COMMENTARY
The Nomothetic–Idiographic Debate in Family Therapy

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This essay introduces the terms "nomothetic" and "idiographic" to characterize the current debate about whether the field of family therapy should accumulate and apply knowledge about patterns of adjustment that hold across different families, or whether the field should consider each family as utterly unique, and should tailor interventions solely on the basis of these unique qualities. Embedded in this debate are the arguments for and against quantitative research, disagreements about the value of clinical prediction and interobserver reliability, as well as the issue of whether therapists can rightfully claim to possess "expert knowledge." The essay begins with the personal-professional anecdote that stimulated me to explore this debate in greater depth. It continues with a brief discussion of the historical context of this debate, particularly noting the parallels between the methodological issues in personality research and those facing family therapy. The nomothetic–idiographic debate in family therapy theory, research, and practice is then described. The essay ends with the suggestion that family therapy view nomothetic and idiographic thinking as complementary, and that the field strive to develop an integrated, "idiothetic" approach to family therapy research and practice.

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I N this essay, I pose a question. The question is: How can family therapy theory and practice entertain and use general assumptions about people while maintaining respect for the differences that make each person and family unique? Embedded in this question are others, the most salient being: Do categories and generalizations always constrain people, or can they free them as well? Can a focus on the utter uniqueness of persons, families, contexts, and cultures—a focus respectfully intended—unwittingly entrap people in their own experience, cutting them off from the solace of hearing that they are not alone? In other words, are there strengths as well as limitations to the nomothetic position in family therapy—the search for general truths, guiding principles, and norms—as well as strengths and limitations to the idiographic position—the exploration of the differences, uniqueness, and exceptions in human experience and action?

To draw a parallel between the question of the relationship between the general and the unique in family therapy, and my particular attempt to answer this ques-

tion, I will begin by describing a recent life experience that stimulated me to address it. You may find that you have had similar experiences, which may allow you to resonate to my concern with this question; the circumstances surrounding your unique experiences with this general question will without doubt differ in some respects from my own. I also share my experience and what it stimulated in me so that you will be aware of the biases that I bring to trying to answer this question. I will then briefly set the debate about this question in its historical-intellectual context, especially in the history of psychology. After describing the debate as it currently appears in family therapy, I will propose one possible solution that integrates the study of patterns *across* different families with the study of the unique patterns of each *particular* family.

The Specific Event

One day at the family therapy institute where I work, we had an exciting intellectual event. The event paired, in a back-to-back format, a prominent social constructionist, thinker/therapist with two equally prominent researcher/clinicians. In the morning, the social constructionist beautifully made the case for approaching each individual, each family, and each problem afresh. He made the case for exploring in conversation the meanings of words for each person; he noted at one point that he might easily spend a whole 50-minute session inquiring about the connotations and denotations of one word, such as "depression." I was moved, and found myself ready to renew my attempts to approach each family as a unique entity, to view generalizations suspiciously, to slow the therapy process down and turn over meanings as if they were colored pebbles on the beach. I vowed to myself that I would get to the library as soon as possible and catch up on my reading of the qualitative research literature.

In the afternoon, it was the turn of the researcher/clinician. The first presented his thinking and experiences about amplifying the child's voice in family therapy. At the end of his presentation, he offered a list of "Dos and Don'ts" for interviewing children; as good research clinicians do, he noted that although these were phrased definitively, they were meant to be viewed as guidelines open to change—not as laws, but merely as a distillation of his accumulated experiences over the course of a career as a teacher, researcher, and clinician.

The second researcher/clinician presented her work on children whose parents had divorced. She had conducted both quantitative and qualitative research with a good-sized sample of children. She had worked extensively as a therapist and supervisor with families making the transition to divorce. She also revealed that, like many researchers who pursue a question with vigor, she had personal experience with her topic. Her methods were sound by social science standards, and her findings interesting. She then described how she applies the generalizations found in her own and others' research in her clinical work with children of divorce—mainly by sharing her accumulated knowledge about divorce with the children and families she works with so that they might see that others go through similar experiences. She asserted that the effects of sharing this acquired, expert knowledge about children and divorce in general has been to bring her child clients great relief, by, as she said, "normalizing their experiences."

