What are the foundational beliefs in the field of psychotherapy?

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ABSTRACT Unlike many fields of science, the field of psychotherapy seems to lack a formal, enunciated, authoritative statement of its basic dictums, fundamental principles, foundational beliefs. A method is proposed to enable individual psychotherapists, whether theorists, researchers, or practitioners, to arrive reasonably close to their own personal foundational beliefs. The collective data may then be used to arrive closer to enunciating the foundational beliefs or sets of foundational beliefs in the field of psychotherapy. The overall aim is to enable the field to move closer to the status of a science with its own set or sets of foundational beliefs.

Key words: Experiential psychotherapy, Foundational beliefs, Field of psychotherapy.

This paper was probably helped to come about when, once again, a journal reviewer or a consultant to a publishing house or an editor or a colleague read something I had written and let me know that I clearly lack knowledge of the proper foundations of the field of psychotherapy, of what is generally accepted as basically taken for granted, of the fundamental truths in the field, of the groundwork or cornerstones, of the foundational beliefs.

It was only recently that I realized they were probably right. I knew I must be ignorant of, lack knowledge of, even unknowingly violate, the generally accepted basic foundations in the field. I therefore set out on a deliberate quest to see what were the basic fundamental truths, the foundational beliefs in the field of psychotherapy.

This paper seemed to truly come about when I ran into some surprises in my quest. But first I want to try to be clear about what I mean by "foundational beliefs".

Here is one meaning of "foundational beliefs" in the field of psychotherapy

I think of foundational beliefs as referring to the field's basic propositions, its fundamental starting points, the cornerstones on which the field rests, the ideas that are generally taken for granted as fundamental givens or truths. Foundational beliefs share a spirit that is there in such technically different terms and phrases as postulates, theorems, axioms, dictums, self-evident truths, basic definitions, fundamental propositions, basic principles. For example, here is a basic starting point in the field of Euclidian geometry: Through two points in space there

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always passes one and only one straight line.

Foundational beliefs can include basic definitional truths. For example, the field of mathematics includes the following basic definition: 3 + 2 = 5. "And this is so because the symbols '3 + 2' and '5' denote the same number; they are synonymous by virtue of the fact that the symbols '2', '3', '5', and '+' are *defined* (or tacitly understood) in such a way that the above identity holds as a consequence of the meaning attached to the concepts involved in it" (Hempel, 1953, p. 149).

Foundational beliefs also include propositions and principles that are auxiliary or secondary largely in that they are based upon or generated from more rock bottom starting points. Included here are propositions that have survived sufficient logical and research scrutiny to qualify as laws such as the law of gravity or the law of effect.

Foundational beliefs also include propositions and fundamental truths that are included in the field's cumulative body of knowledge. If a candidate were declared eligible by sufficient research scrutiny, and if subsequent research authorizes it to remain in the cumulative body of knowledge, then it warrants inclusion as a foundational belief.

If this is the friendly meaning of 'foundational beliefs', then I was ready to come face-to-face with the hard and fast foundational beliefs in the field of psychotherapy. After all, if so many of my colleagues apparently knew what they were, and if these colleagues could so easily tell that I was ignorant of them and violated them without knowing what they were, then I should at least be able to find out first-hand what these official foundational beliefs actually were. I set out on my quest. I quickly ran into some surprises.

Here are some surprises in my quest to find the foundational beliefs in the field of psychotherapy

Each of the surprises seemed to be a rather serious problem, and then each problem seemed to open the way for some exciting possibilities. Here are the surprises, the problems, and some constructive possibilities.

It seemed hard to find an accepted authoritative statement of the foundational beliefs in the field of psychotherapy

I looked for a reasonably authoritative statement of what was taken for granted as givens or truths in the field of psychotherapy. I looked for the official basic principles, fundamental starting points, foundational beliefs in the field as a whole or in regard to psychotherapeutic theory or research or practice.

I found that many writers presumed that there truly existed such a generally accepted pool or list of foundational beliefs. But I could not find it. I found unofficial pieces and bits, fragments here and there. But the lists were almost always incomplete, unofficial, not representative of the field as a whole, and they seemed inconsistent and contradictory with one another. I never did locate the foundational beliefs in the field of psychotherapy, not even the celebrated cumulative body of psychotherapeutic knowledge.

What I did come across were statements by respected commentators about the embarrassing lack of a solid, generally accepted, groundwork of foundational beliefs in the larger field of psychology. For example, Feigl (1959) mentioned a few, like the pleasure-pain principle, but even that one was not authoritatively crafted. Even if it were, it became rather clear that it might be fruitless to search for the authoritative spelling out of the foundational beliefs in the field of psychology. I was surprised.

Could it be that there is no official set of foundational beliefs, none at all, nor even a few major alternative sets? Perhaps there is no official, accepted, articulated set of foundational beliefs. Perhaps the whole notion is a myth which most psychotherapists believe is true (Mahrer,

1995). Perhaps it might be possible for an official committee to come up with a reasonably basic set of foundational beliefs. But for now, it seems no such single official list yet exists.

Perhaps there are two or four major rival sets. Perhaps there are a few grand alternative approaches to psychotherapeutic theory, research, and practice, each with its own foundational beliefs. Could there be a constructionist list, a psychodynamic list, a behavioral list, a psychobiological list? This search also ended up fruitless. It became easy to doubt that there were any official lists of foundational beliefs, either for the field as a whole, or for psychotherapeutic theory or research or practice, or for a few major alternative outlooks. What had become a surprise soon evolved into what seemed a rather serious problem.

Perhaps it is time to arrive at the foundational beliefs in the field of psychotherapy. It seems sensible to try to explicate, to arrive at, to put into formal words, the foundational beliefs in the field of psychotherapy. We may have a hard time doing this, and we may find that it cannot be done well, but it does seem to be a worthwhile effort (Mahrer, in press).

It may be more sensible to divide up the effort, for example, to divide the field into psychotherapeutic theory, research, practice, education-training, and to try to arrive at the foundational beliefs in each domain. Or we may try to divide the field into various systems of thought, conceptual orientations, approaches and schools of psychotherapy, and try to arrive at the foundational beliefs in each, keeping an eye out for some foundational beliefs that might be held in common. Or we may just do our best to spell out the contents of what is contained in the supposed cumulative body of knowledge. In any case, it seems to be time to spell out the foundational beliefs in the field of psychotherapy.

