Building Bridges over Troubled Waters: Regarding Humanistic and Psychodynamic Psychotherapies

Keith Tudor

Abstract

This paper considers the relationship between humanistic and psychodynamic psychotherapies. It argues that these two "forces" or traditions are closer than they sometimes appear, and demonstrates this with regard to ideas about wellbeing and social instincts. Drawing on the metaphor of a bridge, the paper explores a number of options with regard to the relationship between these traditions.

Introduction

For 21 years (1987 to 2009) I described myself as a humanistic psychotherapist (and still can outside Aotearoa New Zealand) as I have trained in gestalt therapy and transactional analysis, and I have undertaken further study of and professional development in the person-centred approach, its psychology and applications. As a client both before and during training and, at times, since qualification, I have had experience of different humanistic therapies, in different forms including group therapy and couples therapy, as well as of Jungian analysis and, most recently, psychoanalytic psychotherapy. As someone who is interested in ideas and in the history and context of those ideas, I have read not only within humanistic, "third force" psychology and therapy, but also within psychoanalytic and psychodynamic literature. Most if not all humanistic psychotherapies have their origins and roots in psychoanalysis and/or psychodynamic thinking, and, as we cannot understand the present without knowing the past (history), it is worth knowing our intellectual genealogy or whakapapa, what Traue (1990/2001) has referred to as "ancestors of the mind". For example, one of the founders of humanistic therapy, Carl Rogers, having studied with and been influenced by Otto Rank, is only two degrees of separation or handshakes away from Sigmund Freud; and, whilst Rogers' (1942) "newer psychotherapy" is a long way from Freud's psychoanalysis, there are elements of psychodynamic thinking in Rogers' theory, especially his concepts of defences i.e. denial and distortion. Lest there be any doubt about the relationship between these forces or traditions, it is worth noting that Maslow (1962) who coined the phrase "third force" psychology, described humanistic psychology as "epi-behavioural" and "epi-Freudian" (epi meaning building upon).

A study of the history of psychotherapy, however, reveals more breaks, splits and divisions than building within as well as between these "forces" and "schools". This history is compounded by the fact that, in terms of professional associations and accrediting bodies, psychotherapists have organised themselves predominantly according to theoretical orientation. Whilst this has had some benefit, it has created further separation and distance between different approaches, which, when fuelled

by misunderstandings, misrepresentation, ignorance, and prejudice, often results in a kind of psychological sectarianism.

This paper considers the relationship between the second and third of these forces: the psychodynamic and the humanistic and, in doing so, challenges the common polarisation of the two. I have, elsewhere, considered the relationship between two therapies representing the first and third forces i.e. cognitive behavioural therapy and person-centred therapy (Tudor, 2008a). The invitation to give a talk on the subject of this paper to The Hallam Institute in Sheffield, UK, an organisation which accredits psychodynamic psychotherapists, perhaps represented a certain rapprochement between the psychodynamic and the humanistic worlds, a rapprochement reflected in the title of my talk there and at AUT University (AUT) in Auckland. It also symbolised a personal and particular journey for me as I delivered the talk in Sheffield, where I lived and worked for some seventeen years, on the eve of emigrating to Aotearoa New Zealand.

In addition to my work as a psychotherapist and a supervisor in Sheffield, I co-founded and established a training institute, Temenos, which promoted – and still promotes – person-centred education (see www.temenos.ac.uk). Here in Aotearoa New Zealand, in addition to being an Associate Professor in the Department of Psychotherapy at AUT, I am the Programme Leader for courses and a professional training which is predominantly, although not exclusively, psychodynamic in its influence and its thinking about psychotherapy. In many ways, delivering a second version of the original talk to The Psychotherapy Forum at AUT represented walking a bridge between – or, perhaps, myself bridging – two theoretical traditions, two countries, and two cultures.