I was moved and intrigued with the presentations of the research clinicians. I vowed to myself to become better acquainted with his clinical methods and her research findings, and vigorously to resume my reading of the research literature that seeks general findings on various types of family and individual problems.

A general discussion ensued, and quickly there emerged a conflict around the fundamental premises of the work presented in the morning versus in the afternoon. Asked for his thoughts about the work presented on children of divorce, the social constructionist firmly asserted that he did not believe in categories—that each divorcing family is different from the next. As I understood it, his implication was that generalizations disrespect and *constrain* people—they blur individuality and limit possibilities of change. The researcher/clinician retorted that, while she agreed with his point, she thought it important to recognize that divorce results in certain kinds of problems shared by many families and children. As I understood it, her implication was that access to generalizations can *free* people from their isolation, and from the belief that, if they are unique in their experiences, they and their idiosyncratic shortcomings are to blame for their pain. As I heard it, she argued that the sharing of expert knowledge can assist people in overcoming and changing.

The tension grew in the room. My knee-jerk emotional response was—as it often is in these situations—"Why can't we all be friends?" Then, quickly recovering my adulthood, I thought, "Why can't we find some way to find a balance, a common ground that incorporates both ideas?" As a child of divorce myself, I sensed that both positions held merit and could easily be combined. As the eldest of three siblings, I had also often played the role of trying to forge agreements between my warring parents, both of whom had their points, both of whom I respected and loved. My intellectual life, and my approach to therapy, has been shaped in good measure by this childhood experience—I am always trying to put things together, to develop shared understandings, to find common ground.

The Director of our institute then offered the following comment. As the Editor of this journal, the articles he had been receiving for the past year or so seemed to come down on either side of a "fence"—except he wasn't exactly sure what the fence was. When he attempted to bridge the two positions, the social constructionist again asserted that there were fundamental, irreconcilable differences between his approach and that of the research clinicians. I then offered the following comment: It seemed to me that one way to characterize the "fence" was around the issue of whether categories and generalizations constrain or free people. I asked, in tentative voice, might not both points hold? Throughout my undergraduate days as a philosophy student specializing in ethics, and then in an eclectic clinical psychology graduate program, I had heard this debate described in terms of the distinction between universality and relativism, and in terms of nomothetic versus idiographic research. In my previous studies, I'd never heard one position definitively supplant the other, and had resigned myself to living within one more unresolvable question, with its accompanying intellectual tension. Now, as a family therapist/researcher, I was encountering this debate again. So I decided to pursue this question further by writing this essay.

Historical Precedents

The terms "nomothetic" and "idiographic" were first proposed by the philosopher Windleband in 1904 (as described in Allport, 1937). As Gordon Allport (1937) wrote, the nomothetic disciplines "seek only general laws and employ only those procedures admitted by the exact sciences. Psychology in the main has been striving to make of itself a completely nomothetic discipline. The idiographic sciences, such as history, biography, and literature, on the other hand, endeavor to understand some *particular* event in nature or society. A psychology of individuality would be essentially idiographic" (p. 22). Allport

also captured this distinction with the terms "dimensional" or "horizontal" to denote quantifiable data that locate the degree to which persons exemplify certain generic traits or characteristics, such as aggressiveness, creativity, intelligence, psychosis; and "morphogenic" or "vertical," to denote data that account for the unique patterning of an individual life (Allport, 1962/1968b).

