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Pluralistic Therapy and William James's *A Pluralistic Universe*

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'Pluralistic therapy' as articulated by Mick Cooper and John McLeod (e.g. Cooper & McLeod, 2011) and the pluralistic movement engendered by their writings and research has – so far – had a tendency towards emphasizing quantitative research and an implicit (sometimes explicit) desire to gain 'scientific' credibility. Indeed, when I received a letter from the 2nd International Conference of Pluralistic Psychotherapy and Counselling, which took place in April 2019, it matter-of-factly stated that they were 'pleased to inform [me] that the ***scientific*** panel' had deemed my presentation proposal worthy [my *italics* and **bold**]. Whilst I was pleased to be accepted, I was less pleased with the assumption that it was important that the panel for this conference should be 'scientific'. The increasing pressure on therapy to be understood as, and gain credibility as, *a science* has existed from its beginnings in psychology. This might have some justification in terms of gaining credibility in health services which struggle to understand therapy outside of a medical model, but I was disappointed that this scientism – as demonstrated by the deceptively casual deployment of the word 'scientific' – had so easily crept into the pluralistic movement.

The pluralistic agenda emphasizes inclusiveness, a wish to understand the 'Other' – however that other may manifest – including, I would hope, embracing those of us who understand therapy as more of an art or a craft than a science. House and Totton argue that the practice of therapy cannot be coherently conceptualized as a science:

> [P]sychotherapy and counselling are not, and in principle never can be, scientific disciplines with a reliable, replicable, predictable and generally agreed body of expert knowledge… [*some forms* conceivably might be… [but] this would not privilege them over other forms]… [because] factors like existential aliveness, the quest for personal identity, spiritual well-being, the enhanced meaningfulness of lived experience [are] *inherently and in principle unquantifiable*' (House &Totton, 2011/1997, p. 11; House, 2011, p. 76, original italics).

Practitioners of any kind of therapy calling itself 'pluralistic', in my view, cannot be held down to any kind of predetermined system or methodology – as inconvenient as

that might be for researchers who want pluralistic therapy to be a static 'thing'. Pluralistic therapy has already established a kind of 'Holy Trinity' in its hope that 'goals, tasks and methods' (e.g. Cooper & McLeod, 2011) might be seen as sufficiently uncontroversial to include most – if not all – therapies and therapists. With founding principles and concepts such as these, the agenda seems to be that pluralistic therapy should be 'product-tested' (as John Norcross described such research in his keynote speech at the aforementioned conference), just like any other named approach. For me, the pluralistic practitioner would be wiser to take heed of the words of William Blake's Los in *Jerusalem* : '"I must Create a System or be enslav'd by another Man's"./ "I will not Reason & Compare: my business is to Create".' (Blake in Keynes, 1957, p. 629, capitalization in original) Pluralistic practitioners do not need the approval and validation of researchers and scientific committees: what they need – like Yalom (2002) – is the ability to create a new therapy for each and every client.

Pluralism is a philosophy which goes back to the Greek philosophers. It has many aspects to it and many philosophers who identify with it. Whilst all these different aspects and philosophers are worth examining in their own right, in this article I am going to focus mostly on how William James's *A Pluralistic Universe* (1996/1909) (hereafter, *APU*) is relevant to understanding pluralistic philosophy, pluralistic therapy and the relationship between them. There will be other references to pluralism, but James's central role in the history of psychology makes his text perhaps the most relevant one about pluralism in relation to pluralistic therapy.

William James (1842–1910) created the first psychology course in the USA, is the author of *The Principles of Psychology* (1890) and has come to be known as the 'father of American psychology'. He founded 'functional psychology', which focuses on the *function/purpose* of consciousness and behaviour. He is also, along with Charles Sanders Pierce, known for establishing the influential philosophy of 'pragmatism'. In addition to *The Principles of Psychology*, James authored many influential books, including *The Will to Believe* (1897), *Talks To Teachers* (1899), *The Varieties of Religious Experience* (1902) and *Pragmatism* (1907). Slife and Wendt (2009) state that 'all these texts argue that the monism–pluralism question is the greatest issue the human mind can frame' (p. 109).

A Pluralistic Universe (1909) is James's last published work, and is not very well known compared to his other texts. However, they are taken from lectures which he gave at Oxford which 'attracted "an audience far larger… than any philosophical lectures ever given before in Oxford"' (Woody & Viney, 2009, p. 109) – which gives some sense of the significant impact James was making with these ideas at the time.