This article (a further revised, third version of the first two talks and papers) begins with some reflections on certain terms and images: field, territory, water, and bridge. This is followed by some thoughts about humanism and humanistic psychology and psychotherapy. The third part comprises two discussions – on wellbeing and social instincts – which identifies some common ground between humanism and the psychodynamic tradition. The fourth part comments on the possibilities of four different bridges between these traditions, and the paper concludes with some thoughts about bridge-building as well as some referernce to other "rivers" which the profession needs to cross.

Terms and Images: Field, Territory, Water, and Bridge – and a Caution

The image of a bridge over troubled waters identifies two elements – the bridge and the waters – but also implies two other elements, that is, the land on either side of the bridge, separated but also linked by water.

By "field" or fields I refer to the respective areas of humanistic and psychodynamic psychotherapies. My use of the term derives from field theory (Lewin, 1952) in

which "field" refers to the totality of existing facts, which are mutually interdependent. For Lewin, the "field" represents the complete environment of the individual or, in this case, the individual or particular theory – and hence the importance and significance of context, history, environment, and culture.

The term "territory" acknowledges that the definition and ownership of fields, whether geographical or intellectual, is often disputed. One example of this is cognitive behavioural therapy which, in its name at least, implies that it – and only it – is concerned with cognition and behaviour (for a critique of which see Tudor, 2008a); and, indeed, one of the themes of this paper is a questioning of the territorialism and polarisation of the "humanistic" and the "psychodynamic".

In every culture water is suffused with social/political, environmental, cultural, spiritual, and psychological meaning, and it influences, if not determines, social, spatial, and environmental relations (see, for example, Strang, 2004); and there is an argument that water holds memory (see Chaplin, 2007). In this paper I use the image of water to refer to a "troubled" relationship between two fields, although it is perhaps significant that the water, which separates different land masses and territories, also connects them.
As far as the image and symbolism of the bridge is concerned, I consider and develop this in the fourth part of this paper.

My caution is to do with knowledge and comparison, in other words: epistemology and methodology. I am very aware of the dangers of misunderstanding between – and even within – theoretical orientations to therapy, based often on ignorance of the richness, diversity, and developments within and currency of a particular approach. It is all too easy to characterise and caricature another approach in terms which simply would not be recognised by its proponents or, to put it another way, to project onto the other/Other attributes or qualities which, for the most part, do not belong to the subject. A classic example of this in my own field is the ubiquitous reference to Rogers' "core conditions" (of congruence, unconditional positive regard, and empathic understanding), a phrase Rogers never used and a framework which omits three other therapeutic conditions (Rogers, 1957, 1959), for further discussion of which see Tudor (2000, in press – a).

A little knowledge – or assumed knowledge – is, indeed, a dangerous thing. This situation is exacerbated by the fact that most psychotherapy training is based on a – and usually one – core theoretical model. Indeed, in the UK, it is a requirement of accredited courses that they have a "core theoretical model". Whilst this has certain advantages in terms of familiarity with, and rigour and consistency in a particular theoretical orientation, this approach to and requirement of training creates a separation and, at times, separatism between different schools and forces. So, in this paper, I write more from a humanistic perspective and leave the reader to draw their own comparisons and connections, which, hopefully, will inform present and future dialogue. When we compare two or more things, with each other we do so

from a particular perspective. If we compare "a" with "b", we are, in effect, prioritising "a", as we are placing it before "b", and suggesting that "b" is considered in the light of "a". In this scheme there is an implicit directionality to the comparison: a → b. In order to avoid the bias of such unidirectional comparison, with the inherent danger of assessing deficiencies in "b" in the light of "a", we also need to compare "a" with "b", that is "a" in the context of "b" or b → a. We only have to substitute western world-view or psychology for a, and māori world-view or psychology for b to appreciate the significance of this point for how we compare and understand different world-views, psychologies, and approaches.

