context (Caro, 1999; Cushman, 1992; Orlinsky & Howard, 1995; Stricker & Gold, 1993; Woolfolk & Richardson, 1984), and second, that recent cultural development can be characterized in terms of two historic periods, modernity and postmodernity, which have contrasting concepts of the relation between theory and clinical practice. The main idea of our work stems from the facts that therapy is a transhistorical science (Caro, 1993) and that therapy therefore constitutes a cultural product both theoretically and practically. As such, it cannot remain foreign to the debates, controversies, polemics, and discourses that are deeply rooted in every historical period and sociocultural setting. Assuming, from this perspective, that the change in cultural zeitgeist from modernity to postmodernity implies a change in the way that psychotherapy is practiced, we ask whether the manner of practicing psychotherapy, connected to the cultural moment, is related to tendencies among therapists toward integration or eclecticism.

We first clarify the concepts of modernity and postmodernity. Although it is a complex and controversial issue, we assume—following the work of Kvale (1992) and Parry (1993)—that psychology originated in the period of modernity. The development of the first and main psychotherapeutic models was embedded in the culture of modernity, and they bear its stamp. However, numerous writers have described a cultural change in past decades from modernity to postmodernity (Caro, 1993, 1997; Gergen, 1991, 1992; Ibáñez, 1993; McLeod, 1997; Neimeyer & Feixas, 1997; Pinillos, 1997; Polkinghorne, 1992; Shotter, 1992; Woolfolk & Richardson, 1984), a change that can be sensed in psychology as well as in clinical practice. If there is a cultural change toward postmodernity, and if this change affects psychology in general, then signs of this change should be observable in psychotherapists' attitudes to theory.

To explore this, we shall differentiate integration from eclecticism on a cultural and epistemological basis. We assume that, from a cultural and epistemological point of view, integration is a cultural trend of modernity and eclecticism is a cultural trend of postmodernity. Table 1 defines the characteristics of modernity and postmodernity that establish these epistemological differences in its upper panel and delineates their implications with respect to integration and eclecticism in the lower panel.

Based on Kvale (1992) and Gergen (1992), we define integration to have the following characteristics of modernity:

1. Belief in theory: Integrative therapists need a theory that guides their work; they need laws and overall principles that allow the establishment of predictions.
2. Modernist epistemology believes in overcoming theoretical differences through consensus and that the final outcome of integration will be a better theoretical model, which would be then accepted by all the theoretical schools involved.
3. Integrative therapists believe in the external legitimation of knowledge through the empirical method and consider the use of the scientific method impersonal and free of values.
4. From this perspective, therapists are viewed as experts with authority whose function consists in guiding their patients based on their mastery of scientific knowledge.

Likewise, eclecticism is deeply imbued with the following characteristics of postmodernity:

Table 1. Modernity and Postmodernity in Psychology: Theoretical Integration Versus Eclecticism.

Modernity	Postmodernity
Search for the absolute truth	The truth is relative
Belief in theory	Skepticism of great narratives
Language represents reality	Eclecticism
Use of the empirical hypothetico-deductive method	Language sets up reality
Science aside from all ideology concerns	Exclusion of the empirical hypothetico-deductive method
Search for the absolute truth	Recognition of the intrinsic relationship
	Respect and show interest in the differences

Integration	Eclecticism
Belief in theory	Primacy of functionality
Look for agreement between theories.	End of grand narratives
Development of better approaches	"Every thing goes," pastiche culture
External legitimation through scientific method	Legitimation: clinical needs

Note. Based on Caro (1999

1. Eclecticism reflects the postmodernist defense of extreme functionalism, representing the dictum "let's apply what works."
2. This paradigmatic priority leads eclecticism to avoid the grand narratives of modernist theory and to defend, instead, micronarratives or micromodels. The world is too complicated to be framed, and there are many voices and perspectives.
3. The postmodernist defense of the plurality of perspectives leads to a fragmented view of reality and a pastiche culture of eclecticism. Eclecticism borrows its elements from other systems and combines them without paying attention to any principle.
4. Eclecticism also shares a constructionist perspective. The perception that the therapist has of the patient is no longer considered as a reflection (and expert, authoritative definition) of reality but rather a cognitive construction, a relativistic interpretation.
5. For eclectic therapists, the legitimation of their practice depends on the specific clinical needs existing in each particular moment.
6. All these circumstances lead us to consider that therapists are no longer expert proponents of any Truth. Therapists' descriptions are no longer viewed as more valid than those of their patients. Both contribute to psychotherapy with their worlds of theories and assumptions.

