

COMMENTARY

Toward a Renewal of Personology in Psychotherapy Research

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The articles by Elkins (D. N. Elkins, 2012, Toward a common focus in psychotherapy research, *Psychotherapy*, 49, pp. 450–454) and Hayes (S. C. Hayes, 2012, Humanistic psychology and contextual behavioral perspectives, *Psychotherapy*, 49, pp. 455–460) serve as a springboard for a call for a renewal of personological methods in studies of the psychotherapeutic relationship—methods that can investigate the emotional worlds of patient and psychotherapist as well as the relational systems constituted by the interplay between them. I believe only such idiographic research can illuminate the nexus of humanistic elements in which the psychotherapeutic process takes form. The beginnings of the author's own phenomenological-contextualist psychoanalytic perspective hark back to a series of personological studies of the subjective origins of psychoanalytic theories.

Keywords: personology, phenomenological contextualism, *phronesis*, scientism, *techne*

Man—the object of concern—is like an ever-varying cloud, and psychologists are like people seeing faces in it. . . . Thus, for each perceiver every sector of the cloud has a different function, name and value—fixed by his initial bias of perception. To be the founder of a school indeed, it is only necessary to see a face along another margin.

—Henry A. Murray (1938/1962, p. 10)

I have chosen to focus my comments on two articles, the central themes of which resonate especially strongly with my own viewpoint and provide me with an opportunity to articulate it further. Elkins (this issue, pp. 450–454) has presented a thorough and persuasive overview of psychotherapy research studies showing that “humanistic elements of therapy—which include the client, the therapist, and their relationship—are powerful determinants of effectiveness” (p. 451). He has also aptly drawn out some “revolutionary implications” of these findings that pertain to this entire special section. Such revolutionary implications bear a striking similarity to Donna Orange's, George Atwood's, and my (Orange, Atwood, & Stolorow, 1997) application of the Aristotelian distinction between *techne* and *phronesis* to psychoanalytic practice. *Techne* or technical rationality is the kind of method and knowledge required for the uniform production of things. It is exemplified in the traditional, standardized rules of psychoanalytic technique, especially as these are claimed to apply for all patients, all analysts, all analytic couples, and all relational situations. We argue “that the whole conception of psychoanalysis as technique is wrongheaded . . . and needs to be rethought” (p. 21). We further suggest that what is needed to ground psychoanalytic practice is not *techne* but *phronesis* or practical wisdom. Unlike *techne*, *phronesis* is a form of practical understanding that is always

oriented to the particular, to the uniqueness of the individual and his or her relational situation.

Because I appreciate Elkins's (this issue) contribution, I want to radicalize it with a friendly Heideggerian critique and a revolutionary, if nostalgic, proposal of my own. Traditional psychological research, including the research studies that confirm the crucial role of humanistic elements in bringing about psychotherapeutic change, tend to reduce human beings and human relationships to “variables” that can be measured, calculated, and correlated. Such procedures partake of what Heidegger (1954/1977) calls the *technological way of being* or technological form of intelligibility. According to Heidegger, entities as a whole, including human beings, are intelligible in our technological era as meaningless resources to be calculated, stored, and optimized in the quest to conquer the earth. In my view, the technological way of being is also associated with the philosophical stance of *scientism*—the presupposition, exemplified in the scientific positivism characteristic of much research on change in psychotherapy, that the chief form of valid knowledge is that attained through experimental and quantitative methodology. Is there not a troubling contradiction between the findings of studies confirming the role of humanistic elements in psychotherapeutic effectiveness and the technological methodology of these very studies, which reduce human beings and their relationships to isolated variables subject to measurement and calculation?

Such considerations point to the potential importance of qualitative, rather than quantitative, research, as Elkins (this issue) briefly alludes. They also bring me back to a tradition in academic personality psychology—the tradition in which I was trained as a clinical psychology doctoral student at Harvard during the mid- and late 1960s—known as *personology* (Murray, 1938/1962). This tradition, founded by Henry Murray at the Harvard Psychological Clinic in the 1930s, held as its basic premise the claim that knowledge of human personality can be advanced only by the systematic, in-depth study of the individual person. This emphasis

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on “idiographic,” rather than “nomothetic,” research was a radical departure from the philosophy of science that then dominated, and has continued to dominate, academic psychology in the United States.

I suggest that the importance of humanistic elements in the psychotherapeutic process justifies a return to idiographic methods in studies of the psychotherapeutic relationship—methods that can investigate the unique emotional worlds of patient and psychotherapist and the specific intersubjective systems constituted by the interplay between them. It is only such idiographic research, I contend, that can illuminate the rich, complex, living nexus of humanistic elements in which the psychotherapeutic process takes form.¹

Hayes’s (this issue, pp. 455–460) paper has brought squarely into the foreground a theme that dominates this special section—*contextualism*—and I am delighted to learn of “contextual behavioral perspectives.” His contention that the principle of context-embeddedness “holds true for scientists themselves . . . [and that] scientists too have a history, they too act in a context, and they too have goals and values for their scientific work (p. 456)” struck a particularly deep chord in me, insofar as it was in a similar presupposition, as applied to psychoanalytic theorists, that the origin of my phenomenological-contextualist psychoanalytic perspective can be found.

The beginnings of this perspective hark back to a series of personological studies, conducted in the early and mid-1970s by George Atwood and myself, of the personal, subjective origins of the theoretical systems of Freud, Jung, Reich, and Rank, studies that formed the basis of our first book, *Faces in a Cloud* (Stolorow & Atwood, 1979). From these studies, we concluded that because psychological theories derive to a significant degree from the subjective concerns of their creators, what psychoanalysis needed was a theory of subjectivity itself—a unifying framework capable of accounting not only for the psychological phenomena that other theories address, but also for the theories themselves. In the last chapter of *Faces*, we outline a set of proposals for the creation of such a framework, which we call *psychoanalytic phenomenology*. Our dedication to illuminating emotional phenomenology has ultimately led us from mind to world and from the intrapsychic to the

intersubjective–contextual, and thus to all the humanistic elements emphasized throughout this special section.²

¹ For extensive examples of this kind of idiographic investigation of the psychotherapeutic process, see the chapter, “Varieties of Therapeutic Impasse,” in the book *Contexts of Being* (Stolorow & Atwood, 1992). Impasses in psychotherapy are shown often to be products of unrecognized correspondences and disparities between the emotional worlds of patient and psychotherapist. In the examples given, the impasses were resolved when these intersubjective conjunctions and disjunctions were brought into reflective awareness.

² For a discussion of how the psychotherapeutic process and change in psychotherapy have been conceptualized within this framework, see chapter 1 in *Worlds of Experience* (Stolorow, Atwood, & Orange, 2002), and for an extensive clinical example, see chapter 3.

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Received February 6, 2012

Accepted February 7, 2012 ■