Humanism and Humanistic Psychology and Psychotherapy

In her anthology of humanist writings, Knight (1961, p. xiii) suggested that the term humanist implies a view: "that man must face his problems with his own intellectual and moral resources, without invoking supernatural aid; and that authority, supernatural or otherwise, should not be allowed to obstruct inquiry in any field of thought." This echoes similar sentiments in a speech made in 1878 by Sir Robert Stout, then Attorney General (and later a Prime Minister) of New Zealand:

> A freethinker is one who sought to learn what man is and what is his relation to the universe – who claimed the right to consider these questions unfettered by any State, any Church, any Society or any individual and who must be guided in his inquiry by those canons of evidence which will enable him to follow his analysis to the bottom.

There are, of course, many forms of humanism which include: literary and, more broadly, cultural humanism; religious and, specifically, Christian humanism; secular humanism, and modern humanism, for a review of which see Edwords (1989).

Knight (1961) identified two corollaries of humanism: that virtue is a matter of promoting human well-being; and that the mainsprings of moral action are what Darwin called the social instincts, that is, those altruistic, co-operative tendencies that are as much a part of our biological equipment as our tendencies towards aggression and cruelty.

My own humanism was forged in a liberal education and upbringing influenced by my father's pacifism and conscientious objection during the Second World War; by my parents' non conformist Unitarian faith; by my own education in the Litterae Humaniores (Advanced Studies or Liberal Education) and, specifically, philosophy and theology; and, later, by my political activism. Given this background, it is perhaps no accident that my first book was on the subject of positive mental health promotion (Tudor, 1996); that, for the past ten years, I have been interested in the concept of homonomy (Angyal, 1941) that is, the trend to belonging, which, as a concept, is underrated and underdeveloped in Western psychology and psychotherapy (see Tudor & Worrall, 2006; Tudor, 2008b).

As far as organised humanism in Aotearoa New Zealand is concerned, this can be traced back to 1878 when Sir Robert Stout, a leading member of the rationalist movement, laid the foundation stone of Freethought Hall in Dunedin. In 1927 the Auckland Rationalist Association was formed, and in 1967 another society, the Humanistic Society of New Zealand, (see www.humanist.org.nz/pamphlethumanism.html; Facer, 1967/2006). These organisations subsequently amalgamated into the New Zealand Association of Rationalists and Humanists (see www.nzarh.org.nz), which publishes a quarterly journal *The Open Society* (see Cooke, 1998).

In terms of humanistic psychology and psychotherapy, a number of traditions within this "third force" of psychology are represented in Aotearoa New Zealand and, currently, it is possible to train to qualification and registration in bioenergetics, gestalt therapy, psychodrama, psychosynthesis, and transactional analysis.

Here I discuss these two corollaries of humanism – well-being, and social instincts – and, in doing so, demonstrate that humanistic and psychodynamic theorists and practitioners may hold more of these fields in common, although we may cultivate them differently.

Well-being

From a review of the history of what different schools of psychotherapy have had to say about the human psyche, it is clear that, in general, we have more to say about illness, abnormality, pathogenesis, defences, and psychopathology than we do about health, "normality", salutogenesis (Antonovsky, 1979), growth, and psychosanology. As Winnicott observed: "Health is more difficult to deal with than illness."

Although Freud (1937) himself was sceptical about "normality in general", which he viewed as an "ideal fiction" (p. 235), a number of other psychoanalytic and psychodynamic thinkers have written about health: Jones (1931/1942) considered that definitions of normality are based on criteria of happiness, efficiency and adaptation to (psychological) reality.

Reich argued that, as the primary life force is genital sexuality, a force which is repressed in patriarchal-authoritarian systems – and hence his interest in the mass psychology of fascism – mental health, including sexual health, is achieved through personal and political consciousness and change.

Fromm (1956) took up Freud's basic requirements of love and work and wrote that:

> Mental health is characterised by the ability to love and to create ... by a sense of identity based on one's experience of self as the subject and agent of one's powers, by the grasp of reality inside and outside of ourselves, that is, by the development of objectivity and reason. (p. 69, original emphasis)

Klein (1960) suggested that a well-integrated personality is the foundation for mental health and that the elements of such a personality include: "emotional maturity, strength of character, capacity to deal with conflicting emotions, a balance between internal and adaptation to reality, and a successful welding into the whole of the different parts of the personality" (p. 16).

