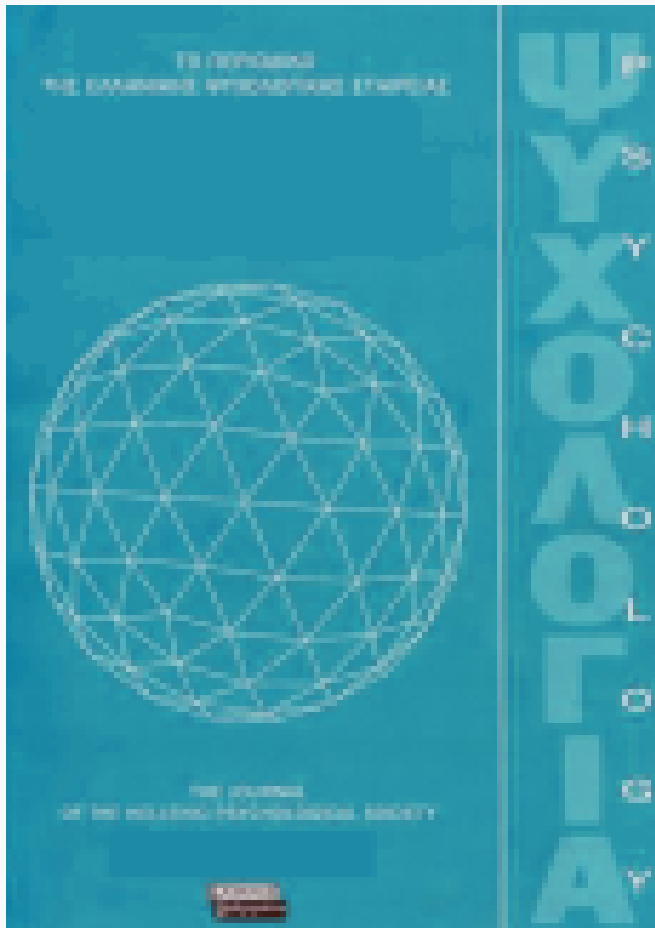


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## Foundational beliefs in psychotherapy: A response to Alvin Mahrer

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### ABSTRACT

Mahrer's views on the absence of, confusion among and need to clarify foundational beliefs of psychotherapists and psychotherapeutic schools are critically examined. Merits of and errors in his outlook and proffered remedy are suggested, along with brief indications of yet further alternative perspectives on psychotherapy's possible future directions.

*Key words:* Foundational beliefs, Philosophy of psychotherapy, Psychotherapy.

Alvin Mahrer has apparently set out a case for (a) there probably being no consensual beliefs across or among the representatives of the diverse schools of psychotherapy, (b) this being a problem for a field that should be aligning itself as a science and (c) there being a provisional method for psychotherapists to identify and compare their own foundational beliefs. Mahrer has also devoted some space to obliquely promoting his own, well known version of experiential psychotherapy (Mahrer, 1996).

Mahrer's argument is put forward as part of a special section in the journal on philosophy of science and psychotherapy. It has to be said that Mahrer's view of philosophy of science is itself not one that most philosophers of science would share. Few if any of the expected or relevant names appear, such as Feyerabend, Kuhn, Polanyi, Popper and others such as Habermas and Ricoeur. Instead, Mahrer refers briefly and somewhat curiously to Chater and Oaksford (1996) and Radnitsky (1988). However, he is not claiming that his paper is a grand analysis of themes relating to philosophy of science vis à vis

psychotherapy. Instead, it seems a typically Mahrerian, playful admonition of psychotherapists who allegedly know (or don't know) what the foundational beliefs of psychotherapy are, coupled with the suggestion that a way of identifying what such beliefs might be, could be found using Mahrer's own methodology.

Perhaps we should briefly address Mahrer's suggestion that psychotherapy should be aligning itself as a science. He has said very little about this but it is highly problematic and, if he really means it, Mahrer should spell out what he thinks he means by science. After all, classical psychology has always claimed to be a science of behaviour or, sometimes, a science of the mind; and on such grounds Hans Eysenck famously battled all his life against all non-behavioural psychotherapy as unscientific. Psychotherapy authors as disparate as Janov (2000), Langs (1999) and Alford and Beck (1997) have claimed their own approaches as scientific; others have spoken of a "science of psychodynamics", a "personal science", and so on. An entire raft of evolution-based psychotherapy

theories has recently appeared, each one claiming that Darwinian theory supports their Jungian, primal, cognitive-behavioural (or other) theory and therapy! Yet all these approaches are in conflict with each other, each resting on a self-servingly selective interpretation of what science is. Even Janov's primal therapy, put forward as a "science of feeling" with much in common with Mahrer's experiential psychotherapy, is in fact very different from and in conflict with Mahrer's experiential approach. In some ways this "pluralism", this failure to identify the atoms of foundational belief, confirms what Mahrer has to say, but it is notable that Mahrer fails altogether to attend to the problem of what (human) science actually is.

