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Towards an Integrated Person-Oriented Psychotherapy

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Abstract: *In this article a distinction is made between person-centered and person-oriented psychotherapy. Person-centered therapy is considered a separate school of therapy, while person-oriented therapy is considered as a metatheory for all psychotherapy. It is argued that the latter is more in keeping with the spirit of Carl Rogers than the first.*

Keywords : *Metatheory of psychotherapy, basic assumptions, person-oriented psychotherapy*

Introduction

We are living in a period in which all-encompassing systems of belief, which claim to be the possessors of truth, no longer exist. People seem to be imbued with the notion that all our knowledge is historically and culturally determined and therefore relative. This has promoted the decline of religious, political, and philosophical systems and ideologies. As psychotherapy has always been a product of a certain culture or Zeitgeist, it is no great wonder that interest in so-called universal therapies has also started to decline. This is not a time for believers in universal solutions to universal problems.

Empirical research has also contributed considerably to the demonstration of the relativity of psychotherapeutic theories and methods. In addition, a clinical practice has evolved in which psychotherapists of all schools have felt more and more free to use whatever they consider useful for their clients or interesting. A general atmosphere of eclecticism has emerged with little concern for orthodoxy or theories. This has also sometimes led to the conviction that "it does not matter what you do, as long as it works". Some psychotherapists view this new way of thinking as a threat to cherished values and as a selling-off of respected theories. More specifically, it is felt that psychotherapy is in a real danger of being reduced to a technology.

In the present contribution, I will argue that psychotherapies have so many similarities that the time has come to leave the old divisions behind and search for more meaningful divisions. One such distinction which I consider useful is the one between symptom-oriented and person-oriented psychotherapies. I will argue that integration within each of these two models of psychotherapy may be fruitful and will elaborate on this idea for the person-oriented model in particular.

It should be understood from the beginning that person-oriented psychotherapy is different from person-centered psychotherapy in that the former is a particular interpretation or model and the latter a particular school. The name person-oriented implies that the person is the central concept on all levels of theory: in the conceptualization of psychopathology, psychotherapy and the process of change. I think, moreover, that such a broad conceptualization offers more of a future for our valuable tradition than a strict school of client-centered or person-centered therapy, which must struggle to survive in this era of managed care and biological psychiatry (see Bohart/O'Hara/Leitner 1997). Such a broad conceptualization also seems more in keeping with the spirit of Carl Rogers, who presented his approach more as a meta-theory for all psychotherapy than as a separate school of therapy.

Symptom-oriented versus person-oriented psychotherapy

Hypnotism arose in the 18th century and was a product of partly magical thinking and partly the adoption of a medical approach. The neurologists and psychiatrists of the 19th century (especially in France) made a medical technique out of hypnotism and applied it in the same manner as other "treatments" for medical and psychological problems. As doctors, they were used to a directive and technical approach aimed at the alleviation or removal of symptoms.

Freud became acquainted with this approach during his visit to Charcot in Paris and used hypnosis in his psychotherapeutic work but gradually became more and more critical of it. Freud then developed his own paradigm as the antithesis of the hypnotic paradigm: the patient had to work hard himself, no advice was given, and the aim was not symptom-relief but personality change. This model of psychotherapy was also more in tune with the old philosophical traditions of "knowing yourself" and the Socratic manner of inquiry and achieving wisdom than with the technical treatment approach of the natural sciences.

I think that 19th century hypnotism and the old psychoanalytic model can be considered two prototypes of psychotherapy and that most of the later schools of psychotherapy can be traced back to these prototypes. For example, classical behavior therapy and the so-called directive therapies resemble the hypnotic model in that they are all symptom-oriented, directive, and therefore short-term. The therapeutic relationship is only important in so far as the patient must be persuaded to change his maladaptive behavior patterns.

Psychoanalysis, Jungian analytic therapy, client-centered therapy, and other insight-oriented and experiential psychotherapies, only take the symptom as an entrance to the "real problem" or, as Jung said, as a graduator of the inner psychological world. The goal of these approaches (which is some form of personality change) is much more ambitious and they generally consider the psychotherapeutic relationship to stand central to the change process instead of secondary to it. These approaches are more or less non-directive instead of directive and intervention-oriented and as the change process is a profound one, the therapy can often take several years.

