Counselling Psychology: Aesthetics as a core frame of reference

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As this paper was initiated by reflections on how to view my own counselling practice, it needs to begin with an introduction. I identify as a humanist-existential counselling psychologist because I was trained in that orientation to therapeutic psychology in the 1960s at The University of Melbourne before its clinical program began, and I have spent the greatest part of my professional life teaching psychology graduates to become counselling psychologists. In addition, it is a way of working that has suited my way of being.

In 2014, I undertook a professional development program in Cognitive Behaviour Therapy (CBT) provided by the Australian Psychological Society (APS) and was surprised by its content. It was a long time since I'd been exposed to cognitive and behavioural ways of assisting people to relieve suffering. My exposure, in the 1960s and 70s, was to the work of Albert Ellis in the form of Rational-Emotive Therapy. In spite of the fact that Ellis moderated an otherwise tough persona and the certainty of his viewpoint by confronting client irrationality with humour, I couldn't help but be struck by his fundamentalist certainty when he wrote of the method:

This kind of radical solution to all kinds of psychological adjustment problems was also attempted by various religious leaders, such as Buddha, Jesus and St Francis of Assisi; but they invariably, because they refused to stay with logico-empiric methods, strayed into irrational pathways. (Ellis, 1973, p. 182).

As long ago as the early 1970s, therefore, Ellis was heralding fundamentalistic certainty in the scientific method as applied to psychology which has since become core doctrine. It is this certainty that I wish to question in this paper. Nonetheless, when undertaking this course in CBT, I was surprised at the structural elegance of the theory and, especially, the humanity and humane sensitivity of the work of one of the people who demonstrated the CBT method in the program I undertook.

On completion, I was challenged to reflect on the way that the CBT method requires therapist and client to focus on core beliefs and the behaviours presumed to arise from them. Challenged, because, in spite of my admiration for the way a colleague had

demonstrated how to carry out therapy from a CBT perspective, I nonetheless continued to be discomfited by the way his work was justified and by the long-term deleterious effect I believed emphasis on theory could have on his client, notwithstanding the therapist's ability to engage sensitively with him. Finally, I had to ask myself: "if the core frame of reference for a CBT-oriented therapist is the core beliefs and sequelae of clients, is there an equivalent that operates for a counselling psychologist such as me?" After considerable thought I came to the view that if there is a core frame it would be a core aesthetic. This paper is my way of explaining what I mean when I define a core aesthetic as "disinterested engagement" and justifying a need to do so. I will finish with some suggestions about research to explore the validity or otherwise of my arguments. First, however, I need to justify my claim that the work of this CBT therapist was diminished by the reductionistic frame of the orientation that he was demonstrating.

Justifying My Claim

In a written medium it is not as straightforward to support my view as I believe it would be were it possible to provide audio-visual information for the reader in evidence. It is, therefore, necessary for me to provide a close account of relevant elements of the counselling work contained in the audio-visual presentation I viewed and I am grateful for the willingness of the APS Institute to make the audio-visual footage available to me for research purposes.

The method was presented through the work of a therapist, Nick, with a male client ("Michael") who was struggling to deal with workplace anger. The viewer is informed that "Michael" is an actor but the quality of his acting is so high, that I believe the personal experience of the actor was present at the most significant moments in the therapy because of the need for actors to project aspects of self into their work.

Within seven minutes, Nick's client, Michael, is skilfully guided to pay attention to other emotions that attended anger at the underperformance of one of Michael's colleagues. Michael speaks of having his hand on top of a cubicle divider, demanding that his colleague produce what has been required of him.

At this, the therapist asks Michael to assess his level of arousal according to a "clenchometer" and he responds by saying "95%". Nick then asks Michael: "What's going on, emotionally?" Michael responds by saying: "I'm just feeling angry" and does so in a way I suspect was challenging for the therapist because Michael is ambiguous as to whom the anger is directed, particularly when Michael adds: "I'm not getting this bit (I infer that the "bit" to which he refers is the way Nick is wanting him to evaluate the feeling)… damn it, feeling angry". Real anger is evident on Michael's face and he is being asked by the therapist to keep track of it on a score sheet of some sort.