The antithesis of pluralism was conceptualized as 'monism'. Monism concerns itself with knowing 'all' and what 'must' be true, versus pluralism's greater ease with knowing 'some' and what 'might' be true. It reminds me of what Robert Anton Wilson (Bauscher, 2003) calls 'maybe logic' – a logic based on getting rid of words such as 'is' and 'are'. Howard and Christopherson (2009) claim that 'William James's pluralism, when combined with his pragmatism and radical empiricism, is a complete and coherent philosophy of life. James provides an antidote to the excesses of both the extreme realist/objectivist and the extreme constructive/relativist camps' (p. 150).

James makes no distinction between 'humanism' and 'pluralism'. For him, both humanism and pluralism emphasize the centrality of *experience* over ideas. In *APU* he argues that both 'radical empiricism' and pluralism emphasize 'the Many', and stand in contrast to monism which is idealistic, rationalistic, intellectualistic and emphasizes 'the One': 'the multitudinous nature of human experience does not mean it needs to be integrated into – or sourced from – one idea, such as "God"' (Beichman, 2018, p. 100). Indeed, as Woody and Viney (2009) argue, the

divine absolute cannot even be conceived as existing outside of experience. From this perspective James distinguishes between 'radical' empiricism and 'scientific… bugaboo' empiricism: objectivity is impossible because the world is in flux, and the observer cannot be separated from the observed. Pragmatism sits comfortably with this pluralistic view, as it prioritizes the utility of empirical knowledge over adhering coherently to a singular philosophy: 'pragmatism… posits that the survival of any perspective, and the use of the concepts and terms associated with it, should and does depend upon their practical utility' (Leary, 2009, p. 124).

In contrast, idealism posits that objects of knowledge are dependent on the mind. In relation to the field of therapy, research is mostly driven by 'ideas'. For instance, there is a perception in typical randomized controlled trials (RCTs) research that there are real, aggregated and apparently unitary approaches. Even if that assumption is granted, then these unified approaches are based on ideas that may or may not reach practice. In a philosophical sense, this type of research privileges nomothetic, top-down thinking versus an idiographic, bottom-up approach rooted in empirical realities. For instance, we know that 'practice-based evidence' (PBE) does not influence the provision of therapy as much as the seemingly sacrosanct 'evidence-based practice' (EBP). Indeed, without the latter, most researchers, therapists and therapies find themselves shut out. This directly relates to pluralism which James describes as the 'habit of explaining wholes by parts' (PBE) (1996/1909, p. 7) versus monism/rationalism, which he describes as the 'habit of explaining parts by wholes' (EBP) (James, 1996/1909, p. 7).

The desire to compare therapy *A* with therapy *B* is idealistic, rationalistic and monistic. The intention is to ensure that there is a winner and a loser and that there will be *in fact* therapies that *must* be beneficial for *all*, rather than therapies that *might* be beneficial for *some*. It is a yes/no, black/white way of conceptualizing experience: '[t]he commonest vice of the human mind is its disposition to see everything as yes or no, as black or white, its incapacity for discrimination or intermediate shades' (ibid. pp. 77–8). Pragmatically, the RCT can be seen as a useful tool in enquiry, but not at the expense of all other ways of knowing: '[i]t is but the old story, of a useful practice first becoming a method, then a habit, and finally a tyranny' (James, 1987/1909, p. 728).

Pluralism as a philosophy, as previously mentioned, goes back to ancient Greek philosophers such as Empedocles and Democritus, who believed 'the various elements and kinds in the world had substantial identities all of their own' (McLennan, 1995, p. 26) – in contrast to monists such as Parmenides, who 'posited the essential, indivisible and eternal Oneness of being' (ibid.). There are parallels with Leibniz's idea of an 'immanent' God which exists in an 'infinite series of particulars', as opposed to Spinoza's 'infinite, logically necessary Substance' (ibid., p. 27) which exists in both God and nature. Ward (1911) also articulated the notion of 'moderate' pluralism, which allows for pluralism to exist within a unifying frame. At a philosophical level, Cooper, McLeod and other proselytisers of contemporary pluralistic therapy might argue that this is their intention in their articulation of a 'framework' for pluralistic therapy.