Allport, an eloquent and persistent advocate for the study of individuals in psychology, bemoaned what, in 1962, he saw as the "dimensional debauch" in the field—an overemphasis on formulating general laws and principles of behavior, and on attempts to categorize, classify, standardize, and normalize. He, along with Henry Murray, Robert White, Sylvan Tompkins, and their associates at Harvard, represented a less prominent but equally persistent voice in 20th century psychology—that concerned with understanding the qualitative differences between individuals. Their work involved the intensive study of individual lives, through multiple measures and sources, such as projective tests, diary and letter analysis, interviews, and other qualitative techniques. This approach is brilliantly represented by the current work of personality/clinical psychologist Irving Alexander (1990) and others who conduct psychobiographical studies and idiographic clinical assessment. Although a guiding premise of this approach is that general principles of human experience will emerge through intensive study of the individual case, these principles are never expected to explain all individuals and all behaviors. Moreover, in this approach, the careful description of the coherence of a single life is held to be a worthy scientific goal in its own right.

Allport argued that a fully integrated psychology would include both the study of aspects of personality common to persons in general, as well as the ways in which these common aspects play out in an individual. Allport's ideal of psychological investigation of a topic—for instance, prejudice (1961/1968a)—involved an ever-enriching spiral of movement between methods germane to the study of general features of human life, to methods more suited to the richness and "thickness" (Geertz, 1973) of an individual family or person, and then back again to nomothetic research now refined by the study of individuals.

Allport held that at the core of both nomothetic and idiographic study is a concern with observer reliability and prediction. The study of individual lives cannot procede by intuition alone. He wrote, "A science, even a morphogenic science, should be made of sterner stuff. The morphogenic interpretations we make should be testable, communicable, and have a high measure of predictive power" (1962/1968b, p. 88). In this 1962 article, and in his work before and after, Allport described and demonstrated a number of methodologies suited to idiographic research that incorporated the scientific values of reliability and prediction. Reliability and prediction are critical to idiographic work not only because these are the defining values of science, but because no matter how statistically powerful a nomothetic finding, it can never definitively predict the experience and action of the individual person. Therefore, those interested in predicting the behavior of an individual exposed to a certain stimulus—an interest central to the enterprise of therapy as we attempt to determine the possible impact of an intervention—must have reliable methods that lead to some predictive success.

Without engaging in a comprehensive historical review, suffice it to say that virtually every field of intellectual endeavor has struggled with this tension between the general and the unique: for instance, the debate between universalism

and relativism in ethics, and that between cultural evolutionism and ethnography in anthropology. Now the debate has reached family therapy.

The Debate in Family Therapy

The growing popularity in family therapy of constructivist and social constructionist thinking has catapulted the field squarely into the nomothetic–idiographic debate. Constructivist and social constructionist thinkers have distanced themselves from the original family systems models such as the structural, strategic, and Bowenian, holding that these approaches have relied too much on norms of family organization and functioning to inform clinical practice. They have also distanced themselves from the dominant, nomothetic research tradition in family therapy (see Gurman, Kniskern, and Pinsof, 1986, and Wynne, 1988, for examples of this tradition). Instead, there has been increasing interest in qualitative, non-numerical descriptions of family processes (Gilgun, Daly, & Handel, 1992; Moon, Dillon, & Sprenkle, 1990).

Constructivists argue that the biological structure of our perceptual apparatus determines what we know of the world, and that, since we cannot experience the world apart from our ways of perceiving, we cannot know an objective reality (Dell, 1985; Maturana & Varela, 1987). Moreover, we can never be sure that others experience the world as we do; thus, we cannot assume a body of truths derived through consensual validation. In similar fashion, social constructionists point to the biases introduced by our being embedded in our particular culture, with its language and concepts (Gergen, 1985).

The upshot of this theorizing for family therapy is the argument that therapists, being humans, have biases; consequently, the therapist cannot know reality (including what is adaptive or maladaptive behavior) any better than can families, and, therefore, is not able or entitled to adopt the role of expert. In this approach, therapy is conceived of as a nonhierarchical collaboration between therapist and family in which they jointly explore the family's unique situation, which only the family can change (see Dell, 1985, and Anderson and Goolishian, 1988, for radical statements of this position).

