



The necessity and the challenges for a unified model of clinical psychology: A commentary on Salvatore *et al.*, 2022

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Abstract

Salvatore *et al.* (2022) have contributed a most important commentary about how patients and the profession of Clinical Psychology are at considerable risk as the trend towards specialization has meant that even core constructs in our field are not universally endorsed. A science without fundamental agreement about foundational concepts is at great risk. They go on to make several salient suggestions to facilitate addressing this substantial problem. In this commentary, the author strongly agrees with their concern and applauds their suggested next steps towards a resolution. He argues that all scientific pursuits benefit from both theory and research that has a broad focus as well as a very specialized focus. Advances in cell biology, for example have created a new and vital field of gene editing. The difficulty is when health care provider psychologists can no longer have dialogues about shared and overlapping theory and practice. Examples of collaborative work in World War II technology research and in the development of Chaos Theory are cited, as well as the philosopher Stephen Pepper's argument about the role of root hypotheses. He proposes beginning a process of an international working group to assist in this effort to reunify our field. He also cautions and specifies the significant obstacles to this endeavor.

Keywords: Clinical, psychology, unification, compartmentation.

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Salvatore and colleagues (2022) have contributed a most important and thoughtful argument on the costly compartmentalization and lack of unity in professional psychology. The paper is an urgent call to action to re-claim the science and practice of psychology. In the paper, there is a strong argument that Clinical Psychology, as a discipline, suffers due to the development of several silos across the decades. They propose that we are approaching a Tower of Babel situation which serves our profession and our patients poorly. This lack of unity has meant a loss of a consensual, or at least a substantially shared set of foundational concepts and road maps. One could ask if, indeed there ever was a golden age with a unitary endorsed meta-model. I will share my position at the outset and then present my arguments. I strongly agree with Salvatore and his co-authors that our field and our patients deserve clinical care that is based on a science with agreed upon foundational concepts and constructs. I would wish that we would all agree that this is a vital goal. As I will discuss, however, this goal, even with the thoughtful facilitation and guidance of Salvatore and colleagues, will remain elusive and aspirational as the current politics and viewpoints in our discipline do not suggest that this rapprochement between the different schools of thought and paradigms will occur.

This is not, however, akin to a collegiate debate in which one side wins. There is not a single correct answer or resolution to the question posed and explored in this paper. Both deep and narrow study and research, and broad attempts to arrive at a unified map have their place and their contributions. We recognize the benefit when scientists have a highly specific area of study. For example, advances in immunotherapy in the effective treatment of some cancers, were due to the narrow exploration of cell biologists and oncologists (Mutherjee, 2022). We are grateful to Nobel laureate chemists Doudna and Charpentier for their dogged and hyper-focused research contributions on genome editing. There are, however, substantial costs, as well, to the tunnel vision that is required for these achievements. Researchers, unchallenged by colleagues in different disciplines, will possibly stall in their work as they cannot move behind their single paradigm with its set of assumptions. They will be unduly tempted to try to fit an unexplained finding under the tent of their model; rather than ferret out what this finding may signify. We would, of course, apply Kuhn's work on paradigms here as a underpinning for this argument (Kuhn, 1966). We

see repeatedly, that when scientists and theorists are put in circumstances where they explore phenomenon together, the new synergies often lead to innovation and new understanding.

This was well illustrated at the Massachusetts Institute of Technology during World War II. Temporary buildings were erected. Scientists from varying disciplines were provided desks together to develop new technology for the war effort. At the real and metaphorical water coolers, researchers, whom typically did not encounter each other, began discussions which lead to collaborations and innovations. This unintentional “mixing” produced remarkable results (Burchard, J. 1948). In the 1980’s, science journalist, James Gleick, wrote a best-selling book on the emergent field of Chaos Theory. In chapter after chapter, he was able to show how, when intractable challenges were approached by scientists with divergent training, new ways of thinking and perceiving arose and refractory problems were solved (Gleick, 1987). Thus, there are clear benefits to both the disciplined narrow focus and the broad, cross-disciplinary collaboration.

The problem in Clinical Psychology is that we, too often, are sadly even proud that we are not proficient or have even an introductory understanding of new models, theories and empirical findings in psychology areas that are adjacent or distant to our own. We can observe in our colleagues who are scholars and practitioners of psychodynamic psychotherapy or of neuropsychology, for example, the following phenomenon. Their dedication to their sub-field may often translates to a lack of professional knowledge or proficiency in emerging constructs like Motivational Interviewing, the Trans-theoretical model, new models of suicide prevention or a grasp of non-psychodynamic interventions for the treatment of major depression. There should not be an expectation that clinical psychologists possess so much breadth and depth that they are up to date on visual perception research or the newest models for the development of Alzheimer’s Disease, if these are not their areas. We should, however, expect that foundational constructs in psychopathology, human development, human motivation, family systems and large systems functioning etc. should be the same road map or at least a very similar road map with some asterisks and overlays.

