Humanistic Psychotherapy and the Scientist-Practitioner Debate: An "Embodied" Perspective
Louise Sundararajan
Journal of Humanistic Psychology 2002 42: 34
DOI: 10.1177/0022167802422004

The online version of this article can be found at:
http://jhp.sagepub.com/content/42/2/34

Published by:
http://www.sagepublications.com

On behalf of:
Association for Humanistic Psychology

Additional services and information for Journal of Humanistic Psychology can be found at:

Email Alerts: http://jhp.sagepub.com/cgi/alerts
Subscriptions: http://jhp.sagepub.com/subscriptions
Reprints: http://www.sagepub.com/journalsReprints.nav
Permissions: http://www.sagepub.com/journalsPermissions.nav
Citations: http://jhp.sagepub.com/content/42/2/34.refs.html
HUMANISTIC PSYCHOTHERAPY AND THE SCIENTIST-PRACTITIONER DEBATE: AN “EMBODIED” PERSPECTIVE

LOUISE SUNDARARAJAN received her Ph.D. in comparative religion from Harvard University and her Ed.D. in counseling psychology from Boston University. Currently a forensic psychologist, she is president-elect of the International Society for the Study of Human Ideas on Ultimate Reality and Meaning. She has also served a 3-year term on the executive committee of Division 32 (Humanistic Psychology) of the American Psychological Association. As a researcher in the field of emotions, she presents and publishes regularly on topics ranging from alexithymia to aesthetics.

Summary

This article invites participants in the scientist-practitioner debate to reflect on the nature of psychotherapy. Contrary to the received notion of practice as “applied” theory, the author argues that practice has its own logic, the “prelogical logic” of the body. The author’s contention is that the so-called scientist-practitioner split in psychology cannot even begin to be addressed so long as we continue to hold the misguided notion that the psychotherapeutic practice is applied theory, and so long as we fail to recognize practice as instead a unique way of knowing, radically different from empirical science and technology. To correct this pandemic misperception, the author expounds the “logic of practice” in terms of the philosophy of “embodiment,” as articulated by three thinkers, Lévi-Strauss, Merleau-Ponty, and Bourdieu. Implications of this perspective for a mutually beneficial partnership between science and practice are discussed in the conclusion.

At the 1999 Practice Directorate Town Hall meeting during APA’s [American Psychological Association’s] convention, a Motorola executive... offered the EBT [evidence-based treatment] argument saying that they would like to be fairer [in reimbursement policies], but businesses needed help in figuring out what worked. Immediately several of our colleagues leaped to the floor to extol the virtues of
more research and how our commitment to research was the distinguishing hallmark of our profession.

—Fox (2000, p. 5)

Against this stampede toward an armamentarium of “evidence-based treatment,” a scenario all too familiar in the managed-care era, Ronald Fox (2000) sounded a sobering note when he cautioned us to stop and think, lest “we confuse a bargaining ploy [of managed care] with a scientific debate” (p. 5). This article reiterates the need for time out and invites participants in the scientist-practitioner debate to think further, more deeply into the nature of practice. My contention is that the so-called scientist-practitioner split in psychology (Rice, 1997) cannot even begin to be addressed so long as we continue to hold the misguided notion that the psychotherapeutic practice is “applied theory” and so long as we fail to recognize practice as instead a unique way of knowing, radically different from empirical science and technology. To correct this pandemic misperception, this article attempts to spell out the “logic of practice” (Bourdieu, 1990) that practitioners know all along but so far have not been able to articulate fully and clearly to themselves and their critics. In what follows, I expound the logic of practice in terms of the philosophy of “embodiment,” as articulated by three thinkers, Lévi-Strauss, Merleau-Ponty, and Bourdieu. Implications of these philosophical reflections on embodiment for the scientist-practitioner relationship are discussed in the conclusion.

PRACTICE AS BRICOLAGE

The thinker who first called our attention to the fundamental difference between what Bourdieu referred to as “scientific truth” and “practical truth” is Lévi-Strauss, who differentiated between two types of rationality, one being represented by the engineer and the other, the bricoleur, a French term that was later rendered by the biologist Francois Jacob as tinkerer. The major difference between the bricoleur and the engineer is, according to Lévi-Strauss (1966), as follows:

The “bricoleur” is adept at performing a large number of diverse tasks; but, unlike the engineer, he does not subordinate each of them
to the availability of raw materials and tools conceived and procured for the purpose of the project. (p. 17)

Jacob (1977) further elaborated this point in terms of design, tool, and product. The engineer first . . . works according to a pre-conceived plan in that he foresees the product of his efforts. Second . . . to make a new product, he has at his disposal both material specifically prepared to that end and machines designed solely for that task. Finally . . . the objects produced by the engineer, at least by the good engineer, approach the level of perfection made possible by the technology of the time. (p. 1163)