This is a fairly pure transposition of idiographic thinking into the field of family therapy—an interest in detailed understanding and description of the individual case; valuation of the verbalized experiences and "local knowledge" (Geertz, 1983) of the subjects of clinical inquiry; and mistrust of statements meant to characterize families in general. In fact, the position not only mistrusts nomothetic knowledge; following Foucault, such knowledge is viewed by some theorist/therapists as actually to the detriment of individuals, trapping them in generic descriptions that constrain creativity, subjugate pride, and disempower persons in their attempts to solve problems (see for instance, White, 1991). The advent of this type of thinking in our field seems tremendously useful in alerting us to several dangers, including those of complacency with our accumulated clinical experience and research-based knowledge; of the problems of unthoughtful application of psychiatric nomenclature or other reified concepts that can reduce persons to labels, which then define their personhood; and of the need to consult with the persons who engage us for assistance about what makes sense to them and what doesn't in how we are thinking about them.

On the more nomothetic side, the original systems approaches continue to develop and flourish, and clinician researchers continue to look for general patterns of normal family adjustment (Walsh, 1993), to determine patterns that predict better or worse relationship outcomes (Gottman, 1994), as well as to identify typical family

responses to particular problems such as chronic illness (Rolland, 1990), alcoholism (Steinglass, Bennett, Wolin, & Reiss, 1987), divorce (Carter & McGoldrick, 1989), and schizophrenia (Falloon, Boyd, & McGill, 1984). Nomothetically inclined clinicians use these findings to assist families. For example, the psychoeducational movement in our field has argued that families often suffer when led to believe that their problems are due solely or mainly to their unique developmental and organizational characteristics. The psychoeducational approach to schizophrenia involves applying diagnostic labels to disturbed individuals, explaining their behavior as largely the result of a biologically based illness, and describing to the families the normative sets of reactions they and their ill member can expect to experience (Falloon et al., 1985). In this work, the sharing of general findings about a disorder, and typical family responses to it, are often found to facilitate the adjustment of the particular families who share a common problem. Far from entrapping persons, the sharing of expert knowledge is, in this approach, believed to free them from the trap of attributing their problems to their unique characteristics.

In like fashion, the seminal work of feminist family therapists such as Virginia Goldner (1988) described highly generic findings about gender and power in families, findings that are thought to apply in some degree to all relationships between men and women. Problems that women had heretofore attributed to their own or their partners' idiosyncratic failings were traced to broad, pervasive themes, patterns, and institutions within the society. The current, increased attention of the field as a whole to the impact of racial, class, ethnic, and cultural differences on families and family therapy also highlights nomothetic patterns (Almeida, 1994; Boyd-Franklin, 1989).

In no published articles or books that I am aware of do these researchers and nomothetically inclined clinicians advocate using general findings in practice without considering the degree to which a particular family fits the findings. In good family therapy, general knowledge of how *many* families respond to frequently occurring situations and challenges—the birth of the first child, the leaving home of young adult children, illness, divorce, retirement, and the inevitable, death—is used as a backdrop with which to *begin* rather than conclude a clinical inquiry and treatment. Likewise, accumulated experience with how *many* (not all) families respond to learning an approach to communication and problem solving (Notarius & Markman, 1993), as well as to reframes, paradoxical interventions, externalizations, and problem-focused genograms, informs therapeutic decisions and predictions about relative effectiveness, but should not lead to a rigid clinical fait accompli. When clinicians take a "cookbook" approach (Meehl, 1954) to families, this is arguably reflective not of problems with the use of general knowledge, but simply of inadequate clinical training and judgment. Mediocrity in family therapy is just as possible in a constructivist or constructionist approach as it is in an approach that makes use of greater explicit knowledge. Some might even argue that it is easier to monitor the quality of the practice of the more traditional family therapies, with their techniques, norms, and models of family functioning, than it is to determine the skill of a therapist whose sole guideline is to keep the family in conversation (Anderson & Goolishian, 1988).

