WHAT'S SO UNIVERSAL ABOUT EMPATHY, CONGRUENCE, AND POSITIVE REGARD?
A REPLY TO PATTERSON

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Patterson (1994) in his paper, "A Universal System of Psychotherapy," does not make good on his claim to offer a universal system of psychotherapy. What he offers instead is the very sort of thing to which he contrasts his model: an "abstract, theoretical, philosophical, ethical [and] religious" system that is not universal and not likely to become universal.

Patterson's claim for the universality of his model of "facilitative human relationships" involves three separate claims: I) The model is: applicable to persons in every culture; II) the picture or conception of human beings on which it is based is true of everyone in every culture; III) the picture or conception of human beings on which it is based and the values and practices it prescribes can be shared by every culture.

I) Whether a therapeutic intervention can be effectively applied in all cultures is an empirical matter that can only be substantiated with empirical evidence. Patterson does not give any evidence that his model is effective in all cultures nor does he address the need for such evidence. He instead offers, as I read him, a deductive argument for the universal applicability of his model: Self-actualization is a universal drive; therefore a form of therapy that facilitates self-actualization is effective in all cultures. This does not serve. Given the diversity of ways in which current practitioners of client-centered and person-centered therapy understand the therapeutic conditions and implement them for different client populations, it remains to be seen if ways can be found to effectively implement Patterson's therapeutic conditions in every culture.

II, III) Patterson's stronger claim for the universality of his model is that it is based on a universal truth of human biology (viz., the drive to self-actualization is the basic motivation of all living organisms). He implies that because the model is based on this basic and all-encompassing biological motivation, all cultures can accept the model.

Any theory that claims to offer the truth about people and to provide a universal point of agreement about how therapy should be conducted runs up against the fact that people have lots of different ideas about human nature and morality. It has the daunting task of: 1) showing to

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everyone (or to some group of qualified representatives from every culture) that it has the truth, and 2) providing an ethic that people with very different religious and moral beliefs can accept.

1) Many theories, religions, and belief systems claim to offer universal truths about human nature. They posit motivations, tendencies, drives, principles, processes, and essences that are true of everyone, everywhere. Whether Patterson's or some other theory is really true of everyone is a question that, well...it's a really big question. It's a question to which we don't even know or can't yet agree on what an answer would look like. Just as there are many answers to the question of what people are like, there are many criteria for what counts as an acceptable answer. For a truth to be generally accepted, it cannot just somehow "be" true, it must be seen to be true, and so it must pass the muster of a variety of truth-determining systems. Patterson, so far from showing how his claim about human nature might be seen as true by so many different people, does not offer any evidence at all in support of his assertion that a drive to self-actualization exists. (I don't think there can be any evidence. Self-actualization is an interpretive device, a way of making sense of life. Anything can count as evidence for its existence and nothing can count as evidence against it.)

2) Most of us make a distinction between what is and what should be. Faced with the same world, though not always with the same story or facts about the world, we have lots of ideas about what should be. Patterson seems to argue that all cultures could agree on his model because it is based not on the values of one individual or culture but on A) the necessary conditions for social life, the therapeutic conditions, and, B) an executable force of nature, self-actualization.

A) Even if it is true, as Patterson claims, that the therapeutic conditions must be present at a minimal level in order for a culture to survive, it doesn't follow that there is any value to them being present to a greater degree in therapy. (Vitamins are necessary in small doses, deadly in large ones.) It also does not follow that the conditions thereby constitute "universal moral values" that "make for the ultimate strength of man." Any condition, physical or social, that is necessary for life is unlikely to be the condition for the ultimate, or fullest, or finest manifestation of life or provide the basis for agreement on moral values. Water, food, shelter, and some attention from caregivers are necessary for life. They hardly constitute its "ultimate strength" in any sense of the expression. No culture can survive unless it educates its children. But there is great disagreement across and within cultures about who and what should be taught. The substantial issues of ethics are in these disagreements.

B) Patterson claims that self-actualization "is not an abstract, theoretical, philosophical, ethical or religious goal, but derives from the biological nature of the organism." This claim is the linchpin of his argument for universality. The fact of self-actualization is for him culture-neutral ground for his model of psychotherapy. There are several problems here. Patterson offers no evidence that a drive to self-actualization exists, and a) claims about biology are not culture-free, and b) cannot obviate moral argument and disagreement.

a) Patterson believes that his model is free of its cultural origins because it is based on a biological drive. In this he shares a popular mysticism about biology which holds that phenomena that are of the body have a reality and truth that is not a function of culture or psychology or history. But biology is not bodies. Biology is ideas about bodies. Claims about human biology are just as much a function of time and place as claims about values, art, religion, psychology, and everything else. We look at our bodies through language and ideas and values just as we look at everything else. Freudians make claims about bodies. Rogerians make claims about bodies. Modern medicine makes claims about bodies. African societies make claims about bodies. Ancient Greeks made claims about bodies. All claims about bodies are accompanied by ideas and methods for distinguishing true claims from false. Where's the culture-free vantage point we should take in judging which claims are true?
b) In the logic of Patterson's actualization theory, there is no distinction between what is and what should be. What is, the drive to self-actualization, is what should be, the goal of life and of therapy: "Neither the therapist nor the client chooses the goal. It is a given." For Patterson, our biology is our values. Self-actualization is our universal motivation and our universal good.

Most of us, though, especially those of us who don't believe that we are all driven to actualize ourselves, will want an argument for why therapy should have self-actualization as its goal. We will want to be persuaded of the superior moral worth of this goal. Patterson's response to objections to the concept of self-actualization gives an idea of how this process of persuasion will go.

Patterson argues that while there are great disagreements about what he calls mediate goals of therapy, disagreements about self-actualization as the ultimate goal of therapy are in all likelihood minor. But self-actualization is, in the scope of history, an eccentric idea held by relatively few people. The greater likelihood is that there are a lot of people to be persuaded. Some will be glad to hear that self-actualization is not the same as selfishness and self-centeredness, others will not. Some will be glad to hear that self-actualization as the goal of psychotherapy avoids problems with the adjustment model and the medical model. Others will have no problem with a therapy that promotes conformity. Others will gladly embrace a therapy that has the "negative" goal of eliminating pathology. Many will find the democratic character structure and autonomy of the self-actualizing person utterly repugnant. And so on for every argument for every virtue of the goal of self-actualization and for every characteristic of the self-actualizing person.

An argument for the universality of any belief is like a perpetual motion machine. There can't be a machine that is independent of the friction and entropy of the physical world, and there can't be an intellectual system that is independent of the values, philosophy, and practices of a social and cultural world or free of the debate that such claims engender. There are only two ways to get universality of belief: Convince everyone or silence dissenters. It's a long job.

In the meantime, some of us will continue to value empathy, congruence, and positive regard, not because we think they are universal conditions for growth, or necessary for the survival of society, or in accord with the nature of the universe, or applicable everywhere, or a point of universal agreement, but, as the philosopher Richard Rorty says, "for whatever local and contingent reasons we have for preferring one mode of life over another" (Rorty. 1989).

REFERENCES

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