It seemed hard to find a track record of explicating, examining, and improving the foundational beliefs in the field of psychotherapy

In my search over the recent and remote history, I had expected that I would find a track record of psychotherapeutic scholars, theoreticians, researchers, and practitioners delving into foundational beliefs, studying them carefully, analyzing and challenging them, and then modifying them, changing them, refining them, improving them, even replacing them with better ones. I was wrong. I was surprised, but I was wrong.

I did find that some foundational beliefs quietly went out of fashion over many decades (cf. Gergen, 1985; Meehl, 1978). I did find that some foundational beliefs were transported into the field of psychotherapy by such fashionable intellectual movements as operationalism, postmodernism, Marxism, structuralism, logical positivism, empiricism, cognitivism, eclecticism, constructionism, hermeneutics, and others. However, I was surprised at being unable to find a substantial track record of careful examination and scrutiny, analysis and challenge, improvement and change, of the foundational beliefs in the field of psychotherapy.

Perhaps it is time to articulate the foundational beliefs so they can be examined and improved. The other side of this disappointing surprise is that there did seem to be a lot of good work to be done. If we could spell out, explicate, put into words, even some of the foundational beliefs, maybe then we would be able to take a careful look at them, analyze them, challenge them, and then make refinements, alter them, improve them, make them better, or even replace them with better ones. The constructive side of this disheartening surprise is that maybe we could begin to develop a track record of examining and improving our foundational beliefs, either for the field as a whole or for the various domains and constituencies that make up the field (Mahrer, in press).

It seemed hard to find the foundational beliefs of what I believed was my family, but what little I found was discouraging

I wanted to see what the foundational beliefs were in my conceptual family, in the family of ways of making sense of what human beings were like, their personality structure, how an infant becomes the person the infant becomes, why people feel good and bad, how and why people get along the way they do. I supposed that I belonged to some family, to some big theory. What were the foundational beliefs of my family, whatever my family was?

My first surprise was that I could not even tell what the different families were. It seemed there was something called a psychoanalytic family, but I could not make out much of the other families, if they existed. I found mentions of psychobiological theories, neoanalytic theories, learning theories, social learning theories, cognitive theories, cognitive behavioral theories, humanistic theories, phenomenological theories, existential-humanistic theories, trait theories, interactional and interpersonal theories, behavioral theories, psychodynamic theories, ego psychological theories, Adlerian and Jungian theories, psychosocial theories, object relations theories, self psychological theories, conditioning theories, social cognitive learning theories, actualization theories, personal construct theories, self-regulation theories, existential analytic theories, field theories, humanistic trait and self theories, constructivist theories.

I thought I could find the various families of theories of what people were like. Then I could ask them what their foundational beliefs were. In that way I could see what family was mine. How naive! I could not even find what the different families were. My quest ended with my not knowing what conceptual family I belonged to. I never did get to ask for my family's list of foundational beliefs. This was discouraging.

What about psychotherapies? What family of psychotherapies did I belong to, and what were the foundational beliefs of my family? Here the story was different. It had taken me decades to carve out a way of thinking about and doing psychotherapy that seemed exciting and useful (Mahrer, 1996). Giving it a label ranks high in my track record of big mistakes. When I set out to see what the foundational beliefs were in the family of 'experiential psychotherapies', the immensity of my mistake became almost ridiculous.

To my knowledge, the phrase 'experiential psychotherapy' was introduced by a quartet of psychiatrists in the 1950s and early 1960s: Carl Whitaker, John Warkentin, Thomas Malone, and Richard Felder (Mahrer & Fairweather, 1993). The phrase was also used, a little later, to identify Eugene Gendlin's variation of Carl Rogers' therapy which started as nondirective therapy, became client-centered therapy, then experiential therapy or person-centered therapy.

Then came the explosion. Within a few decades, there were at least four dozen therapies called experiential psychotherapy, using the word 'experiential' in their formal title, or placing themselves in the experiential family, and with an almost unrestricted set of what might be taken as their foundational beliefs (Mahrer & Fairweather, 1993). The family was fast approaching the size of the field of psychotherapy itself, especially by means of the hyphen!

As might be expected, the proponents of one of these many experiential psychotherapies sought to elevate their own approach into the single, grand, mega-experiential psychotherapy, thereby coopting the experiential label to mean their own particular experiential psychotherapy (Greenberg, Watson, & Lietaer, 1998). The huge family of such impressively different experiential psychotherapies now became a single kind of experiential psychotherapy with all the many experiential psychotherapies subsumed under this single kind of experiential psychotherapy.

I found that what seemed to be the foundational beliefs of this single grand mega-experiential psychotherapy were not at all the

foundational beliefs of my experiential psychotherapy. When I turned to the four dozen or more different experiential psychotherapies, I found that I could not accept what seemed to be the foundational beliefs of any of them.

My surprise was seeing first-hand that I belonged to no particular family of theories of human beings, and I certainly belonged to no particular family of psychotherapies, including experiential psychotherapies. I had fashioned an experiential conceptualization of human beings (Mahrer, 1989) and an experiential psychotherapy (Mahrer, 1996), and I had found no family whose foundational beliefs were even close to my own, even conceding that the word 'experiential' was probably a mistake. How discouraging!

Perhaps it is time to determine the families in the field of psychotherapy, and the foundational beliefs of each family. One exciting possibility is to work toward determining how many families can be found in the many conceptualizations of human beings, and what these families are. It seems so helpful if we could say there are three or five families, here they are, and here are the foundational beliefs in each. We may end up using some familiar labels such as a psychoanalytic theory of human beings, a social learning theory of human beings, and a humanistic theory of human beings, or we may be inclined to invent more fitting labels. In any case, we may look forward to determining the families of conceptualizations of human beings and the foundational beliefs under each.

Another exciting possibility is to do the same for the myriads of psychotherapies. It seems so helpful to be able to say that here are the three or six families of psychotherapy, and here are the foundational beliefs that go with, identify, and differentiate each family of psychotherapies.

Accomplishing these things would seem to be helpful for the field of psychotherapy. It also seems helpful for those who are interested in finding which conceptualization of human beings and which psychotherapy may have the highest goodness-of-fit with one's own foundational beliefs, that is, for those seeking which family to say is their own.