Let us for the moment put aside the question of whether Mahrer's concerns and/or his manner of expressing them, truly belong in the discipline of philosophy of science. Our most fruitful starting point is probably this: Mahrer reasonably asks whether any foundational beliefs exist in this field. He claims that his own quest to find some resulted in disappointment. Yet nowhere does he mention consulting obvious sources. Many specialist dictionaries, encyclopaedias and textbooks offer definitions of psychotherapy, however general these definitions might be. Most professional bodies publish definitions of the activity overseen by them (e.g., clinical psychology, psychiatry, psychotherapy, etc.). Contrary to Mahrer's claim, official committees *do* quite commonly come up with basic sets of foundational beliefs (however vague, or conveniently broad, these might be).

Furthermore, it is surely very well known that most of the major schools of psychotherapy publish their basic tenets and expect trainees and affiliated practitioners to follow them. (See also the remarks drawn from Ellenberger [1970] below.) This is certainly the case for psychoanalysis and its foundational beliefs in the unconscious (Sandler & Dreher, 1996), for person-centred therapy and its conditions of therapeutic personality change (Rogers, 1957)

and for cognitive therapy and its claims to empirically testable hypotheses and procedures (Alford & Beck, 1997), for example.

It may well be – I am sure it is – the case that practitioners from within schools sometimes or perhaps often disagree with each other as to what is indisputable in detail and in practice. (See, for example, Richard Wessler's account of his difficulties in admitting to his "incorrect" version of rational emotive behaviour therapy, in Dryden, 1997, pp.77-90.) But obviously almost all psychoanalysts share a belief in the centrality of the unconscious, person-centred therapists in the notions of the actualising tendency, core conditions and so on, and cognitive therapists in the centrality of thinking processes in mediating mood, behaviour and therapeutic change. Many therapists declare their joint belief in the centrality of the therapeutic relationship, in so-called common factors, and so on, Frank (1973) being a classic example. Writers such as Messer (1992) have made significant attempts to categorise the belief structures or visions held by integrative and eclectic therapists. Halmos (1965), from a theological-sociological perspective, was pretty sure that counsellors and psychotherapists shared a common and identifiable faith. From the other side of the philosophical fence, writers like Grunbaum (1984) and Erwin (1997) are sufficiently confident that certain identifiable foundational beliefs exist as to bring focused philosophical analysis to bear on them.

Mahrer claims not only that there are no universally shared beliefs (except, perhaps, this one!) but that there is "no official set of foundational beliefs, none at all, nor even a few alternative sets". I have already suggested that this is not true, since the major schools certainly appear to adhere to reasonably coherently expressed beliefs. Perhaps it would be helpful here to clarify some possible perspectives:

1. It may be that widespread, if not universal, consensus exists regarding certain matters (e.g., common therapeutic factors, professional ethics,

agreed prohibitions) and that Mahrer ignores or dismisses this.

2. It may be that a high degree of agreement exists within certain schools as to certain central tenets (e.g., the unconscious and its workings) and that Mahrer is playing down such agreements by failing to look for them and failing to declare his exact sources.

3. It may be that psychotherapy is not and does not have to pretend to be a unified science, or a science at all, but is a validly pluralistic endeavour and/or a field that is necessarily tentative, kaleidoscopic and reflective of human diversity and uncertainty (Feltham, 1999; House & Totton, 1997).

4. It may be that Mahrer's suspicions are correct, that there are no truly shared (or even identifiable) foundational beliefs; and that psychotherapists are quite poor thinkers when it comes to focusing on personal-philosophical beliefs applied to practice. This may or may not be important, and Mahrer's proffered remedy may or may not be helpful. Or Mahrer may be on to something critical.

### **Mahrer's proposed methodology**

Mahrer usefully organises his provisional list of foundational beliefs in the categories of theory and research, problems and bad feelings, psychotherapeutic practice, and education and training. As he concedes, this is a provisional and "amateur" list. Some of the beliefs are better expressed than others, some are clearly recognisable as specific to certain schools of thought and practice and some appear more useful and stimulating than others. Mahrer's own examples from his experiential psychotherapy can serve as illustrative counterpoints to the stated beliefs. There is a sense that such a list could serve to help practitioners, particularly trainees undertaking conceptual exercises, to clarify their beliefs. However, the list could also be interpreted as (a) an inadequate, de-

contextualised representation of beliefs in the field, as (b) misrepresenting the beliefs of certain schools by distorted phrasing and caricaturing. (c) a covertly Mahrerian (jadedly critical) view of the broad, non-experiential schools of psychotherapy, and (d) an unintentionally overwhelming, even nihilistic portrait of an incorrigibly divided field.