Guntrip (1964) viewed mental health as: "the capacity to live life to the full in ways that enable us to realize our own natural potentialities, and that unite us with rather than divide us from all the other human beings who make up our world" (p. 25, original emphasis).

Fairbairn talked about the fundamental dynamic wholeness of human beings, and that the preservation and growth of this wholeness constitutes mental health.

Winnicott (1988) considered that "the doctor's assumption that health is a relative absence of disease is not good enough" (p. 1) and, in what is in effect a critique of the World Health Organisation's (1946) definition of health, that "the word health has its own meaning in a positive way, so that the absence of disease is no more than a starting point for healthy life". He went on to suggest that "the health of the psyche is to be assessed in terms of emotional growth, and is a matter of maturity ... [and that] Maturity gradually involves the individual in responsibility for environment" (p. 12).

Central to humanistic thinking about health is the concept of actualisation. Maslow, one of the founders of humanistic psychology, wrote a lot about this subject, and specifically, about self-actualisation, which he defined in terms of: experiencing fully, vividly; choosing growth; letting the self emerge; being honest and courageous; using one's intelligence; being open to peak experiences; and identifying defences (Maslow, 1961/1993). He also recognised self-actualising people who he identified as having certain "being values" i.e. truth, goodness, beauty, wholeness and dichotomy-transcendence, aliveness, uniqueness, perfection and necessity, completion, justice and order, simplicity, richness, effortlessness, playfulness and self-sufficiency. From his initial research on personal adjustment in children, published in 1931, Rogers developed an interest in health, adjustment and maturity, terms with which he elaborated the concept of authenticity, which, elsewhere (Tudor, 2008b), I have argued characterises the person-centred approach to the state – or process – of health. This encompasses congruence, openness to experience, psychological adjustment, extensionality, and maturity.

From even this brief review, it is clear that both psychoanalysis and humanism have contributed to our understanding of health, and that there is considerable overlap between the contributions and understandings from these different traditions. However, both traditions stand accused of promoting a somewhat individualistic, self-centred view of individual health, as a counterpoint to which we need to consider the concept of social instincts.

Social instincts

Whilst it is clear that man(kind) is a social/political animal, it is less clear whether psychotherapists hold this in mind, let alone base their practice on it.

Of all the early leading figures in psychotherapy, Adler was the first to promote an explicitly holistic and social view of the individual and one which is specifically identified with mental health. Writing about Adlerian therapy, Clifford (1996) has commented that:

> mental health can be measured by the amount of social interest a person has. Mentally healthy people are assured of their place and contribute to the tasks of the groups to which they belong; they co-operate with their fellow human beings and are part of a community. (p. 106)

Reich argued that neurosis is rooted in physical, sexual, economic and social conditions – and hence his interest in bodywork, about which he developed character analysis and the theory of character structure (Reich, 1933a); in sexual (orgone) energy (he established and worked in the first sex education clinics); and in the analysis of the economic/social system, which he analysed in what is perhaps his most famous work, The Mass Psychology of Fascism (Reich, 1933b). For Reich a healthy person is someone who is liberated economically and socially and physically and sexually i.e. that he or she has "orgiastic potency".

Like a number of organismic psychologists who were working and writing in the early and mid 20th century, Rogers was alive to the interdependence of organism and environment, especially in his thinking about the therapeutic relationship – and, indeed, as early as 1942 had, following Taft's (1933) work, referred to his therapy as "relationship therapy", a development which predates the current interest in "the relationship", and the "relational turn" in psychotherapy by over half a century (see Tudor, 2010). Rogers, however, did not always emphasise interdependence in his work or theory. In order to reclaim this emphasis, I and a colleague (Tudor & Worrall, 2006) have gone back to the work of Angyal (1941) (whose ideas influenced Rogers, and each of whom cited the other), who viewed the organism as having two related trends: one towards increased autonomy or self-determination, and the other one towards homonomy or a sense of belonging. Angyal's contribution shifts our thinking about actualisation from a self-centred or ego-centric view to an other-centred or socio-centric one. Whilst the human organism, as all other organisms, still tends to actualise, it is this other trend which expresses our need for relationship and to relate, for kinship and to belong, for society and to congregate and organise (for further discussion of which see Tudor, 2008c).