It seemed hard to know what my own foundational beliefs were

My search to find the foundational beliefs in the field of psychotherapy brought me face-to-face with another surprise. I did not know what my own foundational beliefs were. I had a kind of vague and amorphous leaning toward or away from the vague and amorphous foundational beliefs that I seemed to come across. But it was rather dismaying and embarrassing to see first-hand that I had little more than a glow of what my own foundational beliefs were.

It seemed to me that I must have some foundational beliefs because I felt either at home with or alien to what I came across in the work of my colleagues. However, they rarely explicated their foundational beliefs, and I found myself leaning toward or away from unspecified foundational beliefs without being rather certain of my own grounds for doing so. I could nevertheless function as a researcher, a practitioner, a theoretician, and educator-trainer, but it was like functioning without solid grounds, without quite knowing what my own foundational beliefs really were. All of this came as a somewhat uncomfortable and disconcerting surprise.

However, the more I searched, the more I found that many others either seemed to go about their work without a careful spelling out of their own foundational beliefs or they focused on just a few, with a kind of trusty assumption that there were unspecified others. In a rather direct indictment of the field, philosophers of science such as Chater and Oaksford (1996) and Radnitsky (1988) explicitly charged that few psychotherapists seemed to have a reasonably clear idea of what their foundational beliefs were, or even how to go about explicating what they might be.

Perhaps it is helpful for us to know what our own foundational beliefs are. It may not be compelling or important or even helpful for all or even most psychotherapy practitioners, researchers, theoreticians, or educators-trainers to seek out, spell out, and know what their own personal foundational beliefs are. I believe it ought to be, but in fact may not be so important for most of us. However, it is for me, and I suspect it may also be for some psychotherapists. If so, then perhaps it is time to find a way for interested psychotherapists to be able to know what their own personal foundational beliefs are.

These were the surprises I had in my personal quest to find the foundational beliefs in the field of psychotherapy. These surprises seemed to take the form of a question that became increasingly compelling: How can we arrive at the foundational beliefs for one person and for the field of psychotherapy? Even though that question did not seem to be especially popular in the field of psychotherapy, it did take increasingly sharp shape throughout my quest to find out what were the foundational beliefs in the field of psychotherapy.

How can we arrive at the foundational beliefs for one person and for the field of psychotherapy?

Many psychotherapists like to put their faith in research to answer many important, basic questions, especially if the question seems to be a hard one. On the other hand, I am not aware of a body of studies that have arrived at the foundational beliefs of a given psychotherapist or of the field of psychotherapy. If research can do the job, I believe that would be fine. However, research has not answered the question so far, and I have trouble figuring out how to do traditional research to answer the question. Nevertheless, I believe there is a way that is reasonably rigorous and careful, but not especially in the tradition of traditional research.

Cobble together a provisional working list of foundational beliefs in the field of psychotherapy

The aim was to come up with a list of foundational beliefs, something to start from. It would be a provisional, amateur, working first attempt to compile a list of foundational beliefs.

A small team started out to find the field's basic propositions, its fundamental starting points, the cornerstones on which the field rests, the ideas that are generally taken for granted as fundamental givens or truths. The scope included the field of psychotherapy as a whole, as well as sections highlighting psychotherapy theory, research, practice, and education-training, as well as the various conceptualizations and approaches to theory and practice especially. Throughout, the emphasis was on searching out authoritative statements by leading authorities.

Whenever a foundational belief was found, it was simply added to the list, provided that it was not already included in the growing list. Some of the foundational beliefs were epistemological while some were from accepted clinical lore. Some are more general and some rather narrowly specific. Some came from the field of psychotherapy and some came from larger encompassing fields such as research, philosophy and personality development. Some are in the form of definitions and some in the form of laws. Some have a research connection and some do not. Some enjoy rather broad acceptance, and some are valued by particular constituencies.

When a rather large number of foundational beliefs were assembled, an attempt was made to cull out conspicuous duplications, excessive jargon, overly abstract terms, glaring contradictions. The list was admittedly not comprehensive nor a true sample from various approaches and perspectives. The list is clearly

unauthorized. Some foundational beliefs may be more foundational than others. There was no attempt to put the foundational beliefs into some sort of logical sequence.

What emerged was a provisional, working, first approximation list of 75 foundational beliefs in the field of psychotherapy. It is something to start with.

How can you use the list to arrive at your own foundational beliefs?

There are some helpful guidelines. If you follow the guidelines, you will arrive at or near your own foundational beliefs. However, there is a caution. Arriving at your own foundational beliefs is not easy. The work is not like filling out a survey or an inventory or a questionnaire. It does not take 15-20 minutes. It calls for a great deal of thinking. It is slow careful work. It calls for dedication, curiosity, interest, and a serious passion to uncover and explicate your own foundational beliefs.

1. If the foundational belief is acceptable as worded, indicate that it is acceptable.

Look at the list of 75 foundational beliefs. Underneath each is the foundational belief I arrived at by following these guidelines.

Look at the first foundational belief. Is it quite acceptable to you as it is worded? If so, then indicate that it is indeed acceptable to you as is.

The emphasis is on your own personal reaction to the stated foundational belief. The emphasis is not on your impression of whether or not the foundational belief is acceptable to the field as a whole or from any particular perspective or orientation or approach. This is not a test with answers that are right or wrong.

2. If the foundational belief needs modification, modify the belief so that it is acceptable.

You may find the wording of the foundational belief to be generally acceptable, but needing some modification, revision, or refinement. Modify the wording until the foundational belief is acceptable to you (cf. Bartley, 1984, 1988; Radnitsky, 1988). If the foundational belief seems to hold mainly under particular conditions, identify and add the conditions.

2.1. The modification is to be in the direction of clarification rather than obfuscation. Modify the wording of the foundational belief so that it is clearer, more accurate, more spelled out, so that it comes closer to saying what your foundational belief really is. Avoid modifying the wording so that the foundational belief becomes vaguer, fuzzier, harder to pin down, cloudy.

