

Psychotherapy integration, postmodernism, and organismic meta-theory-- reflections on 'Respectful co-existence in action'

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Marrying therapies

A woman much admired for her looks once made grizzly George Bernard Shaw the following proposal. 'Sir, we should marry, for with my looks and your brains think how blessed our children would be'. Replied Shaw, 'But what madam if they had my looks and your brains!'

To be understood as a narrative whose meaning is only relevant relative to a culture that values looks and brains, this story highlights, in my view, significant aspects of the problem facing those of us who would integrate certain bits of the differing theories of psychotherapy* and thereby generate a unitary whole: how, that is, choices made based upon personal predilection can lead not only to fruitful synergy but to its opposite.

Given my interest in the synergistic integration of psychotherapy theories, my eye was caught by the report of a successful form of it achieved on the counsellor training programme at the University of Brighton, as described in the article 'Respectful coexistence in action' by David Bott, *et. al.*, (2006) contained in July's *Therapy Today*.

What further fuelled my interest was the fact that the authors describe a concordant combination of elements from the person-centred and psychodynamic approaches--this further interest being due to a personal association with the counselling training programme at the University of Hertfordshire, which after some 30 years of offering a postgraduate dual track person-centred and psychodynamic diploma has now slimmed down to a psychodynamic version only.

Trying to ascertain the basis of Brighton's achievement, I pondered the rationale that Bott, *et. al.*, set forth as the philosophical underpinning to their success. In examining it, the conclusion I have reached is that while the authors' rationale has proved pragmatically effective, an alternative formulation is more accurate.

A postmodernist rationale

While admitting that space prevents a detailed and systematic exposition, Bott and his co-authors nevertheless explicate that at the heart of their undergirding rationale lies the presupposition that 'attempts to establish theoretical supremacy are unsustainable in an era where counselling and psychotherapy have come to be profoundly influenced by ideas that might be grouped under the broad heading of postmodernism' (p. 15). The authors ally themselves, that is to say, with the postmodernist congeries of ideas that, in their words, 'rejects the enlightenment or modernist view that there are objective truths that can be discovered through the process of scientific progress' (pp. 15-16).

What this means with regard to combining elements from different theories is that Bott, *et. al.*, distance themselves from the view that such integration can be achieved based upon the traditional conception of scientific progress. In this traditional view (certainly with respect to the 'hard' sciences of physics and chemistry), scientific progress, advance of scientific understanding, is said to take place through the development of ever more comprehensive and complex theories, theories that employ ever more abstract and powerful concepts to see order in, make sense of, an increasing range of phenomena.

On such a scenario, it is appropriate to speak of progressively increasing enlightenment as the theories become more global and provide us with a greater intellectual grasp of reality. One term for a global theory is a paradigm; others are meta-theory and meta-narrative--and it is in this sense that Einstein's theory, by being more comprehensive than Newton's, making sense of a greater range of phenomena within a single conceptual whole, is more 'meta' than Newton's. If, then, theories of psychotherapy are considered attempts at developing scientific understanding of the phenomena of psychotherapy, then such a conception of scientific progress would point to the eventual development of a psychotherapy meta-theory.

By way of a general reaction to this traditionalist conception, postmodernism, as described by Vivien Burr (1995, p. 185), consists in 'the rejection of "grand narratives" in theory and the replacement of a search for truth with a celebration of the multiplicity of (equally valid) perspectives'; or, as Jean-Francois Lyotard (1984, p. xxiv) has famously stated, 'incredulity towards metanarratives'. In the particular province of psychotherapy, the Brighton authors thereby confirm their postmodernist credentials by asserting that implementation of their programme involves giving up 'the claim to the "truth" of a theoretical approach' (2006, p. 16).

The cafeteria approach

Now one criticism regarding the postmodernist claim that theories of psychotherapy do not refer to some objectively true state of affairs is that with no such external reference point we are without a valid criterion by which to differentiate between theories--to say that this or that theory is of more value because one is a truer representation of reality than the other. Each perspective, as Burr indicates, becomes regarded as equally valid. It is just as valid, say, to attempt to change a person's behaviour by verbally abusing them (as happens in certain drug treatment programmes) as listen in near total silence.

Bott, *et. al.*, term this condition 'atheoretical eclecticism'. They argue, even so, that it is possible to preserve their predilection for postmodernism while yet avoiding such an *anything goes cafeteria approach wherein each person takes a bit of what they personally fancy from this or that approach because there is no one 'true' theory telling a therapist what to put on her or his plate*. Salvation from such a pot-pourri is to be found, according to the Brighton authors, through being guided by the findings of empirical research, specifically the 'convincing body of research that privileges the relationship over adherence to any particular modality' (p. 16).

At first glance such a *modus operandi* may seem a viable course of action. Deeper reflection, I believe, shows it to be questionable.