These epistemological differences reflect two very different attitudes to the relation of theory and practice in psychotherapy, as Norcross and Newman (1992) point out (see Table 2). Norcross and Napolitano (1986) use an apt culinary metaphor to describe these differences: "The eclectic selects among several dishes to constitute a meal; the integrationist creates new dishes by combining different ingredients" (p. 253). With this conceptual background, we examine the theoretical orientations of a group of Spanish psychotherapists with regard to their tendencies toward integration or eclecticism.

Table 2. Characteristics of Integration and Eclecticism

Integration	Eclecticism
Theoretical	Technical
Convergent (commonalities)	Divergent (differences)
Combining many	Choosing from many
Creating something new	Applying what is
Blend	Collection
Unifying parts	Applying the parts
More theoretical than empirical	Atheoretical but empirical
More than sum of parts	More than sum of parts.
Ideological (idealistic)	Pragmatic (realistic)

Note. Based on Norcross and Newman (1992)

METHOD

Our investigation is part of the larger international study of the development of psychotherapists that has been conducted since 1989 by the Collaborative Research Network (CRN) of the Society for Psychotherapy Research (Orlinsky et al., 1999). The CRN is composed of colleagues in many countries with a common interest in studying the characteristics, practices, and development of psychotherapists, contributing their time, skills, and resources to form a research cooperative. A detailed description of the CRN study, which was coordinated in Spain by Professors A. Ávila and I. Caro, can be found in recent CRN publications (Orlinsky et al., 1999; Orlinsky & Rønnestad, 2005).

Instrument

The research instrument used in the CRN study is the Development of Psychotherapists Common Core Questionnaire (DPCCQ). This is a lengthy, multifaceted, self-administered instrument, which asks therapists about various aspects of their professional training, work experience, current practice, therapeutic development, and personal characteristics. It includes nearly 400 items, which are grouped in 10 sections as outlined in Table 3, and has been translated and used in more than a dozen languages including Spanish. Most of the items have structured response formats, consisting of either rating scales or checklists, although some require information to be filled in or ask for open-ended textual responses. The DPCCQ typically takes between 1 and 2 h to complete. The therapist's privacy is protected because the questionnaire is completed anonymously, which also permits each therapist to respond candidly.

Table 3. Outline of the Development of Psychotherapist Common Core Questionnaire

Questionnaire sections	Number of items
1. Identifying data: age, gender, nationality, date.	5
2. Professional identification and background: didactic and supervisory experience, qualifications, affiliations, specialty training	23
3. Career level: practice duration; experience in specific settings, treatment modalities, types of clients	21
4. Overall development as a therapist: assessment, initial orientation and skills, current skills, influences	51
5. Experience of personal therapy: general attitude, personal history and experiences	28
6. Orientation of therapeutic work: theories, treatment goals, relational norms	52
7. Current development as a therapist: assessment, feelings in sessions, influences	35
8. Current practice: setting characteristics, treatment modalities, client characteristics	43
9. Experiences of therapeutic work: difficulties, coping strategies, frame management and relational style, personal strengths and limitations	96
10. Personal characteristics: social and marital status, family life, life satisfactions and stresses, religious and spiritual orientations and commitments, self-concept	45

Note. Based on Orlinsky et al. (1999).