### **Where Mahrer is wrong**

Mahrer has presented this array of foundational beliefs, their implicit weaknesses and a case for psychotherapists needing to better identify their own beliefs as if such a quest is likely to lead to improvements in practice. As the integrationist movement has ironically shown during the last decade or two, there is no guarantee that the attempt to agree on common factors or compatible theoretical elements will bring the field any closer to consensus or science. While writers such as Hollanders (1999), drawing on Kuhn (1970), argue for the long-term benefits of working "arduously" towards integrative solutions, I would argue that this is simply wasted time. Mahrer may or may not believe in "integrative" necessity and inevitability (I suspect that he does not), but he does implicitly believe in the value of and need for continued intellectual debate. An altogether alternative view, propounded by writers like the physicist/philosopher Bohm (1994) and the philosopher/mystic Krishnamurti (1978) suggests that all movements and institutions like religion, philosophy, politics, science, education and psychotherapy are trapped in a dangerously fragmented, tragically procrastinatory and wasteful system of erroneous cyclical thinking. I think it is quite feasible to argue that the entire field of psychotherapy may be mistaken (well meaning and partially effective but nevertheless ultimately mistaken) and that any exercise in identifying foundational beliefs continues to miss this fundamental point.

### Where Mahrer is right

In perusing Mahrer's collected 75 foundational beliefs, I find myself in most agreement with his implicit criticisms of theory and research axioms; but I suspect that many others would similarly disagree with the quasi-official authority of each of the opening statements offered by Mahrer. There is a disingenuousness in the construction of these beliefs: I suspect that very few psychotherapists in fact hold them. He is right to expose the absurdity of such beliefs in themselves. Somewhat differently, Mahrer repeats well-known statements such as "Psychoanalysis is the treatment of choice for deep-seated personality change" (no. 60); and "Behavioral therapies are the treatment of choice for simple phobias" (no. 61). He is right to suggest questioning of such lazy quasi-axioms. Mahrer is right to challenge all such unexamined or idly adopted beliefs. Indeed, the field of psychotherapy awaits a champion who will boldly and articulately oppose the damaging foundational beliefs of the ascendant evidence-based lobby.

### Conclusions

Like Mahrer, I believe that the field of psychotherapy does indeed "lack a formal, enunciated, authoritative statement of its basic dictums, fundamental principles, foundational beliefs". Unlike Mahrer, I do not make the assumption that the field needs to, or can, "move closer to the status of a science". Psychotherapy as a field is surely *obviously* a fragmented discipline and shows little or no sign of overcoming its fragmentation, the integrationist movement notwithstanding. Even where psychotherapists agree on a need to become more scientific, no consensus exists on which version of science to adhere to. Psychotherapy is not bound to seek scientific status; this is surely only one option among others, probably

favoured by white, western academics and practitioners reliant on evidence-obsessed or evidence-bedazzled funders.

Interestingly, Mahrer has overlooked what may be one of the most crucial determinants of the character and future of the field. Like nationalism, psychotherapy is driven by *men* who are eager to define, conceptualise, categorise, theorise, colonise others and immortalise themselves. Instead of urging a return to basics (Why do we suffer? How can we help?), academic (and predominantly male) theorists want either to defend theoretical territory or invent and market "new" competitive products (Sigman, 1995). Some independent feminist psychotherapists have rightly objected to this kind of male-dominated intellectual posturing and jousting in the name of psychotherapy, when the distressed recipients of psychotherapy are often simply crying out for help, however fallible (McLellan, 1999). Certainly an urgent task exists – understanding and effectively addressing human suffering and sub-optimal functioning (Mahrer may or may not share this belief!) – and it is unfortunately not a task that psychotherapists (or psychotherapy theorists) appear to be *collectively* very interested in. As I have argued, all are more concerned with defence of their traditional, foundational beliefs than with addressing the common urgent task.

But why should this be any different? Theologians and philosophers (almost all of them men – see Howard, 2000) have disagreed about fundamentals for centuries (their fields are not so different from psychotherapists') and we are apparently no closer to being able to prioritise common truth-seeking over self-protective and self-aggrandising theory construction. As Ellenberger spelled it out, around 2500 years ago philosophers had already split into schools of thought and

"each school transmitted what its founder had taught; his successors were often at variance with him, but there was always an "official" doctrine of the school. ...

The schools often polemicized against the nonphilosophers, other schools, and those who seceded from their own groups. Members of each school were tied together by their common beliefs ...”

(1970, p. 41)

I do not believe we have moved on in that 2500 years much, if at all, in the ability or even willingness to dialogue, to suspend emotionally held (but usually divisive) beliefs and to engage together in confrontation of pervasive human distress and distorted thinking. Mere *refinement* or *clarification* of beliefs is not a fruitful way forwards; recognising the historical and continuing destructive mischievousness of beliefs (including belief in scientific status) and seeking to shed beliefs and prioritise ontologically deep, shared experience is a far better bet, in my view. Like most psychotherapies, Mahrer's experiential psychotherapy focuses on inner processes. Unless I am mistaken, it seems that Mahrer's theorising, his arguments with colleagues, come somewhat solipsistically, from deep within him, are constituted by one person's long-accumulated experiences objecting to others'. Perhaps we might conceive of some sort of compassion-driven dialogue – beyond the traditional stalemate of each knowing better than the other – that could engender a radically, “qualitatively new” (to extend Mahrer's [1996] term) dialogue, profession, and society: not based on foundational beliefs but on aspirational dialogue beyond “painful bad feelings of the [tedious] old [impasses]” (Mahrer, 1996, p. vii, parentheses added).

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