A Tentative Answer to the Debate

In considering the debate between the nomothetic and idiographic positions in personality theory, Alexander (1990) used a body/face metaphor, suggesting that "the variety of descriptors of personality

studied in the normative sense—traits, styles, types, motives, ideologies, attitudes, affective dispositions, and psychopathological categories"—be considered the "body" of the personality, while the patterns of action and experience unique to an individual, the "signature elements of personality identification," be considered the "face," which is the "chief instrument of particularity" (pp. 1–2). Like their individual members, it might be said that families also have both "bodies" and "faces." In this view, most families are likely to respond within certain ranges of common reactions to particular types of events. Research and clinical inquiry that offer tentative findings (never "definitive" in good science) about these common reactions illuminate the "body" of families. And as it is for each family member, the family as a whole can be said to have its own "face," different from the faces of other families: its idiosyncratic life events, its temperament (Steinglass et al., 1987), its unique ways of understanding, conversing, and acting in response to events, and its distinctive ways of organizing to face challenges.

Thus, I believe that both the nomothetic and the idiographic positions are valid and useful for family therapy, and readily complement one another. Following Allport (1937), I believe that the nomothetic–idiographic debate in family therapy is too polarized and has led to a field "divided against itself" (p. 22). In Allport's words, "It is more helpful to regard the two methods as overlapping and as contributing to one another" (p. 22). The enriching spiral between the search for commonalities between families facing similar problems, and the careful, qualitative description of the unique aspects of each family's response to similar problems, and back and forth again, may offer our field the kind of diversity and complexity in thinking required of good theory and practice. In both

approaches, concern with reliability of observation, and with prediction, are critical to understanding and aiding families.

Lest it be thought that there is currently no overlap between systems theorists and social constructionist thinkers, consider the following two quotes. First, in a chapter entitled "Guidelines for Practice," Tom Andersen (1991), one of the foremost proponents of the idiographic approach in family therapy, writes: "These guidelines might be regarded as a sort of scaffold, as they can be set many ways and are transitional. They represent *experiences gathered over time* [italics added], and they have been helpful when appropriately unusual for those with whom we talked" (p. 42). Here, Andersen sets out to share with his readers his accumulated "knowledge"—general comments about common clinical situations. Surely, a nomothetic undertaking!

In the second quote, Salvador Minuchin (1974), a distinguished pioneer in the search for nomothetic patterns across different families, writes: "Transactional patterns regulate family members' behavior. They are maintained by two systems of constraint. The first is generic, involving the universal rules governing family organization. For instance, there must be a power hierarchy, in which parents and children have different levels of authority. . . . The second system of constraint is *idiosyncratic,* involving the *mutual expectations of particular family members* [italics added]. The origin of these expectations is buried in years of explicit and implicit negotiations among family members, often around small daily events" (pp. 51–52). Minuchin goes on to discuss generic *and idiosyncratic* stresses and transitions that challenge families to adapt and grow. Surely, Minuchin's consideration of the idiosyncrasies of families falls within the purview of idiographic practice, and requires a qualitative, descriptive methodol-

ogy. It is heartening to see that, hidden within the current polarized debate between the nomothetic and idiographic, we may not be as far from one another's thinking as the ideologies would have it.

It is this sort of coming together and integration of all the tools of inquiry available to us that I believe may represent the next stage in the field's development. In essence, what I suggest is that the tension between the nomothetic and idiographic approaches should come to have more the form and flavor of a healthy dialectic, rather than that of an acrimonious debate. As I began this essay with the personal, idiographic experience that led me to thoughts of a more nomothetic variety, I would like now to end with another idiographic experience. As a graduate student, I chose as my mentor a rather complex thinker and person named Philip Constanzo—a developmental-cognitive-social-personality-clinical psychologist, by self-definition. It was he who first introduced me to the nomothetic–idiographic debate, and he who often said that what the field of psychology needed was an "idiothetic" approach that combined both. I would like to suggest that in family therapy as well, it might be best to think "idiothetically"— examining the ways in which families and their members respond in formally similar fashion to similar events, yet each with their own marvelous variations.

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