Nick then says: "So let's put that down, too (and he gulps, I believe because he's a bit anxious about what his client is going to do next) and concludes with "you're feeling angry there. (I argue that this last word is distancing). Is it hard to capture that?"

This is just a moment in an otherwise skilful, respectful and empathic engagement with Nick's client, but I think that Nick is struggling because he needs to stay on the task of tracking and challenging irrational beliefs. A humanistically-oriented therapist would, instead, attend to the emotional moment to help himself and the client make experiential sense of it: "I'm a bit alarmed. Are you angry with my instructions?"… is what I would have said. Instead, the CBT therapist seems to note the anger in order to help his client identify the irrational beliefs that underpin it. Nick remains settled (few or no incongruities) for most of the remainder of the demonstration.

From a humanist-existential perspective, what then follows is a wonderfully incisive exchange between therapist and client in which Michael, responding to the sensitive and respectful inquiry initiated by Nick, is able to recall being stood over by his punitive father when the father comes home, tired, from work. He concludes: "Jeez, I'm doing the same thing", i.e. standing over his colleague in a punitive way.

So far though, it is hard for me to reckon that I've justified my claim, since Nick's work is respectful, concrete, empathic and, mostly, congruent. The slight exception is when he gulped, seeming not to own up to what was happening within himself, as Michael's anger at a colleague may have been generalised to a clumsy method in CBT of prioritising keeping documentary evidence of a client's emotional state instead of dealing with it, on the spot. As a humanist-existential therapist, my focus would have been on assisting fuller expression so that a form of healing could occur through having something shameful shared while also assisting Michael to understand intrusion by unconscious processes into his everyday life. I would also have disclosed my discomfort and the reasons it had occurred.

Later in Nick's work with Michael, it became more obvious to me that Nick's compassion and sensitivity were being put to the service of a CBT model; that is, to help Michael to realise that he suffers because he becomes confused by irrational thoughts that drive aspects of his behaviour that he would prefer were more contained or, in the business world, urbane. I think there is adequate evidence in support of this claim, because such a focus seems to have caused Nick to prioritise a nexus between thought and behaviour when there was room for Nick to have deepened Michael's understanding in experiential ways. It also occurred to me to ask a CBT therapist like Nick: "When the two of you realised that a core belief had been identified, how did the two of you know this?" I reckon that the knowledge did not come from purely rational processes; there were processes going on that relate to what I'm referring to as aesthetic ones.

Later in Nick's work with Michael, Nick begins by saying: "Would it be okay if, today, we took it away from the situation and try to arrive at the core essence of it?" With Michael's agreement, Nick continues to help him elaborate on pressure being applied by Michael's boss in this form: "You need to fiddle a bit at the margins and just need to tweak your performance a little bit." As Michael says this, he looks down and to his right and appears to be frustrated.

Nick goes on: “So, if that’s true, you need to tweak the margins a little bit…” Michael finishes the sentence with: “he thinks I’m crap”. Nick reflects this to Michael and Michael goes on: “Other people are going to think I’m crap – my family, my daughter particularly.” Nick takes a deep breath, to me clearly affected by Michael’s account of the problem confronting him and goes on: “As we’re talking about that, it’s producing some emotion for you.” Michael looks down to his left and seems vulnerable. On further inquiry from Nick, Michael says: “It just means I’m worthless, really” and begins to cry. From a humanist-existential position, Nick’s work is excellent. His capacity to stay close to his client’s experience and to help extend it is containing and respectful. In his distress, Michael says “I promised myself I wouldn’t do this” and, on an inquiry from Nick, says: “Promised I wouldn’t sook up”. Nick offers tissues.

Nick then goes on to say: “What we’re talking about here is a core idea, something at the heart of who you are, yes?” Michael nods in agreement and Nick goes on: “The theory says we all have these positive and negative ideas about ourselves and what we do?” Michael affirms this, and Nick goes on to say that when we are under pressure it’s more likely that such negative thoughts emerge. He says, twice: “We all do.” In these exchanges Nick is the epitome of a respectful and congruent man and it is clear that Michael remains open to his experience, affirming: “I can see what you are saying.” Notwithstanding, it is also clear that Nick has introduced a theoretical explanation for Michael’s condition that strikes me as being an overextension. Moreover, to me, there is evidence of discomfort in the therapist when Nick says “the theory says” and, later, when he repeats the phrase “we all do”. I think it was Nick’s way of respectful engagement that would be normal in a humanist-existential way of working and that would permit more open engagement around Nick’s discomfort and the reasons for it. The exchange seems also to reveal that guidance by a theory is considered to be of greater importance to a client than exploration of therapist and client processes.