In a separate strand of development, some psychologists and researchers have been moving forward the mental health agenda through studies of subjective well-being. Notable amongst these is Keyes (2003) who has developed a perspective on mental health which he refers to as flourishing, and on mental ill-health and illness which

he refers to as languishing. Keyes (2007) has identified thirteen dimensions of subjective well-being which he has divided between those which are hedonic (as in hedonistic) which are concerned with pleasure and positive emotions, and those which are eudaimonic, the word Aristotle used to describe a state of being happy, which are to do with self-fulfilment and positive functioning, including positive social well-being:
Social Acceptance – defined as holding positive attitudes towards, acknowledging, and being acceptant of human differences.
Social Actualisation – whereby people, groups, and society have potential and can evolve or grow positively.
Social Contribution – in which the individual sees her/his own daily activities as useful to and valued by society and others.
Social Coherence – whereby the person has an interest in society and social life, and finds them meaningful and intelligible.
Social Integration – or a sense of belonging to, and gaining comfort and support from, a community.

Again, it is clear that some practitioners, theorists, and researchers from across both psychodynamic and humanistic traditions have a clear interest in and analysis of social instincts and, more broadly, the social world. There are radical, social and even socialist thinkers and activists in both traditions – as there are conservatives. Just as research suggests that there are more "common factors" between different approaches than techniques which divide them (see, for instance, Lambert, Shapiro & Bergin, 1986), so we might consider that psychodynamic and humanistic psychotherapists have more in common than we may like to acknowledge – and that differences between psychotherapy practitioners might be more to do with "extra therapeutic factors" such as culture, personality, upbringing, values, and politics.

There are, of course, differences between the two traditions which, generally, centre on different thinking and approaches to the nature of human beings; attitudes to health, illness, growth, development, deficit, and dynamics; and the nature and use of transference and countertransference: differences which find expression in the different metaphors used to describe the client/patient, the therapist/analyst, the therapy/analysis, and the therapeutic relationship. Some practitioners and colleagues hold these differences lightly; others more tightly – a position which, historically, has at times led to what has been described as "turf wars" between competing theoretical orientations, and has had an impact on training, the organisation of psychotherapy, and access to employment.

Bridges: Differences, similarities, commonalities, and common cause

In seeking to understand the relationship between humanistic and psychodynamic psychotherapies and the sometimes troubled waters between them, and drawing on

the image and metaphor of the bridge, I consider four positions or possibilities: no bridge, one (temporary) bridge, two bridges, or a bridge with a café on it.

Interestingly, in the discussion that followed the two talks, the audience in Sheffield picked up on and discussed and developed their associations with the image of the café, whereas more of the audience in Auckland focused on the image of the bridge and the significance of territory.

No bridge

We can, of course, simply claim our different territories, refuse to build any bridges, and, if anything, shout at each other across the water. (To a certain extent and in some areas this describes the current state of relationship between psychodynamic and humanistic psychotherapies.) The content of what we might shout is all too familiar: psychodynamic psychotherapists are too analytic, cold, and rigid; humanistic therapists are too "nice", warm and friendly, and don't have or hold boundaries. Although maintaining such prejudices is an option, it is no solution. It is self-referential and self-indulgent, and serves only to maintain prejudice and sectarianism rather than openness, dialogue, learning, and research.

One bridge

The image of one bridge overarching the two territories appears attractive. Some people would see the enterprise of "integrative psychotherapy" as an attempt to build a bridge between or over two or more approaches. However, I see this as problematic for two reasons: Integration suggests an adding together or combining of parts. The problem with this is that some parts, e.g. conflicting views about the unconscious, or the directivity or interventiveness of the therapist, simply do not add up or combine. Too many training courses which advertise integration actually deliver little more than a "pick 'n' mix" of different approaches; and, as a basic and first level training, such integrative courses can offer no more than a brief and necessarily superficial overview of the whole field of psychotherapy. With rare exceptions, "integrative" is the new eclecticism, a term which Hutterer (1991) viewed as representing an identity crisis.