Granted that these two models of psychotherapy are prototypes, which implies considerable variation within each model and considerable overlap between the models, I still think that they represent two different paradigms of psychotherapy and therefore merit elaboration in their own right. The symptom-oriented and the person-oriented paradigms of psychotherapy differ fundamentally in their view of what psychotherapy is, what its goal is, and what is important in achieving this goal. Integration within each of the two models may therefore be useful, while complete integration across the two models would mean the neglect of important distinctions.

Methodological considerations

For real integration to take place, it is necessary to leave the narrow boundaries of one particular psychotherapeutic school behind. The best way to do this is to ask the real questions and press for an answer that is not one-sided (coming from one particular school of thought). The different schools can best be considered different theories competing with each other to explain a certain psychotherapeutic phenomenon. For example, if we ask which qualities of the psychotherapist are most effective for the promotion of personality change, we need not (on the basis of our devotion to a particular school) choose between empathy versus interpretation or authenticity versus working through transference. Rather, we must try to find a balanced answer to this question, with the relevant aspects of the different approaches in the right place.

I think the following questions should stand central in our endeavor to outline the essential characteristics of person-oriented psychotherapy: (1) What is the general view on the origin of human problems and psychopathology? (2) What are considered the central agents of change? and (3) What constitutes the goal of the therapy or the process of personality change. A general theory is needed to create a coherent frame of reference for these questions, which means that the same theory must explain the origins of psychopathology, the effective change agents, and the process of personality change. A further requirement is that the theory be neutral with regard to traditional psychotherapeutic theories; in other words, the theory is actually a meta-theory.

Person-oriented psychotherapy

As stated earlier, "person-oriented psychotherapy" can and should be distinguished from "person-centered psychotherapy", which is the name of one particular school of psychotherapy. What I mean by person-oriented psychotherapy is essentially the following: contrary to symptom-oriented psychotherapy, person-oriented psychotherapy is directed at the development of the person. It is assumed that psychopathology is the result of developmental arrest during a critical phase in the development of the self in interaction with key figures. In this view, the nature of psychological problems is relational or interpersonal and the essence of psychotherapy is to provide a new opportunity to learn to become a self in relation to others, which is why the quality of the therapeutic relationship stands central.

It should be noted that several psychotherapeutic approaches emphasize the relational nature of psychological problems and thus position the therapeutic relationship as the crucial curative factor. Freud was the first to construe the therapeutic relationship as a central curative factor with his conceptualization of the transference and countertransference phenomena. Jung and the humanistic psychotherapies went a step further with their emphasis on the dialogical nature of the psychotherapeutic endeavour (Friedman 1985). More recently, object-relations theory and interpersonal psychotherapy (Teyber 1992) have emphasized the relational nature of

psychotherapy even more. The incorporation of the quality of the therapeutic relationship as a curative factor within cognitive therapy (Mahoney 1993) and even behavior therapy (Schaap/Bennun/Schindler/Hoogdui 1993) is particularly conspicuous as these approaches were originally intervention-oriented and largely technical in nature. This shows the role of the therapeutic relationship to be one of the most powerful integrative factors in the field and it implies that the person-oriented paradigm can make use of a wide variety of sources for developing an integrated approach to psychotherapy. In the following some of the characteristics that appear to be essential to person-oriented psychotherapy and the associated meta-theory, will be delineated.

Common conceptualization of psychopathology

As already mentioned, the first requirement for an integrated approach to the development of a person-oriented psychotherapy is a common view of psychopathology. In this section I will try to outline some of the characteristics of such a conceptualization. The first feature of such a view is that the symptom be taken as an expression of psychological conflict and not as the problem itself. This implies a psychological rather than a behavioral or symptomatic level of conceptualization. A second feature is to acknowledge the universality of these psychological conflicts in the sense that all clients and people struggle in one way or another with these fundamental human conflicts, which are part of our human condition (Van Kalmthout 1995; 1998a; Van Kalmthout/Pelgrim 1990). In addition to the philosophical literature, these psychological conflicts have been described more concretely in the psychotherapeutic literature and especially in the psychodynamic and existential-humanistic traditions (Yalom 1980).