Pluralism has manifested itself as a political science tradition, a general intellectual orientation and a 'temperament, a… psycho-personal frame of mind' (McLennan, 1995, p. 1). Pluralism is also often confused with multiculturalism, although there are important differences between the latter and 'cultural pluralism'. McLennan suggests that pluralism is better understood as a '"modal concept"', a way of seeing as opposed to a 'substantive "end-point" doctrine to believe in' (ibid., p. 9). In other words, pluralism is not a theory or practice of its own. This has implications for pluralistic therapy which is attempting to have its own theory and practice.

Pluralism is also confused and confounded throughout the literature about pluralistic therapy with integrationism. This confusion

seems unresolved, as sometimes it is casually stated that pluralistic therapy is an integrative therapy, and at other times, differences between them are painstakingly articulated (e.g. McLeod, 2018). Integrationism in the 'sense of unity or integration' is actually the 'conceptual opposite' (McLennan, p. x) of pluralism. An integrative agenda moves towards erasing difference as, for instance, in the integrative 'common factors' movement. Whilst, from a pragmatic perspective, there is no harm in this, it goes against a pluralistic celebration of, and holding on to, difference. A pluralistic perspective would warn against the 'potential pitfalls of premature or forced unification' (Woody & Viney, 2009, p. 117). Finally, the concept of pluralism is inextricably linked with postmodernism, especially in relation to being comfortable with uncertainty.

So, in light of James's *APU* and a more thorough understanding of pluralistic philosophy as articulated by him and others, what are some potential implications for the future of pluralistic approaches to therapy? (I purposefully use 'pluralistic approaches' in contrast to 'pluralistic therapy' to signify that there are many possible ways forward outside of Cooper and McLeod's version.)

James 'believed that when it comes to choosing among alternative possibilities, there are no absolute guarantees regarding outcomes' (Leary, 2009, p. 133). The NICE/IAPT/NHS audit cultures cannot cope with this kind of uncertainty, in contrast to the postmodernist spirit of pluralism, which tolerates and welcomes it. A truly pluralistic therapy will struggle to be accepted in cultures which demand certainty. In that sense – whilst at a pragmatic level, developing 'pluralistic' theory, undertaking 'pluralistic' research and training 'pluralistic' therapists will hopefully gain some pragmatic victories – I believe that rather than trying to get something called 'pluralistic therapy' as a *thing* accepted by the National Institute for Health and Care Excellence (NICE) and into the NHS/IAPT system, it would be more effective to campaign for choice amongst all the already-existing multifarious therapeutic approaches and therapists (including those therapies and therapists identifying as integrative or pluralistic).

In my view, such campaigning, as well as additional campaigning for *methodological pluralism*, is more important than 'pluralistic therapy' in itself. There are signs that this is beginning to happen: for instance, the organization XenZone, led by Dr Lynne Green, is advocating – with the support of pluralistically minded therapists such as Terry Hanley and Mick Cooper – the need for choice, and for choice above and beyond 'evidence-based' therapies. Providing the most appropriate therapeutic experience for each individual allows for innovative, creative and truly 'professional' approaches to flourish: phrases like 'One size does not fit all' need to seep into the media when people are talking about therapy. Political campaigning for recognition of different types of 'evidence', especially PBE, needs to continue and intensify. I would hope that the new All Party Parliamentary Group led by John Alderdice will get to grips with these issues, and seek advice from further afield than the BACP, UKCP and BPC. Even if EBP was to be understood correctly, there could be a beneficial shift in counselling and psychotherapy provision in the NHS. The conceptualization of EBP originally articulated it as similar to a three-legged stool in which, (1) client choice, characteristics and context and (2) clinician expertise would be seen as equally important to (3) research evidence. The combination of these three elements is closer to what is really meant by evidence-based practice, but it seems that two legs of the three-legged stool have been sawn off so that what we have left is very wobbly.

My overall hope is that pluralistic philosophy might spearhead a coherent political drive for better and more varied provision in the NHS and beyond, over and above any need for 'pluralistic therapy' to be validated by organizations such as NICE and IAPT. Pluralism in therapy, in my view, is more like *a dimension* of all therapies and therapists. By this I mean it is possible to conceptualize a

continuum between practising an absolutely 'pure' monistic therapy, and practising an extremely 'eclectic' pluralistic therapy; but most of us practise somewhere in between, and how pluralistically we practise varies, as it should, from client to client and from session to session. The ultimate nightmare for RCT researchers!

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