A second problem of integration or integrative is that of branding. It is not user-friendly as a) it begs further description i.e. what a practitioner means by integrative; and b) it does not indicate the basis of the integration i.e. whether the practitioner is psychodynamic/integrative, humanistic integrative, or "humanistic and integrative" (as is one of the Colleges of the United Kingdom Council for Psychotherapy [UKCP]).

In this sense, most forms of integrative or integration, I suggest, offer us no more than a very shaky or temporary bridge. However, if we raise the standard (and, perhaps, the bridge) and define integration as meta-theoretical then it would – or should – provide an overview of approaches. This, however, would the practitioner to have: a) comprehensive knowledge and thorough understanding of at least two

and preferably more approaches, and, arguably, approaches which themselves represent a range of psychologies; and b) a meta-theoretical framework by which s/he could analyse, synthesise and evaluate all the elements of the theories at her/his disposal. In this context, Pine's (1990) work on four psychologies: drive, ego, object and self, is a useful framework for such a meta-analysis; and, as Pine argues, for clinical synthesis (although I would add to his taxonomy the concepts and psychologies of organism and person). This option is intellectually robust, although it probably requires a lifetime of training: in effect, a minimum of two postgraduate trainings, as well as a post postgraduate genuinely integrative training.

Whilst such training, at least formally, is rare, personal integration over the course of a career is something to which many would hope to aspire. In this sense, as Olli Anttila (24th September, 2009) put it (at the talk in Auckland), perhaps the psychotherapist is the bridge. This view of the person as the or a bridge echoes Simon and Garfunkel's (1969) lyrics to "Bridge over Troubled Water" in which the singer/protagonist says: "Like a bridge over troubled water | I will lay me down" and, later, "I will ease your mind". It is perhaps not insignificant that Anttila and I both are immigrants, a status and position which necessarily embodies some bridging (see also Anttila, 1995).

Two bridges

Two separate bridges is, by and large, the situation we have at present. In many ways psychodynamic and humanistic psychotherapists occupy and are interested in the same territory that is the human psyche and human society, but all too often we appear and often are divided and divisive. In many ways the old categorisation of three "forces" of psychology – i.e. behavioural, analytic, and humanistic – sets up a kind of identity through division and opposition, especially from the standpoint of the third force, humanistic psychologies. With one bridge for psychoanalytic and psychodynamic practitioners and another for humanistic practitioners, we end up perpetuating a kind of psychological apartheid, fuelled (in my experience) by a sometimes vicious sectarianism, based on a quasi-religious fundamentalism – and I draw these analogies advisedly. I would also extend this critique of divisions to what I see as the common ground of psychotherapy, counselling, psychology, and counselling psychology. Here I give two examples.

The UK Association of Humanistic Psychology Practitioners (AHPP) has suggested that humanist practitioners share certain fundamental core beliefs about:

The theory of human nature and of self – that the individual is unique, truth-seeking, an integrated and self-regulating whole, with a right to autonomy with responsibility.

The aims of therapy and of growth – which is self-awareness and actualisation, which, in turn, includes: wholeness and completion, authenticity, emotional competence, the furtherance of creativity, respect for difference, and integrity and autonomy whilst acknowledging interdependence.

The nature of the therapeutic relationship – as the primary agent of change, and founded on the therapist's genuineness, empathy, openness, honesty, and non-judgemental acceptance of the client (see AHPP, 1998/2009).

In a more detailed contribution Cain (2001) identified a number of characteristics which define humanistic psychotherapies. He suggested that in terms of views of the person, these are:
That she or he is self-aware, free to choose, and responsible.
That she or he is holistic – "The person is viewed holistically, as an indivisible, interrelated organism who cannot be reduced to the sum of his or her parts" (ibid., p. 5) – and as embodied, and contextual beings.
That she or he needs to make sense and find meaning, and to construe her or his realities.
That she or he has a capacity for creativity.
That, as primarily social beings, we have a powerful need to belong.
Cain also discusses the importance in humanistic psychotherapies of: the actualising tendency, a relational emphasis, phenomenology, empathy, the concept of "the self" (or the "Self"), and anxiety.