Nick then says: “Could we now, please, (gulps again) look at that in terms of your history?” Michael’s agreement can clearly be heard. Nick then asks Michael if he could “please” write that down and Michael says “I’m not worthy.” Nick shows surprise as he seems to have been expecting Michael to say “I’m crap” but doesn’t intervene. Once more he is respectful of his client but, inconsistently, has reduced his client’s history to a belief. He then asks Michael to rate the degree to which his client, “in this moment”, believes this to be true. Michael responds… “100%”. Nick goes on to say: “I’d like us to treat this thought as something to be evaluated. It feels true, but let’s try to get some distance from it. The way to do that is to think of things that are happening in your life now…that suggest that that idea is not 100% true.” Throughout, Nick expresses himself in a totally compassionate way. He speaks slowly and tentatively. I’m as sure as I can be that if Michael were to dissent, Nick would have responded immediately in an accepting and respectful way. No such dissent occurs, but there is an unambiguous cognitive task set and it is about helping a client to assess whether an over-generalised thought can always be true. Of course, the logical outcome is inevitable and the question raised for me is to what degree logical inquiry, versus Nick’s sensitive engagement, is helping.

As they continue, Michael begins to identify competent aspects of his self: he is the General Manager (he lets go of a deep sigh that seems a sign of relief) then affirms that he has his First Dan in Taekwondo. He then goes on to describe the wonder of the birth and subsequent life he has with his daughter: “She’s part of me.” Michael shows clear signs of relaxing and feeling relieved. Nick reinforces the validity of the things coming to Michael’s memory: “This is good, this is really good.” Michael says: “I haven’t thought of some of these things for years,” implying that he is reminded of a context for his worth and acknowledging how good it is for him to be thus reminded.

In order to reinforce positive beliefs, Nick then helps Michael to reflect on his worthiness, given the seven positive memories they had recently identified. Michael’s first attempt at re-casting his worthiness is to say that he is “not always unworthy”; screwing up his nose at the double negative and acknowledging that he has an aspiration to feel good about himself but not really expecting to. With Nick’s help, Michael recasts this finally, as “I’m worthy”. It seems clear that he is relieved to be able to acknowledge this, and goes on to say “maybe I really am”; I’m left unsure whether it is a question or a statement. Nick asks him to note this down as a core belief. I am struck by the subtle way Nick helps Michael to move from one core belief that is destructive of his self-esteem to one that is constructive.

When Nick asks him to rate this positive core belief Michael responds with: “…get on the optimistic bandwagon here…let’s make it 60, 70%.” He screws up his nose again, seeming to indicate that there is an effort required to be optimistic. Nick checks with him as to whether the rating feels right and Michael remembers the revelation of the positive memories just experienced and affirms that the rating is right – clearly he would give himself 70% at this stage and Nick looks on with compassion and approval for what is happening. With a really clear look on his face, Michael says … “maybe I really am (worthy). Not just because I can get this job. Maybe I really am.” I now know that the first time he spoke, it *was* a question. Nick then invites Michael to reflect on the day from the viewpoint of a positive belief in his worthiness and Michael responds with an affirmation of having chosen to be there, a client in therapy. He adds that “I want to be like your Geoff Gallops[1], who have this depressive thing and can talk about it … and that’s worthiness in itself.” At Nick’s request, he continues to explore what else has happened today and Michael notices having eaten a better breakfast, leaving home “with more of a spring in my step.” Despite the fact that, to me, there is something of an air of demonstration at this stage of the work, and given that this is the primary purpose of the audio-visual material anyway, Michael seems to be facing up to a non-despondent reality in which he is more of an agent in the emergence of his day and less likely to be depressed and helpless in the face of it and angry by way of compensation.