Table 4 shows the DPCCQ section that surveys psychotherapists' current theoretical orientations, which provides the principal data for this study. Rather than being required to choose one of several categories to identify their theoretical affiliation, therapists are asked about the extent to which they rely on each of several. Thus therapists may (but do not have to) make multiple ratings that describe their orientations in terms of profiles of several more or less salient theories. The DPCCQ also asks therapists, "When you first began working as a therapist, how much was your therapeutic work guided by each of the following theoretical frameworks . . . ?" followed by an identical set of scales. This permits us to assess the nature of change in therapists' orientations over the course of their careers to date. In this study, criteria differentiation between eclecticism and integration is applied to both sets of profiles

Data Collection

Copies of the Spanish version of the DPCCQ were mailed to all members of the Spanish Federation of Psychotherapist Associations (FEAP). We also contacted therapists of the Valencia Psychological Association, visited several psychologists who worked in hospitals, and asked for collaboration from the staff of the Valencian Center for Battered Women. A total of 179 questionnaires were collected from approximately 2,000 questionnaires sent or handed out to therapists, yielding a response rate of 8.95%. This is considerably lower than reported in other surveys of therapists (e.g., 32.9% for Mahoney & Craine, 1991; 61% for Mahoney, Norcross, Prochaska, & Missar, 1989) and is probably due to the unusual length of the DPCCQ. Caution therefore should be exercised in generalizing these findings, which should be done as in qualitative research on the basis of their transferability (Lincoln & Guba, 1985) to others with professional and demographic characteristics similar to those described (see Table 5).

Table 4. DPCCQ Items on Therapists' Current Theoretical Orientations

How much is your current therapeutic practice guided by each of the following theoretical frameworks?	Not at all					Greatly
5-1. Analytic/psychodynamic	0	1	2	3	4	5
5-2. Behavioral	0	1	2	3	4	5
5-3. Cognitive	0	1	2	3	4	5
5-4. Humanistic	0	1	2	3	4	5
5-5. Systems theory	0	1	2	3	4	5
5-6. Other (specify)	0	1	2	3	4	5

Note. DPCCQ Development of Psychotherapists Common Core Questionnaire.

Sample

Table 5 shows that most of the therapists in this sample are psychologists (75%) or psychiatrists (16%), with the remaining 9% divided between lay analysts or therapists (8%) (those who did not list a primary profession other than psychoanalyst or psychotherapist), social workers, and counselors.

The average duration of therapeutic practice is fairly high (M = 12 years, SD = 7), with a range from 6 months to 35 years (Medn = 11.5 years). When classified by the career cohort scheme devised by Rønnestad and Orlinsky (2005), 36% of the sample would be considered "established" therapists (7.5 to 15 years) and 31% would be categorized as "seasoned" therapists (15 to 25 years). Only 12% were either "novice" or "apprentice" therapists.

The most common salient theoretical orientation (rated 4 or 5 on the 0–5 scales in Table 4) was analytic/psychodynamic (57%), followed by systemic (23%), cognitive (21%), humanistic (18%), and behavioral (11%). (All the saliently behavioral therapists also were saliently cognitive, so that behavioral in this sample could be described more accurately as cognitive–behavioral, leaving a total of 10% who were saliently cognitive but not saliently behavioral.) A small minority reported no salient theoretical orientation (3%), in contrast to 62% who reported one salient orientation and 35% who had two or more salient orientations.

Most of the therapists had either a full-time or part-time independent practice (65%), and a majority also worked in outpatient institutional settings (54%). Only 7% did therapy with hospitalized patients. Therapists' caseloads varied widely in size (M = 25, SD = 25). Almost all therapists did individual psychotherapy (92%), and many also did couples therapy (47%), family therapy (43%), and group therapy (40%). Almost all treated adults between 20 and 49 years old (97%), and many also treated adolescents between 13 and 19 (64%) and middle-aged patients between 50 and 64 (60%). A minority treated children 12 and younger (39%), and relatively few treated elderly patients 65 or older (20%).