Both the AHPP and Cain have, in effect, drawn up these definitions and lists in order to distinguish humanistic psychotherapies from other forms of therapy and, specifically, from psychodynamic psychotherapy. However, I think that there is much in the above in which psychodynamic colleagues are interested and with which they would agree. As Gomez (2004), in her excellent article on this theme, put it: "I don't think I would find a psychoanalytic approach that would declare that it only tries to work with only part of the person" (p. 8). She continued: "It might not define 'person' in the same terms; but then, nor do many humanistic approaches." In our postmodern and interdisciplinary world, some of the old divisions between and within disciplines, professions and territories are breaking down. In this context, it seems both irrelevant and unsustainable to maintain two bridges alongside each other.

This being the case, it seems more useful to propose a fourth option which is one, robust bridge, with a meeting-house and a café on it.

One bridge, many people

A bridge is a structure which carries a road or which affords a passage. Either way, it needs to be fit for purpose, and if our purpose is to meet, pause, talk, and engage, then we need one bridge which can accommodate many people, and, as John O'Connor pointed out (24th September, 2009, at the talk in Auckland), the bridge

needs to big enough for a wharenui – a meeting-house, in which people from the same and/or different cultures can meet and talk.

For two years in my early thirties I lived in Italy, from which time I have fond memories of drinking wine and coffee in cafés (and hence the importance of the café on my bridge). I also have memories of a small Southern Italian village where two men of diametrically opposed politics would sit in one of the cafés and, to mix my cultures, enjoy what the Irish refer to as the craic. They were old sparring partners who met and argued – but, importantly, still met. My image of this fourth bridge is one where many people of diverse theoretical orientations and cultures can walk and talk, and where there is a both a meeting-house and a café in both of which we can dispute our differences and recognise our commonalities and common cause.

I see three arguments which promoting such meeting: Humanistic psychology and psychotherapy builds on psychoanalysis and psychodynamic psychotherapy. Despite some differences with the first two forces of psychology, humanistic psychology builds upon (à la Maslow, 1962), and includes rather than excludes or necessarily opposes these other traditions. Examples include: The fact that many humanistic therapists find concepts from the first two forces useful such as the unconscious, transference, and countertransference (from psychoanalysis), and modelling and feedback (from behaviourism).
The fact that humanistic practitioners and theorists have contributed to the development of such ideas, perhaps most notably, about empathy (Rogers), for a summary of which see Tudor (in press – b), and, for instance, about co-transference (Sapriel, 1998) and co-transferential relating (Summers & Tudor, 2000).

Psychoanalysis, and psychodynamic and humanistic psychotherapies and psychotherapists have certain common ground. Examples of this include: With regard to definitions – Gomez (2004), who has described herself as a humanistic and psychoanalytic psychotherapist, has reviewed the respective flag statements of the Analytic Psychology, Psychoanalytic & Psychodynamic (APPP), and the Humanistic & Integrative (HIP) (then) Sections of the UKCP and found little to which practitioners from either Section would object: "Most humanistic psychotherapies do not rule out either transference or unconscious levels of experience ... and while they might hope for more than the resolving of old conflicts. This would certainly be one of their aims" (p. 8).