Where, then, does this leave me as an adequate critic of a CBT position? I have to admit that there is a high quality of relational ability being displayed by Nick. I have to admit that there is a worthy level of system in the way he approaches his work with Michael. I have to admit that Michael seems better able to engage his capable self as the work unfolds. Why, then, am I not convinced?

I realise that after repeated viewing of the audio-visual of Nick's work with Michael I am convinced of the value of the relational abilities demonstrated by the therapist but I am not left convinced about the CBT variables that are invoked to explain why it is that Michael is constructively affected by the work. I remain sceptical about the validity of core beliefs as primary ways of analysing the problem and solution, and I feel certain that while Michael can understand that the negative belief "I am crap" is over-generalised and that there are many other favourable qualities in his existence, there is no evidence that this insight will last when, on the next occasion, he is over-worked, tired and regressed. What, then, of evidence?

Evidence and Cognitive Behavioural Therapy (CBT)

My understanding of the dilemma I face has been illuminated by the recent work of Wampold and Imel (2015) in the second edition of their book, *The Great Psychotherapy Debate*. What I found illuminating was the way in which they have taken apart issues associated with common differences in approach to the training of professional psychologists such as I have been describing above. In Australia, it has shown up as a difference between the underlying philosophies for training within clinical and counselling psychology programs. I would characterise the differences in approach being that counselling psychology programs, on the whole, are informed by humanist-existential principles while those of clinical psychology are informed by scientistic ones. While I am aware that such a distinction is a binary and so suffers from attendant over-generalisation, at core there remains a question about emphasis. When a therapist relies on science, I argue that there is an emphasis on an explanatory theory of dysfunction and treatment and when a therapist relies on humanism, there is an emphasis on relationship – that between the therapist and client and that of the client with him or herself. The point of an emphasis on relationship is to assist a client experientially to reflect on functional and dysfunctional aspects of his or her relationship to self.

Wampold and Imel (2015) deal with this issue of emphasis by distinguishing between a "contextual" and a "medical" model. They use meta-analyses to compare outcome findings in published research to examine these differences. They use the term "contextual" rather than "common factors", however, to indicate that there is a logical order to factors common to therapists. Wampold and Imel's primary intention is to compare the outcomes of therapy in which there is a focus on relationship with those where there is a primary emphasis on a model of any sort but a medical one, in particular.

In brief, what distinguishes contextual and medical models is that the contextual model draws attention to elements that all approaches to therapy have in common. Wampold and Imel define the contextual model as having three main elements: (i) forming of an initial bond and the creation of a "real" relationship; (ii) explaining treatment actions which lead to client expectations about therapy which lead, in turn, to a second process of change, and (iii) change that is a result of carrying out treatment actions.

After having described the three components of a contextual model, Wampold and Imel then interrogate research literature into psychotherapeutic effects to ask if, in a generalised sense, psychotherapy is effective. If it is effective in this way, they argue, does the medical model or the contextual model better explain the outcomes of five main types of objective contained in published research since the late 1950s? They distinguish between objectives by defining: Absolute Efficacy, Relative Efficacy, Therapist Effects, General Effects and Specific Effects. Before writing in detail about findings related to these contexts, they set up a table of research hypotheses (Wampold & Imel, 2015, Table 3.2. p.75) in which they identify the outcomes that each model would predict. Then, through a meta-analysis of data published since the 1950s, they conclude that there is no difference overall in the absolute effects for each model; that there is no difference between the relative efficacy of competing models; that there are large outcome differences when the work quality of the therapist is taken into account; that there is a significant effect produced by general elements in therapeutic processes and, finally, that manipulation of specific therapeutic ingredients has no discernible effect on outcomes (Wampold & Imel, 2015, p. 176, pp. 210-12, pp. 252-253).