Table 5. Spanish Therapist Sample: Professional, Practice, and Demographic Characteristics

Parameter	N	Percentage (%)
Profession		
Psychology	134	74.9
Psychiatry	28	15.6
Lay analyst, therapist	14	7.8
Social work	2	1.2
Counselor	1	0.6
Theoretical orientation[a]		
Analytic/psychodynamic	103	57.5
Systemic	41	22.9
Cognitive	38	21.2
Humanistic	33	18.4
Behavioral	20	11.2

Career cohort		
Novice [1.5 years]	10	5.6
Apprentice [1.5–3.5 years]	10	5.6
Graduate [3.5–7 years]	31	17.3
Established [7.5–15 years]	65	36.3
Seasoned [15–25 years]	55	30.7
Senior [25 + years]	6	3.3
No answer	2	1.2
Practice setting[b]		
Some independent practice	113	63.1
Some outpatient institution	97	54.2
Some inpatient institution	13	7.3
Personal therapy		
None	38	21.2
Current	55	30.7
Previously only	83	46.4
No answer	3	1.7
Sex		
Female	97	54.2
Male	79	44.1
No answer	3	1.7
Marital status		
Single	26	14.5
Married or living with partner	136	76
Separated or divorced	17	9.5
Social Status		
Minority	5	2.8
Foreign born	13	7.3

[a] Rated 4 or 5 on a 0–5 scale of influence (0 = not at all; 5 = very great); multiple rating allowed.

[b] Multiple rating allowed.

The therapists themselves varied widely in age (M = 42 years, SD = 8), ranging from 23 to 66 years (Mdn = 40.8). There were slightly more women (54%) than men (44%) in the sample. Most were either married or living with a partner (76%), with the remainder being single (14.5%) or separated/ divorced (9.5%). Most were native born (93%), and only a few said that they would be viewed as members of a social, cultural, or ethnic minority (3%).

Most of the sample had at least one course of personal therapy (77%), and many reported they were currently in therapy (31%). Only 21% had not experienced personal therapy.

This detailed description of the sample should help us to understand the findings and provide a basis for tentative generalization (or qualitative transfer) to others with similar characteristics

Research Questions

Our main research question is exploratory: Will most therapists strongly endorse just one theoretical orientation, or will they rather show pronounced tendencies toward theoretical integration and eclecticism? If they endorse more than one orientation, will integration and eclecticism predominate? Comparing therapists' initial and current theoretical orientations, how stable or changing are these tendencies over time?

Table 6. Professional Practice Characteristics of Spanish Therapists Sample

Parameter	*M*	*SD*
Years of practice	12.3	6.8
Age	42.2	8.2
Current case load	25.1	25.5

Table 7. Criteria for Culturally Relevant Classification of Therapists' Orientations

Category	**Criteria**
Pure mode:	Therapists endorse a single orientation with high intensity (4 or 5); may select others but only with low intensity (1 or 2).
Integration	Therapists endorse two or three orientations with high intensity (4 or 5), but one of those may have a moderate intensity (3); may select others but only with low intensity (1 or 2).
Strong integration	Therapists endorse four or more orientations with high intensity (4 or 5), but one of those may have a moderate intensity (3).
Eclecticism	Therapists endorse two or three orientations with moderate intensity (3), but one of those may have a low intensity (1 or 2).
Strong eclecticism	Therapists endorse four or more orientations with moderate intensity (3), but one of those may have a low intensity (1 or 2).
Skepticism	Therapists endorse two or more orientations with low intensity (1 or 2).
No model	Therapists state that their practice does not fit any orientation

Table 8. Specific Cases Illustrative of the Theoretical Orientation Categories

Category	**AP**	**B**	**C**	**H**	**S**	**O**
Pure model	**5**	**0**	**1**	**0**	**0**	Gestalt (no rating)
Integration	**1**	**5**	**4**	**1**	**2**	—
Strong integration	**4**	**0**	**5**	**5**	**0**	Gestalt (3)
Eclecticism	**3**	**0**	**0**	**3**	**0**	—
Strong eclecticism	**3**	**3**	**3**	**3**	**0**	Psychodrama (3)
Skepticism	**2**	**1**	**0**	**0**	**0**	—

AP=Analytic/psychodynamic - B= Behavioral) - C= Cognitive - H= Humanistic - S= Systemic
O= Other (specify

Data Analysis

To explore these questions and their implications concerning the modern or postmodern cultural attitudes of our therapists, we established criteria to categorize therapists' reports in the DPCCQ of their initial and current theoretical orientations (see Tables 6 and 7). In classifying respondents, attention was given both to the number of theoretical models that therapists endorsed and to the strength or intensity of each endorsement. High intensity was defined as a rating of 4 or 5 on the 0–5 scale (see Table 4). Moderate intensity was defined as 3, indicating that a theoretical model has some influence, and low intensity was defined as 1 or 2.