In contrast, the tinkerer “does not know exactly what he is going to produce but uses whatever he finds around him whether it be pieces of string, fragments of wood, or old cardboards” (p. 1163). In other words,

none of the materials at the tinkerer’s disposal has a precise and definite function. Each can be used in a number of different ways. In contrast with the engineer’s tools, those of the tinkerer cannot be defined by a project. What these objects have in common is “it might well be of some use.” For what? That depends on the opportunities. (p. 1164)

In light of these fundamental differences between the tinkerer and the engineer, we can delineate the incompatibilities between practice and the engineering-inspired science model of psychotherapy as follows. The current science model of psychotherapy is preoccupied with utility and purpose and obsessed with precision of design. Being task oriented and manual driven, it strives untiringly toward optimal fitness, as defined by measurable treatment outcomes. The practitioner/tinkerer, on the contrary, does not follow the linear trajectory of purpose and design but rather capitalizes on process and contingencies. To the extent that tinkering thrives only where the yoke of teleology is broken, the bricoleur therapist perceives the “talking cure” as necessarily an open-ended venture. Treatment goals are not predetermined; they evolve and change each step of the way.

To further understand the logic of bricolage, we need to appreciate the “embodied” nature of practice. The following sections are, therefore, devoted to three aspects of practice, as “bodily skills,” as “bodily space,” and as “lived time,” or temporality.
PRACTICE AS BODILY SKILL

The thinker who has much to say on the nature of practice as “bodily skills” is Merleau-Ponty, whose theory has been further developed by Dreyfus and Searle. In this section, I adumbrate the basic tenets of these philosophers and show the compatibility between their position and principles of “humanistic psychotherapy,” as promulgated by the Division 32 Task Force (1997). Based on Merleau-Ponty’s notion of “skillful comportment” of the body, Dreyfus and Dreyfus (1982) developed a theory of skill acquisition in five stages: At the stage of novice, a task is decomposed into context-free features and rules; at the advanced beginner’s stage, situational features are taken into consideration; at the competence stage, detached rule following is replaced by affective involvement, in which decision making based on risks and responsibility assumes importance; at the stage of proficiency, reasoned response gives way to intuitive behavior; and finally at the stage of expertise, the calculating approach of problem solving is superseded by immediate intuitive response. The picture presented by the above analysis is consistent with Searle’s (1983) observation that “‘practise makes perfect’ not because practice results in a perfect memorization of the rules, but because repeated practice enables the body to take over and the rules to recede into the Background” (p. 150).

In Disclosing New Worlds (Spinosa, Flores, & Dreyfus, 1997), Dreyfus analyzed “skillful comportment” into five formal aspects, of which three are relevant for our purposes: receptivity/flexibility, affectivity, and disclosure.

1. By “receptivity,” Dreyfus means that one of the chief aspects of skills is that they are receptive. Skillful comportment responds to solicitations in the environment. That receptivity is what makes skillful behavior as nuanced and flexible as it is. Skilled practitioners respond appropriately to small perturbations that rule-followers miss. (Spinosa et al., 1997, p. 179)

This is consistent with Searle’s (1983) observation of skiing that “as the skier gets better he does not internalize the rules better, but rather the rules become progressively irrelevant” (p. 150). Searle went on to explain,

The advanced skier doesn’t follow the rules better, rather he skis in a different sort of way altogether. His movements are flowing and
harmonious, whereas the beginning skier, consciously or unconsciously concentrating on the rules, makes movements which are jerky, abrupt, and inept. The expert skier is flexible and responds differently to different conditions of terrain and snow; the beginning skier is inflexible, and when different and unusual situations come up he tends simply to fall down. (p. 151)

Cast into the context of psychotherapy, this emphasis on “fluid responsiveness” of the practitioner leads directly to the centrality of dialogue and to its necessary corollary, a profound dissatisfaction with the scientific/technological model of psychotherapy. To wit are the following assertions of the Task Force (1997): “Sensitive, skilled, and flexible attending to the ongoing emerging process between therapist and client is the sina qua non of humanistic therapy” (p. 77). And again, “this means that the therapist’s sensitive and flexible ability to dialogue with clients becomes the ultimate therapeutic modality” (p. 71). Psychotherapy, from this perspective, is not a matter of following a set of rules and procedures. It involves intense negotiations, and, as the Task Force put it, “the therapist functions as a skilled and disciplined improvisational artist, not as a technician implementing a treatment manual” (p. 78).