It is these hypotheses, and the meta-analytic evidence that is provided in support, that best resolves for me the adverse effects that arise when a therapist is using a scientistic framework as a lens through which his or her client is viewed. I now think that it is the contextual factors apparent to me in Nick's work with Michael that account for my resistance to understanding his effectiveness in terms of CBT theory alone. It is much too parsimonious and, ironically, imprecise a way of describing the work that Nick performed. What follows is consistent with Wampold and Imel's (2015) arguments about contextual variables and practice-based evidence, and may even have the potential to add to the list of the contextual elements they cite. I will now provide an analysis of what I consider to be those high-quality relational aspects that I have referred to as "aesthetic" before suggesting practical ways in which such moments can be identified and their effects explored.

The Aesthetic as a Core Frame

According to Adorno (1997), philosophy has, since the 18th Century, been somewhat bogged down between competing views about the meaning of "aesthetics". Among these views have been disagreements about the aesthetic nature of objects and attitudes, for example. A more persistent debate, however, has existed as to whether the aesthetic experience is immediate, personal and therefore, phenomenological (Kant, 1790/1914) or whether the proper model for analysis of the aesthetic was Descartes' mathematical rigour in relation to physics. The latter view was that beauty or worth could be apprised by careful thought about what it was to be beautiful – essentially a scientist's approach.

During the eighteenth century, most philosophical discussion of aesthetics revolved around the concept of "taste" and especially ethical issues that arise when desire is selfish (Hobbes, 1839). Efforts to deny or refine selfishness relied on Kant's earlier references to "disinterest". His ideal was for worth to be defined independently of personal interest in the actual thing. Indeed, Adorno makes an oblique criticism when he

writes “Hegel and Kant were the last who, to put it bluntly, were able to write major aesthetics without understanding anything about art” (Adorno, 1997, p. 424). I confess also not to know much about art, but cannot help be struck by a similarity in this philosophical tension to that canvassed in this paper, the tension between scientistic and a humanist-existential approaches to therapy. In recent times this has appeared as a tension between evidence-based practice and practice-based evidence.

Given what I’ve said so far about the tensions within philosophical writings about aesthetics, it would be reasonable to wonder how I could want to advance use of the term to throw light on practice-based evidence. The first step, however, is to take heed of the common sense of some philosophers and especially, in this case, of Stolnitz (1960). Stolnitz offered resolution to this dichotomy by arguing that to hold an aesthetic attitude is to be both disinterested and sympathetic. Such an attitude requires that the “observer has no purpose other than to attend, while also accepting it on its own terms” (Stolnitz, 1960, p. 35). I would argue that what Stolnitz writes is indistinguishable from Rogers’ (1951) emphasis on respectful empathy. Respect requires that the therapist does his or her best not to impose anything onto the client and this intention is amplified by the effort of the therapist to listen carefully and to check a client’s response to what the therapist says. The phrase “listen carefully” is not sufficiently precise though. A respectful therapist will hear the words, see how they are being uttered, attend to the way his or her own body-mind resonates with what is being communicated and, finally, reflect possible client felt-meaning in a spirit of open inquiry that requires confirmation by the client before any assumption is made that the understanding is accurate.

The primary challenge for a therapist is to place the emergent meaning ahead of whatever theories have been developed in the past century to explain client suffering and pathology and methods of relieving them. Resonance with existing theories of client pathology can be helpful as conceptual reminders, but real change comes through embodied understanding of processes that a client has, thus far, barely known. When a therapist responds to aesthetic cues that arise in clients and in themselves, there is a disinterested state of mind; this combines with surprise and pleasure in both parties when the thoughts, feelings, experiential memories and practical circumstances combine in ways that are consistent with the aesthetic insight.

When Hegel was developing his ideas about the nature of reality he was critical of those who paid insufficient attention to subjective experience (Weiss, 1974). His reason for this was primarily because he was suspicious of the presumptions embedded in knowledge that derives from theory alone. When developing his ideas about reality as a constantly emerging thing, he was essentially no different in his thinking to an empiricist. However, he had an ontological criticism to offer to the confidence the empiricist has in triangulated data. In fact, Hegel had developed a different notion of triangulation, one that correlates closely with the experience of people conducting psychological therapy. When explaining his triangular principle, he wrote that, for example, the thesis “being” sits in contrast with its antithesis “non-being” and that engagement of one with the other allows for an evolution into the principle of “becoming”. This way of thinking about primary elements of

change has been of great significance in the development of the notion of self-actualisation to many humanistic psychologists and especially to Gestalt therapists (and is the reason, I believe, that Perls [1969] developed the empty chair method).