The different categories of Table 7 illustrate great potential variation in the use of the theoretical models. The integrative categories (integrative and strong integrative models) and the pure models are characterized not only by having a theoretical orientation but also by following an idealistic orientation. It is our assumption that in the case of the eclectic models, the psychotherapists have a technical orientation, choosing techniques and therapeutic procedures independently of their theories of origin. To illustrate the use of this scheme with the therapists in our sample (classified by the first author and independently verified by the second author), Table 8 presents an example of a therapist classified in each of the categories.

The therapist who exemplifies the *pure model* selected two orientations but only the psychodynamic was endorsed at a high level, whereas the cognitive orientation showed only a very slight influence. As we see,

a substantial number of subjects in this sample selected only one model with the highest intensity without including any other model.

The subject who exemplifies the *integration model* was primarily a behavioral–cognitive therapist who also reported slight systemic, humanistic, and psychodynamic influences. This conforms to the definition that stipulates that the therapist adhere to two models with a high intensity but may have other influences that have only a low impact on their therapeutic practice.

The *strong integration* therapist illustrated in Table 8 reported great influences of cognitive, humanistic, and analytic/psychodynamic orientations and a high but moderate influence of the gestalt model, meeting the criteria of endorsing four models with a high intensity and having one of these orientations with an intermediate intensity.

In contrast, *eclectic* therapists do not report any theoretical model having a great influence on their therapeutic work (i.e., rated 4 or 5 on the 0–5 scale). The therapist illustrating this category only endorsed two models (analytic/psychodynamic and humanistic), both with an intermediate intensity.

The *strong eclectic* therapist guided his or her practice by five different models but rated all of them with only an intermediate intensity. This category requires that the subject does not endorse any model with a high intensity (4 or 5). Essentially, eclectic and strong eclectic therapists adopt an intermediate attitude instead of extreme or well-defined solutions.

Finally, the therapist illustrative of the *skepticism model* in our sample chose two models, a slight analytic/psychodynamic orientation and a very slight behavioral orientation. This meets the criterion that no orientation is endorsed at a high or intermediate intensity. This type of therapist seemingly mistrusts or has no confidence in the effectiveness of theoretical models. (There was also a very small number of therapists who did not rate any of the orientation scales, possibly indicating that they held no theoretical orientation at all.)

RESULTS

Table 9 divides the results of this analysis into the categories that we assumed would demonstrate therapists' modern or postmodern cultural attitudes. Contrary to our expectation, the largest group of therapists gave a strong endorsement to a single theoretical orientation (pure model), both at the current time (46%) and when they first began to practice (42%).Using our criteria, integration was the next most common type of orientation, initially (37%) as well as currently (46%). Over the course of therapists' careers, the tendency to use a single theoretical orientation increased by about 4%, whereas the tendency toward integration increased nearly 9%.

Table 9. Frequency of Orientation Types for Initial and Current Theoretical Orientations

	Initial	orientation	Current	Orientation	Change
Category	n	%	n	%	%
Pure model	75	41.9	83	46.4	+45
Integration	66	36.9	82	45.8	+8.9
Strong integration	14	7.8	9	5.0	-2,8
Eclecticism	14	7.8	2	1.1	-6.7
Strong eclecticism	2	1.1	2	1.1	0.0
Skepticism	6	3.4	0	0.0	-3.4
No model	2	1.1	1	0.6	-0.5

When they began their practice, 79% of the therapists adhered either to a single school or to an integration of theories; if the strong integration pattern is included, the figure rises to 87%. Moreover, at the current time, 92% of the therapists adhere to a single theory or an integration (or, with strong integration, 97%). There is little evidence of postmodern eclecticism when the therapists started their careers and even less evidence of eclecticism at the present time. The combined level of eclecticism and strong eclecticism declined from about 9% to 2%, and the category defined as skepticism disappeared altogether.