2.2. Avoid adding protective stock terms and phrases. There are some stock terms and phrases that add a cloak of legalistic, academic, bureaucratic, political, or diplomatic immunity and safety. Examples are such stock terms and phrases as, "it is not necessarily true that ... under some conditions it may be true that ... it is sometimes understood that ... normally ... in general ..." While these kinds of terms and phrases may be cleverly inserted, they are outside the spirit of modifying the belief until the wording comes closer to approximately the foundational belief the way it is for you.

3. If the foundational belief is unacceptable, replace it with one that is acceptable.

You may find the foundational belief to be unacceptable beyond even substantial modification and revision. You simply do not accept it, or you find key terms and phrases to be alien or without any real meaning for you. For whatever reason, if the foundational belief is unacceptable, replace it with one that is acceptable. Avoid merely indicating that you decline, do not agree with, the foundational belief as given.

3.1. Replace the foundational belief with one on a similar or related topic or issue. Most foundational beliefs relate to some topic or issue. Make your own determination of the topic or issue that the foundational belief seems to deal with, and replace it with one that is more acceptable to you on that topic or issue. This guideline gives you some freedom of choice in

selecting the particular topic or issue, and also in your selecting your preferred replacement foundational belief.

4. If the list does not include your foundational beliefs, add them to the list.

As you study the list or as you think about your own foundational beliefs, you may well notice that those foundational beliefs are missing from the list. Add them to your personal list.

If you follow these guidelines, you will come closer to arriving at your own personal list of foundational beliefs. If a large enough proportion of psychotherapists arrive at their own personal lists, the field has come closer to arriving at the foundational beliefs of the field of psychotherapy.

What are some useful next steps?

Suppose that you have arrived closer to spelling out your own personal list of foundational beliefs. Of course you may essentially stop right there. If you are inclined, however, there are some further steps you may take. Here are some suggestions.

Compare your personal list with those of colleagues

It can be appealing, a little risky, and exciting to compare your own list with those of colleagues. Suppose that you consider yourself to be a client-centered therapist, and you compare your list with a colleague who is a cognitive therapist, another who is also a client-centered therapist, and a third who is an integrative therapist. Imagine that you and your client-centered colleague have a great deal in common, or that you two differ immensely, even on foundational beliefs having to do with client-centered theory and client-centered therapy.

Are there foundational beliefs that the four of you hold in common? There may be many of these or only a few. Are there widespread and glaring differences between you and your cognitive and integrative colleagues? Just what are the foundational beliefs on which you agree or flatly disagree with your colleagues?

Improve your own personal list of foundational beliefs

You can keep improving your own personal list at your own personal pace. If this is important to you, you can keep adding to the list, you can resolve beliefs that are contradictory or inconsistent with one another, you can keep revising and modifying particular foundational beliefs. You can organize them into topics, so that here are the foundational beliefs having to do with what human beings are like, and here are the beliefs dealing with psychotherapy. You can organize them into the truly basic beliefs, with the rest being more secondary or derived.

Improve the provisional list of foundational beliefs

If the provisional list is going to be used in some of these ways, it would probably help if the provisional list is improved. The present list includes 75 beliefs. Add more. Or, if you prefer, get rid of the less basic ones and the secondary or derived beliefs, and work toward a provisional list of genuinely basic foundational beliefs, perhaps 25-50 or so. Organize the provisional list into better topics than I have used. You might put together two or more alternative provisional lists from different philosophical or conceptual approaches.

See if you can find the foundational beliefs in the field of psychotherapy

Are there any foundational beliefs in the field of psychotherapy? If not, how can you provide evidence that there aren't any? If there are

foundational beliefs in the field of psychotherapy, what are they? Suppose that you got the personal lists of foundational beliefs from 300-500 of the leading psychotherapy theorists, practitioners, researchers, and educators. Or suppose that you got the personal lists from 1000-2000 rank-and-file psychotherapists. You would be able to examine these data to see if there are any commonalities. You would have data that would likely enable you to say there are no commonalities, no foundational beliefs apparently held in common. Perhaps there are no foundational beliefs in the field of psychotherapy. Or the data may allow you to say that there are some foundational beliefs in the field of psychotherapy, and here they are.

Or the data may allow you to say that there seem to be two or four different sets or clusters of foundational beliefs, and here they are.

In any case, perhaps for the first time, there would be actual empirical data to enable the field to see if there are foundational beliefs in the field of psychotherapy, or perhaps not, or perhaps several sets, and perhaps what they are.

Study and improve the foundational beliefs. Suppose that you are able to find 10-30 or so foundational beliefs in the field of psychotherapy, or that you find two to four different sets or clusters of foundational beliefs. Now that you can identify what they are, it is possible to study them, scrutinize them, challenge them, improve them, or even replace them with better ones. The field of psychotherapy would seem to benefit from having its foundational beliefs spelled out so they can be continuously studied and made better (Mahrer, in press).

See if you can find if there are different psychotherapies, how many there are, and what the foundational beliefs are in each

There are at least two ways of using the data to study the various psychotherapies, psychotherapy approaches and orientations and families.

Are there foundational beliefs that identify traditional psychotherapies? If so, what are they? Suppose that you have 100-500 personal lists of foundational beliefs for the leaders or from the rank-and-file of practitioners who are cognitive psychotherapists, who are psychoanalytic psychotherapists, who are humanistic therapists, who are client-centered or Gestalt or integrative or behavioral or constructivist or Jungian psychotherapists. One way of using the data is to see if there are commonly held foundational beliefs in each traditional psychotherapy. If 500 cognitive therapists have few if any foundational beliefs in common, perhaps here is one bit of evidence that something called cognitive psychotherapy does not exist. On the other hand, if there are common foundational beliefs, the data can indicate what they are. I suspect that many of our traditional psychotherapies will be found to have few if any commonly held foundational beliefs. But if such commonly held client-centered or behavioral or integrative foundational beliefs are there, we can at least be able to see what they are.

In much the same way, a careful examination of foundational beliefs can help determine if a number of therapies with similar labels are indeed fundamentally similar to or fundamentally different from one another. Are there such things as psychodynamic therapies, cognitive-behavioral therapies, humanistic therapies, integrative-eclectic psychotherapies? If there are essentially no foundational beliefs held in common among cognitive-behavioral therapies, and essentially unique to cognitive-behavioral therapies, then a case can be made that there is no such thing as cognitive-behavioral therapies and that the label is open to a charge of false and misleading advertisement.