Wilber (1995, pp. 511-519) writes of the importance of the work of Schelling (1800/1978) in influencing Hegel's ways of understanding how consciousness unfolds. Together, they developed the notion of the emergence of spirit (*geist*). At the present time, in Western countries, there is great caution among scientists in accepting any view that can lead to solipsistic views of the existence of God, or "gods" of any persuasion. As a non-believer (but not without faith) I am sympathetic but, for Schelling and Hegel, both believers, there was agreement that understanding develops through verifiable engagement with both the senses and with instruments. In any case, I would argue that I have to suspend my own opinions if I am to help a client sort out what is true. Clients can be believers, and I must be respectful of my client's world-view or the client will feel patronised.

When Martin Buber (1937) wrote of relationships, he posited a primary distinction between circumstances in which the other is primarily an "it" to the subject, and others in which the other is primarily a "thou". His point was that while instrumentalism can be necessary for reflecting, designing and executing plans, it is a mistake if it is brought to bear on relationships in which there is a hope for each opening up to the other – opening up without design and with a desire for greater intimacy. As a theist, Buber had humankind's relationship to God in mind when writing in this way. In effect, the "I-thou" relationship was contiguous with one's efforts to encounter God. In fact, the word "encounter" was used by Buber to underline the quality of relating that is contained in the "I-thou" relationship. Subsequently, in the two or three decades following the late 1950s, there emerged in the Western world a hunger for this type of relating that was the basis of so-called "encounter groups".

Although these groups were defined in ways that went from rather instrumental forms such as "Training Groups" to quasi therapy groups to "Encounter Groups" (Egan, 1970), what they had in common was bringing people into a form of contact in which normal, socially-sanctioned, forms of relating were discouraged in favour of surprising ways of being with the other such that communication could be spontaneous and more immediately real. The argument throughout this paper is that when a therapist contrives to stick with what is laid down in a scientistic model of operation, spontaneity is compromised to varying degrees and the greater the compromise, the poorer the therapy. The presence of spontaneity in encounter group leaders and participants was concordant with Buber's distinctions and, because they were not meant to have pre-determined curricula, there was also attendant risk (Lieberman, Yalom & Miles, 1973). Clearly such spontaneity has its risks and, as the theory and practice of such groups developed, a greater amount of emphasis was placed on the sensitive and containing engagement that is provided by high quality group leaders. The same can be said of individual therapists.

To my mind, when Nick and Michael came to know that a core belief existed to the effect that Michael knew himself to be "crap", there was a moment of aesthetic insight that both experienced. It was this that began to have a powerful effect, and this insight was, itself, a

product of many moments of aesthetic sensibility displayed in Nick's work with Michael. I think it is presumptuous to think that a phrase carried in the mind causes the damage, and that it is possible to manipulate the sequelae of the belief as a way of improving things. My assertion, well supported by the evidence from Wampold and Imel, (2015), is that it is the high quality of engagement provided by Nick, combined with Michael's experience of the powerful impact of a gestalt associated with his father's attitudes toward others, that accounts for potentially successful change. This point also illuminates the failure of CBT researchers to establish the effectiveness of the specifics they have invented to explain outcome.

Nonetheless, there remains a need for psychologists to reflect and to make sense of the elements that go into successful therapeutic outcomes; such reflections then generate explanations for success. As a consequence, there is a need for me to point in the direction of explanations that operate within the domain of aesthetics so that research can continue into faithful accounts of what produces success. Both Hutcheson (1725) and Hume (1751) maintained that while judgements of beauty are primarily of taste and not of reason, they argued that both could be better informed through knowledge of general principles that could be discovered through empirical investigation. What follows are generalised contextual principles I consider relevant to the development of theory and research for an aesthetic orientation toward our work with clients and some suggestions for research that could be carried out to advance our understanding of the way the principles work when we are with our clients.