Stephen Pepper in 1942 described world hypotheses (Pepper, 1942). These are models from our world that are proposed to provide a paradigm or as he named it a root hypothesis for understanding our

entire world. For example, the machine became the paradigm (Mechanistic Paradigm) to understand how the world works and thus we had the lengthy era with this as the dominant paradigm. With a smaller focus, the early work on the development of the computer and its systems theory, as well as ecology theory in biology, became the root metaphors for a model for Family Systems. The cell is now a strong candidate as a model for our time. Pepper labeled this the Organismic Paradigm. To be clear, however, one could suggest that perhaps the world is like a tomato with its smooth, continuous outer skin and its chambers within. This model could be tried out and we would soon find its limitations. Each of these paradigms, however, has an agreed upon set of constructs, definitions, developmental models and internal logic.

If it is the case that psychologist A in Rome, psychologist B in Singapore and psychologist C in Los Angeles do not agree on seven or ten of a dozen key ideas and models in our field, then the discipline has a dramatic problem. There is not uniformity in medicine. An individual suffering from lower back pain may go to a number of medical specialists in orthopedics, neurology, brain surgery, pain management and psychiatry and receive contradictory recommendations. Nonetheless, as medical health care consumers, we have a basic trust that with a given set of symptoms, the assessment and treatment plan would most often be more similar than not, and certainly based on the same foundational assumptions and empirical support. If as Salvatore and co-authors assert that this is not the case, then their call to action needs to be heeded.

Salvatore, Ando' and colleagues (2022) propose an incisive critique of why compartmentalization has a high cost and impedes the transversality of psychological science. They propose three approaches, drawing from the literature, that may well be effective unifying strategies. These include the «search for an ultimate explanation», «the progressive extension of specific theories» and the «building of a metatheoretical framework... to match the conceptual connections among short theories» (Salvatore *et al.*, 2022, p. 6). Each of their proposed strategies are sound recommendations and require our serious response to their call to action. They provide a road map to how to work towards a new paradigm for psychology.

There are additional obstacles that must be addressed to bring us all to the table to assume this imposing, but essential task. To begin with, the history of our field was one in which the theoreticians were the

original power brokers. Freud and his followers built their theory from clinical observation, but with little or no empirical testing. The behaviorists in the United States, in contrast, built their model from careful research and a reliance on empiricism. Both models, however, became paradigms and closed systems. A graduate student needed to explore these two competing models and then literally join the church of their choice. The discussions between these opposing models were often limited, contentious and not respectful. There was a lack of curiosity about why and how these competing models work and explained the phenomena under study. The argument proposed is that this was an era of theory as ascendant.

We are now in an era of the reverence for empirical findings, with reticence about the value of over-arching foundational theories. In this Hegelian struggle, Salvatore, Ando' and colleagues (2022) are calling for a synthesis and a resolution that respects and requires empirical testing and validation, but is also based upon a consensual paradigm for the human condition. There is a sociological challenge to be addressed for this call for unity to be responded to. Akin to the bitter political divides in the United States, Italy, France, Brazil and many other nations, in which warring parties are indeed warring; we have to create a path in which curiosity, humility and respect replace name calling and skepticism about the positions of the opposing camps.

The tripartite action steps proposed in the Salvatore article can and should be implemented. In addition, the formal appointment of on-going working groups in the professional psychology associations in many countries could begin the long and arduous journey towards a unified model for clinical psychology. While there may be a strong endorsement of this call for a unified platform for our field, early discussions will include an insistence of which diverse models must be foundational. One group might argue that an evolutionary model is essential, while another, in this century of the brain, call for the centrality of neuroscience. Salvatore *et al.*, 2022 point to efforts by Henriques, Sternberg (2004) and Melchert (2013) as good starting points. The Engel's biopsychosocial model and other systemic perspective might also be recognized as useful organizing perspectives (Engel, 1977). The marketplace of models will require patience and mutual respect. This work should have an international template for what concepts need to be addressed and with a plan for one or more

international forums in order to create a new international paradigm for psychology. These bodies should also create a road map for how and under what conditions, the paradigm can and should evolve and be updated. Should, for example, an international body meet every three or five years? We appreciate that in the beginning of such an initiative, there will be much flag waving. For example: There is no model without an evolutionary biology foundation or a systems model or psychodynamic model. This hopefully will be replaced by much more basic inquiries into what is development, or attachment, or psychopathology. This proposed concrete proposal may be naïve and aspirational. It would, however, be a great contribution to our discipline and to our clinical population. As Salvatore and associates insist, fundamental to this effort will be a constant awareness of the role of the human in their ecology and in their socio-cultural surround. We are indebted to Salvatore and co-authors for this seminal contribution and fervently hope that it will spur on new resolve and a fresh initiative.

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