There is at least one other way of using the data. If the 500 personal lists of foundational beliefs of the cognitive therapists seem to contain a tiny number of commonly held foundational beliefs, the very existence of something called

cognitive psychotherapy may be in trouble. On the other hand, suppose that the data do reveal some substantive commonalities? You may be able to compare the commonly held cognitive foundational beliefs with the commonly held beliefs of psychodynamic therapists or behavior therapists or integrative therapists or the general pool of non-cognitive therapists. If this comparison reveals some foundational beliefs that are relatively distinctive to cognitive therapy, then here is a case for the distinctiveness of cognitive therapy and for being able to spot the particular foundational beliefs that warrant this distinctiveness. On the other hand, if the comparison washes away any set of foundational beliefs distinctive to cognitive therapy, then perhaps the distinctiveness of cognitive therapy lies elsewhere, or perhaps the notion of a distinctive cognitive therapy begins to crumble.

If you set aside their labels, how many psychotherapies are there, and what are the foundational beliefs of each? The field of psychotherapy seems to be embarrassingly unsure whether there are four psychotherapies, ten, twenty-five, fifty, one hundred, four hundred, and each year seems to add a fair number to the pile. The field is not quite clear what families to group them into or what basis to use to group them into families. Things can get out of hand with the use of hyphenated combination therapies, and it is easy to give up when the integrative movement allows for the possibility that the number of psychotherapies might well approach or exceed the number of practitioners.

If we approach this problem strictly from the perspective of foundational beliefs, it seems sensible to be able to see how many psychotherapies there are, and what the foundational beliefs of each seem to be, all in terms of a careful analysis of the foundational beliefs. The data would consist of an acceptable sample of the personal lists of foundational beliefs of a large number of psychotherapists. A careful analysis of the foundational beliefs, arriving at groups or clusters, would seem likely to draw conclusions about the number of psychotherapies and the foundational beliefs in each. I find it exciting but difficult to anticipate what such a grand analysis might yield.

Are you ready and willing to play the game and see if you can identify your own personal foundational beliefs?

A provisional list of foundational beliefs in the field of psychotherapy, and an experiential alternative

The invitation is for you to examine each of these foundational beliefs, amateur and provisional as they are, follow the guidelines, and arrive at your own personal foundational beliefs.

Following each provisional foundational belief is one that I arrived at by following the suggested guidelines. These are the experiential alternatives. You may notice that I accepted none of the 75 provisional foundational beliefs, nor were my foundational beliefs friendly little revisions, additions, or subtractions from the provisional foundational beliefs. If the 75 provisional foundational beliefs are even close to what may be generally accepted in the field of psychotherapy, then here is concrete evidence that I seem to hold to a rogue, alien, abnormal set of foundational beliefs.

The list is organized under the following categories: Theory and Research (1-34), Problems and Bad Feelings (35-42), Psychotherapeutic Practice (43-69), and Education and Training (70-75).

Theory and Research

1. *There is a cumulative body of psychotherapeutic knowledge; research is a primary gatekeeper for what is admitted into or withdrawn out of the cumulative body of knowledge.*

Each distinctive conceptual approach has its own relatively distinctive body of knowledge;

research plays a minor role in what is admitted into or withdrawn out of each conceptual approach's body of knowledge.

2. *Research is superior to theoretical or philosophical analysis in arriving at, extending, or revising, the cumulative body of psychotherapeutic knowledge.*

Research, theoretical analysis, and philosophical analysis play minor roles in arriving at, extending, or revising each conceptual approach's body of knowledge. Major roles are played by such resources as the grand pronouncements of each approach's great thinkers, the influx of fashionable outside intellectual movements, and the implicit, complicit collective agreement of proponents of the approach.

3. *The cumulative body of psychotherapeutic knowledge is relevant and applicable across virtually all psychotherapeutic theories and approaches.*

The contents of the supposed cumulative body of psychotherapeutic knowledge are relevant and applicable predominantly to those conceptual approaches whose belief systems include and accept those particular contents.

4. *Conceptual systems of psychotherapy are to include common foundations comprised of fundamental truths, postulates, and axioms.*

Conceptual systems of psychotherapy are more likely to have their own, distinctive sets of fundamental truths, postulates, and axioms, than they are to share a single common foundation of fundamental truths, postulates, and axioms.

5. *There are generally accepted, rigorous criteria for judging the goodness, soundness, and worth of theories of psychotherapy.*

Although it would be desirable, at the present there are no generally accepted, rigorous criteria for judging the goodness, soundness, and worth of theories of psychotherapy.

6. *Once a theory of psychotherapy is conceived, it is subjected to research inquiry, examination, and testing.*

Once a theory of psychotherapy is conceived, it is rarely subjected to critical research inquiry, examination, and testing especially by its proponents. and especially in ways that seriously question or threaten the more significant parts of the theory.

7. *Prediction and explanation of empirically validated facts are important criteria for judging the worth of theories of psychotherapy.*

Conceptual systems of psychotherapy are to be judged largely on the basis of their demonstrated usefulness in helping to achieve the aims for which the conceptual systems were generated and used.

8. *Theories of psychotherapy are judged, examined, and tested by deriving hypotheses that are subjected to scientific verification, confirmation, disconfirmation, refutation, and falsification.*

Conceptual systems as models of usefulness, rather than theories of truth, are to be revised, improved, or replaced largely on the basis of their demonstrated usefulness, lack of usefulness, or comparative usefulness relative to plausible alternative models.

9. *Exploratory searching and preliminary trying out are significant components of an initial research phase aimed at yielding hypotheses which then can be examined and tested scientifically.*

The discovery of answers to questions, and the trying out of what is discovered, are important components of a discovery-oriented approach to psychotherapy research.

10. *Research is to confirm, verify, disconfirm, refute, and falsify the tested hypothesis.*

Psychotherapy research is predominantly to discover increasingly further and better answers to the important questions in the field of psychotherapy.

11. *Controlled empirical research is superior to research that is not controlled empirical research.*

Research methods and designs are preferably determined by and are a function of the guiding research questions, rather than the

research questions being determined and limited by the fashionably accepted current package of research methods and designs.