The pattern of changes from initial to current theoretical category is presented in Table 10, where changes

are shown in the off-diagonal cells. Overall, 72, or 40%, of the therapists in the sample changed in orientation category from initial to current model, and the most common changes were toward the integration and pure model categories. A total of 109, or 60%, of the therapists remained within the same category.

Change from initial orientation appears in the rows of Table 10, which indicate that the most stable initial categories were the integration model (27%) and pure model (28%) orientations. More than half (57%) of those initially in the strong integration category had changed to the integration model, representing a reduction in the number of orientations chosen or a less extreme position in the same orientation. All of the initially eclectic, strong eclectic, and skeptic model therapists had changed.

The other large current orientation category was the strong integration model (32%).

Finally, Table 11 shows the internal composition of the integration model, which is the most popular in this sample. The three largest subgroups, containing more than half (54%) of the 89 therapists, were analytic/psychodynamic and systemic (22%), cognitive–behavioral (20%), and analytic/psychodynamic and humanistic (12%). Smaller subgroups consisted of cognitive–behavioral–humanistic (7%), analytic–cognitive (6%), analytic–cognitive–systemic (6%), and humanistic–systemic (6%).

Table 10. Patterns of Change in Theoretical Orientation Category

Current theoretical model Initial

theoretical model	**PM**	**Int**	**SInt**	**Ecl**	**SEcl**	**Sk**	**Nm**	**n**	**Percentage change**
PM	**54**	20			1			**75**	28
Int	14	**48**	3		1			66	27
Sint		8	**6**					14	57
Ecl	9	5		**0**				14	100
SEcl		1		1	**0**			2	100
Sk	5	1				**0**		6	100
Nm	1						**1**	2	50
n	83	83	9	1	2	0	1	179	
Percentage change	35		33	100	100	—	0		

PM=Pure model; Int=Integration; SInt=Strong integration; Ecl=Eclectic; SEcl=Strong eclectic; Sk=Skeptic; Nm=No model.

Note. Bold figures in main diagonal indicate number of therapists who do not change theoretical category.

Table 11. Theoretical Orientations Combined in the Integration Model Category

Combined orientations	**Percentage**
Analytic–systemic	21.9
Cognitive–behavioral	19.5
Analytic–humanistic	12.2
Cognitive–behavioral–humanistic	7.3
Analytic–cognitive	6.1
Analytic–cognitive–systemic	6.1
Humanistic–systemic	6.1
Cognitive–systemic	3.7
Analytic–humanistic–systemic	2.4
Psychodrama–systemic	2.4
Cognitive–humanistic	2.4
Analytic–humanistic–psychodrama	1.2

Cognitive–behavioral–analytic	1.2
Cognitive–analytic–humanistic	1.2
Cognitive–biological–psychiatric	1.2
Cognitive–behavioral–systemic	1.2
Cognitive–humanistic–systemic	1.2
Unclassifiable	1.2

Note. Integration model n = 89

DISCUSSION

First of all, we want to point out that the results presented in this article are based on the psychotherapists' self-reports of their attitudes and behavior and do not necessarily correspond to an objective measure of theoretical orientation based on observation of therapeutic practice. Even though it is customary to assess theoretical orientation in this fashion, it is worth noting, as Poznanski and McLennan (1995) remark, that the process of drawing up a method that reflects therapists' behavior from their own self-reports is very complex, and self-description methods to assess the theoretical orientation have shown an imperfect relationship with the therapists' behavior in therapy.