With regard to the importance of personal therapy during training – Within the UKCP, the analytic and humanistic Sections are the only two Sections which both require that trainees undertake personal therapy for the duration of the training. With regard to groups – The analytic interest in the large group experience is, in a number of ways, similar to the emphasis in the person-centred approach on the large group, community meetings, and encounter. In a fascinating article Sturdevant (1995) compared what she refers to as the three democratic contexts of

the Classical Greek koinonia, the psychoanalytic median group, and the large person-centred community group, and draws a number of conclusions including that the psychoanalytic concept of outsight was similar to that of the person-centred view of empathy. With regard to social, cultural, and political analysis or understanding – Thinkers within both psychodynamic and humanistic traditions have been at the forefront of applying our different theories to the social world (see, for example and respectively, Clarke, Hahn & Hoggett, 2008; and Rogers, 1978). Practitioners from both traditions were involved in the launch of Psychotherapists and Counsellors for Social Responsibility (see www.pcsr.org.uk), and are involved in the journals Critical Psychology, Counselling and Psychotherapy, and Psychotherapy and Politics International, and in the opposition and alternatives to the state regulation of psychotherapy and the state registration of psychotherapists (see House and Totton, 2011; Tudor, 2011). With regard to radical and critical theory and practice – There is a long history in both psychodynamic and humanistic traditions of radical thinking and practice (see, for instance, Robinson, 1969). This finds current expression in the critique of the UK government's proposals about regulation in the Alliance for Counselling and Psychotherapy Against State Regulation (see www.allianceforcandp.org/pages/) which also was founded by and encompasses practitioners from both traditions.

Humanistic therapies differ from each other.

Humanistic psychology is a "broad church" with as many divisions and splits as within the church. Humanistic therapies differ from each other more than they do from psychodynamic and behavioural therapies, for instance, with regard to non-directivity (see Levitt, 2005), levels of interventiveness (see Warner, 2000), and ideas about the power of the therapist (see Mearns & Thorne, 2000) and of the client. This suggests that the attribution of distinctions between the three – or, if we include the transpersonal, four – "forces" is inaccurate, and that this categorisation is all but useless. All this suggests the benefit and even necessity of us meeting, thinking, linking – and even drinking – on one bridge.

Conclusion: Bridge-building

Whatever form the bridge between psychotherapists takes the crucial issue is the structure and quality (or qualities) of the bridge. When a colleague and friend of mine in Sheffield heard about the timing of my talk in the UK, she observed that, in terms of an analogy with the therapeutic hour, my talk there could be viewed as representing my last few minutes, and thus something of a door handle confession. When I shared a draft of this paper with a colleague here in Aotearoa New Zealand, he commented that they could be taken as something of a manifesto. So, mixing my metaphors, and taking the door handle firmly in my grasp, whilst also nailing my manifesto to the door, I conclude with some final thoughts about what I consider to be the qualities or conditions needed to build a solid bridge across what historically have often been troubled waters:

More contact between different traditions and approaches both during and after training – which will lead to less sectarianism in psychotherapy.

Less defensiveness about our own approaches – and less hostility towards others'. More critical reflection on the limits and limitations of our own particular approach/es – which, I hope, will challenge defensiveness, fundamentalism, and closed systems, and lead to greater openness, and 'philosophical congruence' (see Tudor & Worrall, 2006), as well as genuine and informed critique about different approaches.
More acceptance of and curiosity about other approaches – which will lead to greater learning.
More knowledge and understanding of and more empathy for different theories – as well as more humility that we probably don't know so much about other theories as we may think we do.
More openness to and reception of the other and their field or territory – which, hopefully, will lead to greater co-operation and alliance. After all, in the context of our bicultural society in Aotearoa New Zealand, the differences between psychodynamic and humanistic psychotherapies may be seen as a local argument between two colonial and colonising theories. In this context, both forces or traditions need to be open to critique, deconstruction, and the "Southerning" of the western (and northern) theory on which they are both built (see Cornell, 2008).

Clearly there are other troubled waters, including those swirling around regarding the statutory regulation of the profession and the state registration of psychotherapists; the differences and similarities between psychotherapy and counselling; and the number of practitioners who identify as psychotherapists (or with psychotherapy) who are not members of NZAP – and thus, as Jimmy Cliff put it, "Many rivers to cross". In this context, and in the face of certain dogmatic, sectarian and monocultural thinking and practice, it is even more important that we build bridges to encourage autonomy and pluralism in the practice and organisation of psychotherapy.

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