One such conflict of particular relevance to a person-oriented conceptualization of psychopathology is the separateness-relatedness conflict (Teyber 1992). This conflict is assumed to be present from birth until death, and its beginnings have been described by Otto Rank as "Das Trauma der Geburt" (birth trauma) (Rank 1924). It is the conflict between becoming a self or person and being related to others. The fear of becoming an autonomous self can mean escaping the burden of one's own responsibilities or, as Fromm (1941) calls it, "Escape from freedom". Such a fear can lead to fusion-like relationships or symbiotic relationships that eventually become pathological. Conversely, a fear of intimate relationships can lead to a form of isolation that can also become pathological. To find a harmonious balance between these two extremes thus appears to be the ultimate goal of psychotherapy and necessary for good mental health.

Several developmental theories describe the formation of the self in social relationships. Prominent among these are Bowlby's attachment theory (Bowlby 1969) and Mahler's object relations theory which is concerned with "The psychological birth of the human infant" (Mahler/Pine/Bergman 1975). From a different vantage point, Rogers (1959a) has outlined a general theory of interpersonal relationships that encompasses developmental theory, psychopathology, psychotherapy, group behavior, and a number of different social applications including education and international politics. Angyal (1965) has developed a "holistic theory" of psychopathology based on the idea that a universal human conflict is at the basis of all neuroses: the conflict between a tendency towards autonomy and a tendency towards homonomy and therefore named his theory "the theory of universal ambiguity". Other interesting theorists in this respect are, to name just a few, Karen Horney (1945; 1950) who formulates the basic conflict as the conflict between "the proud system" and "the true self", and Hellmuth Kaiser (Fierman 1965) who refers to "the universal conflict of our fundamental aloneness" versus "the universal fantasy of fusion".

It should be noted that most of the therapists and theorists mentioned above are not strict adherents to a particular school of thought but rather dissidents following their own paths. Suffice it to say that not one particular school but several different theories can help us elucidate the normal as well as the abnormal development of the self in social relationships. My main point here is that the normal and abnormal development of the person, or self, in interpersonal relationships must be taken as the central vantage point on psychopathology from a person-oriented perspective.

It is the relationship that heals

In the person-oriented paradigm, it is assumed that the origins of symptoms and problems can be traced back to early interpersonal conflicts that have not as yet been resolved. It is logical to assume that these unresolved conflicts can only be resolved in a context similar to the context in which they arose; that is an interpersonal setting in which a "corrective emotional experience" takes place. This is the basic reason why, within the person-oriented paradigm, the psychotherapeutic relationship is considered the central effective agent or, as stated by Teyber (1992, 14), the foundation of the therapeutic enterprise.

This view is fundamentally different from the view of the psychotherapeutic relationship held within the symptom-oriented paradigm. In the latter, the therapeutic relationship is meant to enhance the power of the therapist and is therefore basically manipulative. The function of the relationship is to let the therapist control the client in order to implement the behavioral program (Keijsers 1994). In the person-oriented paradigm, in contrast, a climate is offered in which the client, often for the first time in his life, can feel free to listen to himself, experience his own thoughts and feelings and search for his own solutions to problems, without being manipulated not to do so. As the source of his problems is often considered to be an earlier lack

of an interpersonal context with a "non-punishing audience" (Skinner 1953), it is essential that such a climate of non-punishment and support be offered. Otherwise, the same old processes will continue; only a new experience can bring about real change.

This is not to say that the therapist working within the person-oriented paradigm exerts no influence on the client. To the contrary! The influence comes from the real presence of the therapist, who has no hidden agendas or preprogrammed routes and is thus not manipulative. The real healing power of a relationship stems not only from an empathic attitude but also an active presence. As said earlier, we should feel free to study and practice the psychotherapeutic relationship in its full complexity and thus by not limiting ourselves to one of the old schools of psychotherapy. Within a paradigm that takes the psychotherapeutic relationship as central, moreover, it is outdated to contrast non-directivity with directivity, empathy with confrontation, or authenticity with transference-countertransference.

Referring to Rogers's famous statement about the necessary and sufficient conditions for therapeutic personality change (Rogers 1957a), it can be concluded that within the person-oriented paradigm the psychotherapeutic relationship is necessary and sufficient for change, provided it is not conceptualized in a limited, one-sided form or manner.

