

Humanistic Psychotherapy Takes a Stand

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As most of us have by now heard, the battle for the soul of psychotherapy is being waged most actively in the United States of America. Up to now, most of the noise has come from those who want to transform psychotherapy into something scientific in the medical sense. They have introduced manualisation (training and treatment according to a precisely laid out manual), and the concept of Empirically Validated Treatment (EVT) through clinically randomised trials on specific complaints as the only proper way to go. Only those treatments which can be researched according to these methods can be paid for by insurance companies or state schemes.

But in the Spring 1997 issue of *The Humanistic Psychologist* there appears a counterblast: a report by a task force set up by Division 32 of the American Psychological Society — the one devoted to humanistic psychology. It is quite long and detailed, running to some 43 pages, and is entitled 'Guidelines for the provision of humanistic psychosocial services'. What I am attempting here is a brief summary, in the belief that people in the field should at least have some idea of what is being said and how the message is being put across.

In the 'Preamble', the basic values of the humanistic approach are laid out. The emphasis is on growth. 'Discontinuities in life and in experience, tragedy, and pain, are taken seriously as often reflecting basic issues concerning the nature of the self, the

nature of existence, and the nature of one's engagement in the world, rather than being seen as pathogens to be eliminated'. Humanistic practices are holistic. A superior expert stance is not adopted. 'Humanistic practitioners recognise that their job is to place their expertise at the service of their clients and to establish a collaborative dialogical relationship with them.' The authors of this report are not devotees of autonomy, any more than they are devotees of diagnostic categories. 'Humanists, in common with many feminists, family-systems theorists, and ethno-cultural therapists, believe that relational phenomena are fundamental, and not reducible to the sum of individualities.' Such a position, they say, makes any therapeutic stance based on unilateral decisions about the life of another person both impractical and unethical.

The next section is headed 'Introduction and rationale' and gives three reasons why these guidelines are being presented now. Agreeing with the basic idea of public accountability, the eight authors say they want to lay out, firstly, the principles of their practice. Secondly they want to lay out the humanistic paradigm. Thirdly they want to establish the validity of humanistic alternatives as a defence against the disenfranchisement which is threatened. (For example the clinical psychologists in the US have issued a set of guidelines which speak entirely in terms of decontextualised disor-

ders such as depression, and effectively exclude psychodynamic, feminist, constructivist, narrative, family-systems and humanistic approaches.)

In terms of the first reason given above, the authors speak about training in the humanistic approaches, which 'becomes less a matter of acquisition of technological skills to be applied consistently and with mastery, and more a matter of the development of perceptual and interpersonal sensitivity; self-awareness, higher order mental capacities such as the ability to take multiple perspectives on issues and problems and the ability to engage in more complex thinking about values; the skill of relating general research findings and scholarly discourse to specific persons in naturally occurring contexts; and other non-formalisable complex skills for facilitating human growth and liberating client creativity.' In terms of the second reason above, the authors say that emphasis on the personal growth of the therapist 'follows from the humanistic position that therapists must be able to entertain and really appreciate multiple perspectives on reality, and that it is clients who are ultimately the experts on their own lives, their own life circumstances, and the contextualised complexities interwoven around their problems.'

The next section is entitled 'Philosophy, world view and praxis'. It emphasises that there are a large number of humanistic approaches, and many differences between them, but that there are nevertheless some common principles, laid out here under seven headings: epistemology (no belief in decontextualised disorders); nature of the person (eleven points); psychological dysfunction (problems do not have an existence independent of defining agents);

humanistic psychotherapy (no treatment packages); outcome possibilities (growth rather than cure); processes and procedures (therapy is a recursive, self-adjusting, creative, interactive intelligent process, a complex nonlinear dynamic system); and stance on differential therapeutics (not specifiable in these terms).

Then comes a section entitled 'Humanistic stance on DSM and on diagnosis', which basically expresses a scepticism about the whole business. But they end by saying it would be nice if we could devise a more human diagnostic system. The next section is headed 'Scientific research, knowledge and psychotherapy practice', which starts off by distinguishing between scientism and being scientific, and between natural science and human science. 'Research must be able to consider therapy as an open dialogical process that is unpredictable and unmanipulable.' 'Research must be able to capture the unquantifiable and the meaningful.' 'Research must be able to consider the participating individual as an agent and interpreter of the therapeutic situation.' So we have to broaden our conception of what constitutes a science. 'We advocate the proposal of a variety of guidelines, each reflecting a different orientation, possibly achieving distinctive results, and embodying a unique set of values.' And in general guidelines should guide without prescribing.

There follows a section on 'Research findings on humanistic services' which says that even if we adopt the natural science approach, and even if we accept the inappropriate methods of those with an unsympathetic perspective, humanistic psychotherapy still comes out pretty well. For example, 'Research supports the

humanistic postulate that client agency is a major generative factor in therapeutic change and that the therapist and therapeutic relationship are more important than the therapy or method practised.' Finally we get the 'Guidelines for the provision of humanistic services', six pages covering three topics. The first discusses for whom humanistic therapy is appropriate. The second is headed 'Appropriate practice' (client's role in therapy; diagnosis and therapeutic process; therapeutic rela-

tionship; facilitative therapeutic processes). The third covers social and legal matters (medication; societal responsibilities; suicide). All these are in line with the considerations already outlined.

This is a very thorough piece of work, with six pages of references at the end, and the writers must be congratulated on what they have achieved. It deserves consideration from all those involved with humanistic psychotherapy or counselling in this country.

Further reading

Task force for the development of guidelines for the provision of humanistic psychosocial services (Arthur C. Bohart, Maureen M. O'Hara,

Larry M. Leitner, Fred Wertz, E. Mark Stern, Kirk Schneider, Ilene Serlin and Tom Greening) 'Guidelines for the provision of humanistic psychosocial services' in *The Humanistic Psychologist*, 25/1 64-107, 1997

Memories and Traces of Eva Rosenfeld

Patricia Welles

'It is next to impossible to account for what transpires in a psychoanalysis . . . some people find themselves incapacitated by the question "What did you get out of your analysis?"'

Christopher Bollas, *Forces of Destiny*

Two psychoanalyst friends of mine, one retired, the other still in practice, have told me of their disenchantment with psychoanalysis. One said that he thought that

in the future people would just run down to the corner chemist and buy a drug for what ailed them. The other said he had virtually nothing to say about his experience

Patricia Welles is an author and editor. 'Memories and Traces of Eva Rosenfeld' was first published in the British Psycho-Analytical Society Bulletin in April 1997 in conjunction with a 1970s BBC radio interview between the psychoanalyst Dr Tom Main, author of The Ailment, and Eva Rosenfeld, a training psychoanalyst, one of the few people alive at the time who had known and been analysed by Freud.