12. *Psychotherapy researchers are to be essentially unbiased, objective, free of theory-driven expectations, observations, prejudgements.*

In their description of events occurring in psychotherapy sessions, researchers and judges are to emphasize terms that are simple, concrete, and essentially free of technical jargon and of the vocabulary of particular approaches or orientations.

13. *The existence of a scientifically acceptable measure is evidence for the existence of the measured concept, construct, or dimension.*

The existence of a measure is inadequate, insufficient, and incorrect evidence for the existence of the measured concept, construct, or dimension.

14. *Psychotherapy is usefully organized into psychotherapy process, post-treatment outcomes, and the relationships between them.*

For the purposes of discovery-oriented research, psychotherapy is usefully examined in terms of (a) significant in-session events, (b) the programmatic sequences of significant in-session events, (c) the ways and means of helping to bring about significant in-session events, and (d) the ways and means of using the occurrence of significant in-session events.

15. *The outcomes of psychotherapy can be rigorously assessed as successful, effective, beneficial, or not so, essentially apart from philosophical value systems.*

Virtually all psychotherapeutic approaches and orientations include implicit or explicit systems of welcomed, desirable, and valued directions of optimal change.

16. *New and improved psychotherapeutic methods and techniques are largely the products of research.*

New and improved psychotherapeutic methods and techniques are preponderantly the product of practitioner discovery, innovation, and use, rather than from the studies of researchers.

17. *Meta-analysis is a powerful tool for analyzing the findings of a pool of psychotherapeutic studies.*

For purposes of discovery-oriented research aimed at advancing in-session psychotherapeutic practice, standard psychological statistics are of minimal practical use.

18. *Psychotherapeutic theories, orientations, and approaches acquire, maintain, or lose acceptability largely on the basis of careful evaluation of their conceptual soundness and clinical efficacy.*

Psychotherapeutic theories, orientations, and approaches acquire, maintain, or lose acceptability largely on the basis of the size of the constituency whose beliefs have reasonably high goodness-of-fit with the beliefs of the psychotherapeutic theory, orientation, and approach.

19. *The Ethical Principles and Code of Conduct of Psychologists are based upon underlying premises that are essentially valid, sound, consistent, and have an evidential underpinning.*

The Ethical Principles and Code of Conduct of Psychologists are predominantly an expression of the underlying premises, beliefs, and values of the reigning psychological approaches, orientations, and philosophies.

20. *Biological, neurological, physiological, and chemical events and variables are basic to psychological events and variables.*

In the philosophy of science accepted by the experiential perspective, the events that are of interest to the experiential perspective are described and understood in terms of the experiential system of constructs, rather than in terms of supposedly more basic events and variables in such bodies of constructs as biology, neurology, physiology, and chemistry.

21. *Bodily events and phenomena are to be described and understood in terms of the concepts and constructs of systems such as*

biology, neurology, physiology, and chemistry.

Bodily events and phenomena are equally open to description and understanding from the multiple perspectives of relevant bodies of constructs such as experiential psychology, other psychologies, biology, neurology, physiology, and chemistry.

22. *Behavioral and neurophysiological data are generally harder, more observable, more objective, and preferable to mentalistic data.*

Trustworthy, hard, objective data include the felt bodily sensations and pictorialized images of the knower who is in proper alignment with the person or thing to be known. For the purposes of experiential psychology and psychotherapy, these data are harder, more trustworthy and objective, than behavioral or neurophysiological data.

23. *The brain is a basic determinant of human behavior.*

Different construct systems may well provide their own different descriptions and explanations of events. In the experiential system, human behavior is understood as a function of, and is determined by, potentials for experiencing and their relationships.

24. *Input from the past is stored in the brain and used in the form of concepts to process present input.*

The way a person receives and uses what is occurring in the immediate world is a function of, and is determined by, potentials for experiencing and their relationships.

25. *Human beings are essentially information-processing biological organisms.*

In the experiential system, human beings are most usefully understood and described as experiencing entities.

26. *Human beings have inborn, intrinsic, biological and psychological needs, drives, instincts, and motivations; these include needs and drives for survival, sex, aggression, object-seeking, contact-comfort.*

Each person is understood in terms of deeper and basic potentials for experiencing that are relatively unique to this person, rather than universal; that are experiential, rather than biological or biopsychological; and that are not characterized by properties of need, drive, or force.

27. *There are biopsychological stages of human growth and development.*

A person's initially established system of potentials and their relationships is ordinarily continued throughout life, rather than being established by, and subsequent changes occurring as a consequence of, what other perspectives accept as biopsychological stages of human growth and development.

28. *Behavior is a conjoint function of predominantly genetic endowment and environmental circumstances.*

Behavior is predominantly determined by a person's potentials for experiencing and their relationships.

29. *The person and the external world are integral independent entities that interact and affect one another.*

The person builds, fashions, creates, and uses the kind of external world that is important for the person to have.

30. *Behavior and meaning are grasped through careful observation and measurement of the empirically determined relations between the person and the external world.*

The useful importance or meaning of what the person is doing lies in the nature of the underlying experiencing occurring in the person.

31. *Pain is aversive; behavior tends to reduce, avoid, or eliminate pain.*

Behavior is an effective way of enabling experiencing, whether the experiencing is accompanied with feelings that are good and pleasant, or with feelings that are bad and painful.

32. *Responses followed by satisfying consequences tend to be strengthened; responses followed by unsatisfying consequences tend to be weakened.*

Behavior tends to be adopted and

maintained, depending, in large part, on its effectiveness in building the kind of world it is important for the person to have, and its effectiveness in enabling the kind of experiencing it is important for the person to undergo.

33. *The goal of psychological science is understanding, prediction, and control of human behavior.*

The goal of experiential science is to discover and to advance increasingly useful and effective means of enabling a person to become what the person is optimally capable of becoming.

34. *Causal determinants of human behavior generally lie in antecedent events.*

Causal determinants of human behavior generally lie in the person's package of potentials for experiencing and their relationships.

Problems and Bad Feelings

35. *Causal determinants of psychological problems generally lie in antecedent events, predominantly occurring in childhood.*

Causal determinants of human pain, suffering, and unhappiness generally lie in the person's package of potentials for experiencing and their relationships.