Principles

Since I have argued that aesthetic moments are a consequence of the profound respect of a counsellor for the integrity of a client's experiences, I also would argue that it is necessary for a counsellor to take whatever time she or he needs for client expression to sink in. This bears on the first of what I want to call "contextual principles". These relate to intention, processes and outcomes. I argue that it is important to reflect on what it is that is for the good of the client and to reflect on a notion that human integrity arises from each being true to her or his own sense of what is good. Plato was one who thought that what is good is conceptually knowable and independent of direct human experience. In contrast, Aristotle and virtually all humanistically-oriented philosophers and humanist-existential practitioners since argue that the good arises from individuals being true to their own life experiences and in finding a capacity to do so even when frightened. The existential notion of "becoming" is actualised by the process by being true to one's self, no matter the circumstances.

Naturally, there would be objections that individual ways of defining what is true would vary, and can include thoughts and behaviour that, to others, are barbaric. Such fundamentalistic frames fail by reference to a second principle, the sense that one's own good needs to be oriented to the survival of species, including our own. As psychologists, counsellors and psychotherapists, we are conscious of the myriad ways in which people can act but be unaware of complex experiential reasons for doing so – a lack of awareness that threatens planetary survival. A third principle is about the desirability of

having emotional intelligence. I argue that, with emotional intelligence, any desire we may have that involves advantaging ourselves at the expense of others, both animate and inanimate, is seen as self-evidently undesirable and that the sense of the obvious is at the core of the aesthetic moment in an encounter between one person and another. In that moment, we realise that we have truly understood and are curious about what comes next. There is no presupposition that we have prior knowledge. If there is a presupposition, there needs to be wariness that leads to further exploration or inquiry. I would argue that these aesthetic processes are at the core of serious human activity. Within such a frame, common human activities such as bullying, duplicity, preferment, scorn and sexism have no place because they lack aesthetic moment.

Researchable Questions

What then, are some ways of investigating the issues just raised? We could investigate how it is that an optimal therapeutic alliance is to be defined. Second, when moments of encounter occur between a client and a therapist, can they reliably be observed as occurring? Third, we could investigate what are the consequences of such encounters. We could then try to understand the degree to which the initiation of encounter is the province of the therapist, the client, or both, and to explore how it is carried out. Finally, we could design studies in which contextual variables are compared with proprietorial variables, in order to ascertain the degree to which each contributes to worthwhile outcomes with clients.

Conclusions

This paper has contained an effort to draw the attention, especially of scientist-practitioners in the helping professions, to limitations that arise in objectivity. It is apparent, even to me, that objectivity is a virtue when we think of biochemists, biologists, anatomists and surgeons at their work. Clear description and analysis is essential, as is painstaking inquiry into the interactions of biological elements. With a surgeon, it is important that the person is able to maintain an objective and steady distance in relation to the tasks required for the work. When I think of the work of a general medical practitioner, however, while objectivity is essential, it needs to be combined with relational ability and compassion. Each of these elements matter so that patients are open in their descriptions of what is problematic and not inhibited by possible shame or fear.

When it comes to the work of those of us in the psychological helping professions, there is a place for objectivity so that relationships among clearly described variables can assist in understanding both ways of working and patterns common to varieties of human psychological disorder. When it comes to the work of therapists, though, such knowledge, I argue, needs to be held lightly so that a client can also realise that the practitioner holds power lightly and is able and willing to be compassionate and responsive to what is being communicated by her or him. What happens as a consequence is that clients come to be open to experiences, including thoughts, that might otherwise be ignored because of early learnings to “be brave”, to “get over it”, “to be a man”, “to be a sensitive and thoughtful woman more concerned with the needs of others than of herself”. I claim that

such elements of socialisation, including many more that relate to sexual/gender binaries rather than continua, require that therapeutic helping professionals be thoughtful, responsive, open and honest if troubled people are to open up to themselves. Opening to oneself in an accepting and respectful environment permits a person to be true to his or herself and, under these conditions, to learn that they have a right to exist and to contribute to life. I have argued that appreciation of the aesthetic moment, defined as that which arises from disinterested engagement, is essential to high quality therapeutic work.

Notes

[1] A former Premier of Western Australia who resigned from the Premiership in 2006 to aid his recovery from depression. He allowed the reasons for the resignation to be known publicly.

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