To some extent this problematic relationship may be due to using self-description measures that force therapists to select a unique orientation, instead of allowing therapists to report a variety of orientations varying in intensity. The DPCCQ questionnaire used in our study does not have this limitation in assessing the theoretical orientation but instead presents therapists with a multiple-item measure that offers the possibility of defining their theoretical model in a very flexible way (and, moreover, giving therapists the chance to add any model that is not in the questionnaire). Poznanski and McLennan (1995) do note that studies utilizing multiple-item self-report measures have shown evidence of consistency.

The sampling strategies of our work deserve a special mention. For practical reasons, it was not possible to take a random sample of all Spanish psychotherapists currently practicing, and so we cannot guarantee the representativeness of our results or their generalizability to the population of Spanish therapists. However, we have given a careful description of the characteristics of therapists in our sample, allowing for cautious generalization to other therapists with similar characteristics.

Our main hypotheses posited that therapists would develop toward more eclectic and integrative orientations and that those orientations would become the most popular current models of psychotherapy. Our data show these hypotheses to be only partly right. The integration model of several orientations does constitute one of the two main orientations, as does the pure model. These models did not show dramatic variation over time.

These results clearly indicate that Spanish therapists tend to intensely support whatever theoretical models they use to guide therapeutic practice. In fact, the vast majority of Spanish therapists strongly support their chosen theoretical orientation. This idea is reinforced by the fact that nowadays we do not find skeptical therapists or therapists who rely only slightly on their models, showing no confidence in them.

Thus, in conclusion, we must say that most Spanish therapists still guide their practice by a modernist epistemology as we have defined it in this work. They have not ruled out the search for the fundamental mechanisms of therapeutic change, the assumption of universal laws, and the external legitimation of their theories. There is still a belief in the grand narratives and the grand systems of thinking. Apparently, the time of categorical knowledge has not come to an end as far as our Spanish psychotherapists are concerned. The postmodernist basic theme of foundationlessness described by Polkinghorne (1992) has not come true for the Spanish sample.

The second part of our hypothesis is not at all supported by our data. Eclecticism, as we defined it, does not constitute a principal theoretical orientation in the present Spanish psychotherapeutic field. Currently, eclectic and strong eclectic model therapists represent just less than 2% of our sample. Thus, eclecticism is not a current tendency among Spanish therapists, from which we infer that the Spanish psychotherapeutic work is not guided mainly by a pragmatic eclectic attitude.

Nevertheless, the professional development of therapists includes an evolution of theoretical orientations for a large percentage of psychotherapists. This fact suggests that clinical work and therapists' subjective experiences in clinical practice can lead to changes in theoretical orientation and, more specifically, to a widening or reduction in the number of orientations used. Many of the therapists who initially followed a pure model changed it to an integrative model, and yet many of the therapists who initially followed an integrative model changed it to a pure model. That is, the most important modifications in the orientation of the work of therapists were related to the variation of the number of employed models, with no decrease whatsoever in the level of intensity or importance that therapists give to theoretical approaches, which we supposed to be typical of a postmodernist attitude.

As far as the amount of professional experience is concerned, there were no differences between the group of therapists who changed and the group of therapists who remained in the theoretical category that they had at the beginning of their careers. This implies that it is not professional experience per se that induces the modification of the theoretical orientation but instead the therapeutic work and the personal epistemological development of each therapist.

The main conclusion to be drawn from our results is that the Spanish therapists we studied do not show a tendency toward eclecticism. Thus, the relevance of unique models has not decreased, as Lambert and Bergin (1992) defended. We do not find a postmodernist attitude (as we have defined it) among Spanish therapists that would imply an erosion in the influence of the main therapeutic schools. The considerable number of integrative model therapists does not show a postmodernist attitude either.

In Spain, clinical psychology may also be closely linked to the institutionalized academic world, which defends the belief in extrinsic legitimation through the scientific method. Present clinical practice in Spain needs high-profile theoretical constructs that support the clinical change and therapeutic processes. We must conclude, therefore, by saying that this break with the modernist project did not occur.

Obviously, it would be important to replicate these data in other Spanish and international samples. Future studies of the professional and personal development of therapists constitute a promising path toward understanding the figure of the psychotherapist, and taking into consideration a cultural and epistemological framework may offer interesting results.

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