36. *There are mental illnesses, diseases, and disorders.*

The experiential system has no place, use, or meaning for the non-experiential notion, idea, concept, or construct of mental illnesses, diseases, or disorders.

37. *The causal determinants of mental illnesses, diseases, and disorders are predominantly genetic and environmental.*

When a system of constructs does not include a construct, notion, idea or concept of mental illnesses, diseases, or disorders, it is essentially meaningless to search for the causal determinants of mental illnesses, diseases, or disorders.

38. *Interpersonal relationships, largely during infancy and childhood, are significant causal determinants of current interpersonal problems.*

The person's potentials for experiencing, and their relationships, are important causal determinants of the person's current pains and sufferings, scenes and situations of bad feeling.

39. *Interruption of physical-psychological contact between infant and mother is a significant causal determinant of abnormal development.*

When a system of constructs does not include a construct, notion, idea, or concept of normal or abnormal development, it is essentially meaningless to look for the significant causal determinants of normal or abnormal development.

40. *When there are multiple causal descriptions or explanations of a psychotherapeutic event, (a) only one is superior as more true, accurate, correct, and (b) an approach that incorporates multiple causal descriptions or explanations is superior to one that does not.*

When there are multiple causal descriptions or explanations of a psychotherapeutic event, (a) they may be essentially similar in regard to truthfulness, accuracy, correctness, and (b) an approach that incorporates multiple causal descriptions or explanations may be superior, equal, or inferior to one that does not.

41. *Clients seek psychotherapy for, and psychotherapy is, treatment of psychological-psychiatric problems, distress, mental disorders, personal difficulties, and problems in living.*

Clients seek psychotherapy as a situational context for the experiencing of potentials for experiencing and their relationships.

42. *Deviant or aberrant behavior is caused by mental pathology, and it is the task of the mental health profession to identify and treat such mental disorders.*

Experiential psychotherapists teach, guide, enable interested persons to become more of the persons they are capable of becoming, and to be relatively free of their scenes and situations of painful bad feelings.

Psychotherapeutic Practice

43. *Psychotherapy is an interpersonal relationship that provides a corrective experience for problematic interpersonal relationships.*

When client and therapist attend predominantly to one another, psychotherapy serves as a situational context for enabling client and therapist to undergo respectively important personal experiencings and feelings.

44. *There is an intrinsic drive toward healthy normal functioning; psychotherapy removes blocks to intrinsic healing and growth.*

Experiential psychotherapy enables a person to become more of the person that the person is capable of becoming, and to be relatively free of the person's scenes and situations of painful bad feeling. The experiential system does not include a construct, notion, idea, or concept of an intrinsic drive toward normal healthy functioning.

45. *The practitioner initially assesses and diagnoses the problem or mental disorder, and then selects and applies the appropriate treatment.*

In each experiential session, including the initial session, the person starts by finding a scene of strong feeling, and then proceeds through the in-session steps toward becoming the qualitatively new person the person is capable of becoming, and to be free of the initial painful scene-situation.

46. *Psychotherapeutic change occurs predominantly by means of effective changes in clients' ways of understanding, making sense and meaning of, and construing–constructing, their selves, lives, relationships, and worlds.*

The goals of an experiential session are to enable the person to become the qualitatively new person the person is capable of becoming, and to be free of the painful scene-situation. These goals are achieved by first discovering the deeper potential for experiencing, then by welcoming-accepting the deeper potential, next by the radical shift into being the deeper potential in the context of past scenes, and finally by being the qualitatively new person in the present and forthcoming external world.

47. *The therapist-client relationship is prerequisite to successful psychotherapy.*

The therapist and the client predominantly attending to one another constitutes a helpful condition for the therapist's undergoing feelings and experiencings that are personally important for the therapist to undergo in the session.

48. *Therapists and clients attending to and talking to one another are prerequisite to successful psychotherapy.*

In order to achieve the steps of an experiential session, it is important that the therapist and person predominantly attend to, and live in, the person's scene of strong feeling.

49. *Empathic listening and responding are prerequisite to successful psychotherapy.*

Successful completion of the four steps is the means of achieving the goals of an experiential session.

50. *Client expressiveness is an important factor in client productivity and involvement in successful psychotherapy.*

The person's immediate readiness and willingness to carry out each experiential step and substep are the responsibility of the person, and therefore are to be fully honored and respected.

51. *Insight and understanding are prerequisite to successful psychotherapy.*

Successful achievement of the goals of an experiential session is the consequence of the four in-session steps; traditional insight and understanding play little or no role in these steps or in the successful achievement of the goals of an experiential session.

52. *Interpretation is an effective intervention for enabling clients to know, become conscious and aware of, deeper, unconscious, psychic material outside clients' awareness and consciousness.*

A deeper potential for experiencing is discovered by fully living and being in the precise moment of peak strong feeling.

53. *Effective interpretations are parsimonious and close to the client's current understanding and affective experience.*

Successful achievement of the goals of an experiential session is the consequence of the four in-session steps; traditional interpretation plays little or no role in these steps or in the successful achievement of the goals of an experiential session.

54. *There are common factors across successful and effective psychotherapies, and it is beneficial for research to identify them and for psychotherapies to incorporate them.*

If a psychotherapy incorporated supposedly common factors in so-called successful psychotherapies, one likely consequence is that the psychotherapy would lose some of its present structure, and a second likely consequence is that poorer therapies may improve while superior therapies would likely decline.

55. *There is a relatively close, direct, logical relationship between the practitioner's theoretical approach to psychotherapy and the practitioner's actual, in-session operations, methods, and working strategies.*

There is usually a poor, low relationship between a practitioner's theory or abstract conceptualization of psychotherapy and the practitioner's actual, concrete, in-session working operations and specific behaviors.

56. *There are differential treatments of choice for differential psychological problems and mental disorders.*

An experiential session is useful and appropriate for virtually any person interested in becoming what the person is capable of becoming, and in being free of the painful scene-situation that was front and center for the person. The usefulness and appropriateness of an experiential session is essentially independent of what other approaches might label as the person's psychological problem or mental disorder.

57. *Most psychotherapies yield generally equivalent outcomes.*

An experiential session is superior to a session or sessions of virtually all other psychotherapies in enabling the person to become what the person is capable of becoming, based upon the person's inner deeper potentialities, and to be free of the painful scene-situation that was front and center for the person in the session.