Personality change

In the traditional psychotherapeutic literature, personality change has always been considered a distinctive feature of psychotherapy and became opposed to symptom reduction after the rise of behavior therapy (Van Kalmthout 1998b). Personality change as a psychotherapeutic goal is also the most essential and predominating characteristic of the person-oriented paradigm, when compared to the symptom-oriented paradigm. This is not to say that the concept is very clear or that the process to which it refers has been elucidated in a very clear-cut manner. I consider the development of a theory of personality change within the person-oriented paradigm to, therefore, be one of the most important tasks to be accomplished yet. Here again, it is absolutely necessary to study the phenomenon as open-mindedly as possible and not limit ourselves to a particular point of view.

Within the framework of person-oriented psychotherapy, personality change implies the development of a person or self that was not developed in the past. Such development was hampered, stagnated, or arrested and thus has yet to take place. The degree to which this is possible is, of course, a different question. Sometimes the personality change will reach the heights of what Rogers calls "the fully functioning person", but – more often than not – we are happy that the old neurotic patterns have more or less been defeated by the healthy core of the person, or are more or less dominated by the healthy core. It is far beyond the scope of this presentation to go into all the complexities of the process of personality change. So I will limit myself to some core issues in the following.

First of all, self-psychology is central to the field of personality change because personality change is about "The restoration of the self" (Kohut 1977). It should be noted, however, that the psychology of the self is a vast field and not a single school or theorist. Essential contributions to the theory of personality change have been made, for example, by Rogers (1959a) and experiential theorists such as Gendlin (1964), Mahrer (1978), and Bohart (1993). The same is true for cognitive theorists (Mahoney 1991).

The current interest in personality disorders might well be interpreted as a general tendency in all schools of therapy towards greater exploration of the development and stagnation of the self. Some even speak of "disorders of the self" (Masterson/Klein 1989), and the aim of restoring the self has been formulated by a variety of concepts like "reaching the real self" (Angyal 1965), "congruence between self-concept and organismic self" (Rogers 1959a) or resolving the conflict between "the false self" and "the true self" (Winnicott 1965). These all seem to be variations on Freuds old statement that "Es soll Ich werden" ("The id should become one with the ego"). In all cases, moreover, the self is assumed to be split or divided (see the title of Laings book: "The divided self"; Laing 1960).

It should be noted that personality change does not mean "changing personality A into personality B" but, rather, "becoming that self which one truly is". This implies the development of "... a sense of self that is grounded in [...] organismic, biologically rooted experience" (Safran 1993), and not a "socially-conditioned self", which is constantly at war with the real self whether consciously or unconsciously. For this reason, a general goal within the person-oriented paradigm is to promote the process of experiencing the self, others, and the world. This process of seeing the reality of what one is, and from there the reality of others and the world, is another distinctive feature of person-oriented psychotherapy. It should be noted, however, that there is no exclusive way to do this and that any of a number of routes may facilitate this process. It is also noteworthy that this goal is very different from the goals set in the symptom-oriented paradigm. The processes used to achieve the goals also differ, which suggest that the person-oriented and symptom-oriented psychotherapies should be studied and practiced as two quite different enterprises.

Concluding remarks

In this paper I have argued that the time has come to leave traditional school boundaries to look for alternative but nevertheless meaningful classifications. My proposal has been to differentiate between the symptom-oriented and person-oriented paradigms and that integration should take place within each of these paradigms but not across them.

I argued that the distinctive features of the person-oriented paradigm are its emphasis on personality change and the centrality of the psychotherapeutic relationship. Both follow from its view of the origin of psychopathology, namely an arrest in the development of the self as a result of conflict with the social environment.

In current mainstream psychotherapy, there is an understandable emphasis on short-term, symptom-oriented approaches, rather than on person-oriented ones. This is a fruitful development, which should best be developed in its own right. If however the field would be limited to the symptom-oriented paradigm, as some seem to propose, then the field of psychotherapy is severely amputated, and looses some of its most essential characteristics (Bohart/O'Hara/ Leitner, 1998).

The future and position of person-oriented psychotherapy is not at all clear, however, which makes the different schools of person-oriented psychotherapy utterly outdated. Instead, a really integrated and broadly conceptualized person-oriented psychotherapy should be developed in which different theories compete to explain the central phenomena: the development of the normal and disordered self in interpersonal relationships, the workings of the psychotherapeutic relationship and, the process of personality change. As stated before, I am convinced that such a broad conceptualization has a bright future, in contrast to strict schools of client-centered, person-centered, experiential or existential psychotherapy.

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