All facts are ‘theory-laden’

For in effect what Bott., *et. al.*, are proposing is atheoretical empiricism, the existence of pure (objectively true?) facts uncontaminated by theory. But if there is one thing that philosophers of science have agreed upon in recent years it is that all facts are ‘theory-laden’ (Hanson, 1958).

The significance of this realization apropos different psychotherapy theories is that the ‘fact’ of the relationship is different when viewed from the perspective of this or that theory, in this case from the perspectives of either person-centred or psychodynamic theory. Each of these represents an attempt to provide a more abstract and scientific, conceptual characterization of the ‘fact’ or nature of the effective psychotherapy relationship. Which is to say, that if the person-centred and psychodynamic theories are truly different, the factual nature of such a relationship will be different also. The corollary of such a realization is that for these respective conceptual characterizations of the effective therapy relationship to compatibly coexist, either

- (a) their difference is due to their describing different entities: the equivalent of one describing the teaching relationship, the other the therapy relationship. In this circumstance, the second characterization would be seen as valid the first invalid. This situation is not being entertained here as both person-centred and psychodynamic viewpoints are being taken to be equally valid insofar as they both represent characterizations of the therapy relationship;
- (b) the two theories are in effect employing the same concepts even though they may be giving different labels to those concepts; or
- (c) the technical terms that each employs are vacuous jargon terms more technical than the ideas they seek to convey; terms that mask the fact that each theory is essentially presenting the mutton of common-sense dressed up as the lamb of more abstract, conceptual scientific understanding.

My personal conclusion is that it is more a case of (c) than (b).

Transference-free *agape*

In comparing, respectively, the psychodynamic and person-centred characterizations of the therapy relationship, take two key notions from each: the notion of transference developed by Sigmund Freud, the founder of psychodynamic therapy; and the notion of unconditional positive regard developed by Carl Rogers the founder of the person-centred approach.

Examining each of these terms, we find that in its original formulation ‘transference’ meant ‘false love’ (Freud, 1915), not the genuine or true article. Thus, when the psychodynamic therapist aims to relate to a client in a transference-free, sympathetic manner, effectively he or she aims to relate in the manner of non-false,

i.e. true, love. By comparison, insofar as the person-centred therapist aims to experience unconditional positive regard for the client, he or she seeks to embody an attitudinal condition that Rogers equates with *agape*, true Christian love (Rogers, 1962). To be borne in mind in each case is that a description of the qualitative character of something conceived in common-sense terms is not a scientific conceptualisation as such.

The specific claim I wish to make, therefore, is that in their respective uses of transference and unconditional positive regard, Freud and Rogers are in large measure using technical sounding, pseudo-scientific jargon for the existing common-sense notion of a certain type of love.

From common-sense meta-theory to organismic meta-theory

In line with such an interpretation what I wish to suggest more generally is that the respectful coexistence referred to by the Brighton authors is not so much based on ‘no theory’ regarding the nature of the therapy relationship, but on the ‘meta-theory’ of common-sense.

In the field of psychotherapy overall scientific progress in terms of the development of a unitary conceptual frame for integrating currently existing theories has yet to be realized. If we look at the hard sciences, though, we find that recent advance of understanding has taken place through the development of concepts that construe reality not as a giant Newtonian machine but as a huge field-like organism. So far as the domain of psychotherapy is concerned, and in accord with such a paradigm shift, it is my belief that it will be through the development of comparable organismic (i.e. ‘holistic’ or ‘process’) concepts that a psychotherapy meta-theory will become constructed.

Interestingly enough, there are pointers to such a development in both the psychodynamic and person-centred approaches. Regarding unitary conceptualization of the therapy relationship, a shift to the deployment of organismic concepts can be detected in both psychodynamic and person-centred theorists, as evidenced by joint deployment of such concepts as the interpersonal field and the schema--the latter variously termed a ‘representation of an interaction that has been generalized’ (RIG) by Daniel Stern, 1994; a ‘working model’ by John Bowlby, 1971; and a ‘habitual relationship pattern’ by Joseph Schachter, 2002 (see Ellingham, 2005; Greenberg, 2002; Mearns & Cooper, 2005; Tudor & Worrall, 2005; Wachtel, 1981).

Conclusion

Respect for diversity and difference in current conceptualisations of the therapy relationship, along with awareness of inherent inadequacies in characterizing the true nature of things, are not necessarily prescriptions for the pessimism of postmodernism. Whether acknowledged or not, it is the intuition of a fundamental oneness underlying current theories that moves us in our conceptual endeavours. Critical success in these endeavours in the form of an organismic meta-theory will both confirm the truth of such an intuition and see scientific progress made.

Note

* With no meta-theory by which to distinguish ‘psychotherapy’ from ‘counselling’, I have arbitrarily chosen to employ the term ‘psychotherapy’ and its associates rather than the related terms ‘counsellor’ and ‘counselling’. I have, though, employed the term ‘client’ rather than ‘patient’, as I think it is generally agreed (perhaps with the exception of psychoanalysts) that our field is not a branch of medicine.

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