58. *Most psychotherapeutic theories and approaches may be rigorously identified and differentiated from one another.*

The field of psychotherapy has yet to arrive at a systematic category system of psychotherapies that meets reasonably rigorous criteria for identifying and for differentiating in-session, working psychotherapies from one another.

59. *Single approaches may be combined or integrated into a larger framework that is superior to any component approach.*

When parts of several different psychotherapies are combined or integrated, the resulting psychotherapy may be equal, superior, or inferior in achieving the component psychotherapies' purposes, aims, and uses.

60. *Psychoanalysis is the treatment of choice for deep-seated personality change.*

Experiential psychotherapy is superior to psychoanalytic psychotherapy in enabling the person to achieve deep-seated, qualitative personality change toward becoming what the person is capable of becoming, based upon the person's deeper potentialities, and in enabling the person to be free of the painful scenes and situations that were front and center in the sessions.

61. *Behavioral therapies are the treatment of choice for simple phobias.*

The experiential system does not include a construct or concept of mental illness, disease, or disorder. If the painful scene-situation that is front and center for the person bears similarity to what is labeled a 'simple phobia' in other systems, an experiential session challenges a behavioral session in enabling the person to be free of that painful scene-situation.

62. *Psychopaths do not do well in intensive psychotherapy.*

Experiential sessions are appropriate and useful for virtually any person, including people labeled "psychopaths" in other systems.

63. *Therapists should not criticize or diminish clients' precarious state of self-esteem.*

The experiential system does not include a construct or concept of "a precarious state of self-esteem." The main role of the experiential therapist is that of the teacher who shows the ready and willing person how to go through the steps of the experiential session.

64. *Clients with low ego strength and inadequate defenses may be harmed by excessive stress in psychotherapy.*

Experiential sessions are appropriate and useful for virtually any person, including people described, in other approaches, as "having low ego strength and inadequate defenses."

65. *Therapists should ensure that clients guard and control the outbreak of basic impulses.*

The experiential system does not include a construct or concept of "basic impulses." In an experiential session, the deeper potential for experiencing is enabled to become an integrated part of the qualitatively new person that the person is capable of becoming.

66. *Therapists should be alert to signs and symptoms of psychosis.*

The experiential system does not include a formal construct or concept of "psychosis". In an experiential session, discovery of a deeper potential for experiencing involves readiness and willingness to enter into scenes and situations of strong feeling, including states the person regards as extreme terror, dread, loss of self or mind, lunacy, craziness, derangement.

67. *Therapists should be vigilant for suicidal ideation in depressed clients.*

The role of the experiential therapist is primarily that of teacher who shows the person how to go through the steps of the session, and who joins with the person in going through the steps; this replaces a role of therapist as having a private stream of clinical inferences about the patient.

68. *There is typically a recrudescence of initial symptomatology in the termination phase of intensive, long-term psychotherapy.*

Having experiential sessions with a teacher-therapist or with oneself is an available lifelong enterprise if the person is so inclined.

69. *Psychotherapy is an applied wing of more basic and comprehensive sciences and fields of knowledge.*

Psychotherapy is its own integral, autonomous field of knowledge, theory, research, and practice, with relationships to such neighboring fields as psychology, philosophy, and philosophy of science.

Education and Training

70. *Psychotherapeutic education is to include provision of knowledge in the cumulative body of psychotherapeutic knowledge.*

Education is to include understanding and study of the major historical and contemporary belief systems, conceptual and philosophical systems, in the field of psychotherapy theory, research, and practice.

71. *Graduates of professional education and training in psychotherapy have scholarly knowledge of the field of philosophy of science.*

Education in the field of psychotherapy does not, but is to include, a scholarly understanding of philosophy of science.

72. *Psychotherapeutic education is to include training in the common core of basic psychotherapy skills and methods.*

Psychotherapy education and training emphasize competence and proficiency in the methods and skills of the trainee's approach to the theory and practice of psychotherapy.

73. *Psychotherapeutic education teaches theories and approaches that are significantly different from and more elevated than those of people outside of formal psychotherapeutic*

education.

Psychotherapeutic education and training includes the discovery and development of each trainee's intrinsic, built-in, deep-seated conceptual framework relative to the basic and applied issues and questions in the field of psychotherapy.

74. *In general, graduates of degree-granting programs in mental health are significantly more effective in psychotherapy than actors with a week of training in the role of psychotherapist.*

The actual in-session level of competence-proficiency of graduates of most training programs in psychotherapy is generally quite low, is insignificantly higher than most practitioners who are not graduates of such formal training programs in psychotherapy, and is insignificantly different from that of professional actors with a concentrated week of training in the role of psychotherapist.

75. *In general, significantly more years of academic training yields significantly higher levels of competence in psychotherapy.*

Higher levels of actual in-session competency-proficiency are achieved by such means as (a) in-depth study of the in-session work of master practitioners; (b) careful discovery and development of the trainee's own intrinsic, built-in, deep-seated conceptual framework; and (c) extended hours of personal practice and training in defined skills until the trainee attains a criterion level of competency-proficiency in the practiced skill.

Conclusions and Invitations

1. Whether they are called foundational beliefs, basic propositions, fundamental starting points, or cornerstones on which the field rests, the field of psychotherapy seems to have no formal, authoritative list of just what they are, nor do there seem to be formal lists of foundational beliefs of the various psychotherapies.

2. Few if any psychotherapy practitioners, theorists, or researchers seem to have formal lists of their own personal foundational beliefs.

3. A method is proposed for a psychotherapist to be able to come reasonably close to identifying one's own personal set of foundational beliefs. This method includes some guidelines for working from a provisional, unsystematic, amateur list of 75 foundational beliefs cobbled together from across the field of psychotherapy.

4. Psychotherapists are invited to use this method and to come reasonably close to identifying their own foundational beliefs. As one illustration, for each of the 75 foundational beliefs of the provisional list, a foundational belief is identified from my own experiential perspective.

5. Psychotherapy practitioners, theorists, and researchers are invited to study the personal lists of identified foundational beliefs of samples of psychotherapists to try to identify the foundational beliefs in the field of psychotherapy, and the foundational beliefs of each identified psychotherapy.

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