It is important to note that skills needed for navigating the interpersonal landscape are basically “bodily” skills. Bernet (1996) made this point clear:

You and I form a feedback loop: we recognize in our own bodies the responses we have evoked in the other’s. The corrections are often automatic, effortless, and unconscious. We steer our interactions much as we drive along a highway with one hand lightly on the wheel and one foot on the pedal, adjusting automatically to the slight variations in the road surface. (p. 5)

Changing the metaphor slightly, we may cast the master therapist in the image of Searle’s (1983) “downhill racer”: “A downhill racer on the course moves very rapidly, over 60 miles an hour, over a terrain that is rough and uneven. His body makes thousands of very rapid adjustments to variations in the terrain” (p. 151). This analogy helps to underscore the point Bernet has made, namely that social and emotional intelligence goes beyond skills acquisition because it involves the body’s intricate ways of knowing. In Bernet’s (1996) own words,

this awareness, via the body’s feelings, is much more rapid, and much more person- and context-specific, than cognitively processed
information such as learned appraisal skills. One improves one's social and inter-personal skills not by learning the techniques, but by permitting the body to read, and to act upon, the human interchange. (p. 5)

This view is in perfect accordance with the following recommendation of the Task Force (1997):

Training becomes less of a matter of acquisition of technological skills to be applied consistently and with mastery, and more a matter of the development of: perceptual and interpersonal sensitivity; self-awareness; higher order mental capacities such as the ability to take multiple perspectives on issues and problems and the ability to engage in more complex thinking about values. (p. 70)

The second formal aspect of skillful comportment is affectivity. As Dreyfus has observed, detached following of rules describes the novice rather than the expert, who is affectively involved with the task. Thus, contrary to the ideal of standardization and neutralization in empirical science, there has been a long-standing tradition in humanistic psychology to privilege personal development of the therapist, as evidenced by the “self-actualization” movement of Maslow and Rogers.

Lastly, “disclosing” is an important aspect of skillful comportment. According to Dreyfus, “disclosing . . . amounts to dealing with something appropriately, where appropriately means in terms of a context of things, people, and practices that enable the thing we are dealing with to be treated as the thing it is” (Spinosa et al., 1997, pp. 179-180). For illustration, he gave the example of the carpenter bringing out the intrinsic beauty of a piece of wood. Translated into the clinical context, this disclosing approach necessarily gives priority to the unique and the individual, in contradistinction to the gravitation toward the bell curve in empirical science. This disclosing approach is consistent with the following guidelines of the Task Force (1997): “Therapists keep their attention focused more on what is unique about this particular client than on what is common about him or her with respect to others who may share the same presenting complaint or diagnostic category” (p. 77). Together, affective/personal involvement of the therapist and uniqueness of the client constitute the two most important variables in humanistic psychotherapy, variables that are given priority over scientific/objective variables such as quantifiable treatment outcome and diagnosis. This point is summed up succinctly by the Task Force:
“Therapist and client are the two major variables in the approach, rather than treatment and disorder” (p. 79).

The “embodied” nature of practice—we have so far touched on some preliminary points of this notion. Now it is time to go to the heart of the matter, to take a plunge into the phenomenology of the body, the body that is inextricably embedded in time and space. First, I turn to Merleau-Ponty for elucidation on body as space.

SPATIALITY OF THE BODY

The starting point for a proper understanding of practice is, for Merleau-Ponty (1962), to grasp the fundamental notion that “skillful coping” or what he calls “habit” does not unfold in objective space but rather in the “bodily space.” The body’s spatiality is not to be confused with external space. What are the characteristic attributes of the bodily space? Unlike objective space, the bodily space consists of situations, instead of positions. Behind the distinction between position and situation lies the drastic difference between two types of knowing: perception versus action. Perception, according to Merleau-Ponty, has to do with “a positional consciousness, a representation . . . [that] gives us the place as a determination of the objective world” (p. 104). Bodily knowing, by contrast, is not representational: “Objects or space may be present to our knowledge but not to our body,” said Merleau-Ponty (p. 139). The body knows not by forming a picture “in the head” so much as by doing (see Serlin, 1996), by anchoring itself in a situation. To give a concrete example of the intimate connection between action and knowing, Merleau-Ponty noted that to know how to type is neither

- to know the place of each letter among the keys, nor even to have acquired a conditioned reflex. . . . It is knowledge in the hands, which is forthcoming only when bodily effort is made, and cannot be formulated in detachment from that effort. (p. 144)

Thus, “it is clearly in action that the spatiality of our body is brought into being,” said Merleau-Ponty (p. 102).

Consider scratching an itch. Merleau-Ponty (1962) refuted the common but false assumption that “the sting is perceived, that the hand moves in objective space [to the place stung]” (p. 106). He pointed out that “between the hand as a scratching potentiality
and the place stung as a spot to be scratched a directly experienced relationship is presented in the natural system of one's own body” (pp. 105-106). The space that spans the distance between the scratching hand and the itch is a “situation,” or otherwise referred to as “this moment,” “given” to us through our action.

As “essentially an expressive space” (Merleau-Ponty, 1962, p. 146) of intentionality and meaning, the bodily space can be modulated through skillful coping or “habit.” Merleau-Ponty (1962) gave again the example of typing:

When I sit at my typewriter, a motor space opens up beneath my hands, in which I am about to ‘play’ what I have read. The reading of the word is a modulation of visible space, the performance of the movement is a modulation of manual space. (p. 144)

Thus, “it is literally true,” said Merleau-Ponty, “that the subject who learns to type incorporates the key-bank space into his bodily space” (p. 145).

To reiterate Merleau-Ponty’s (1962) formulation of practice as habit, which “has its abode neither in thought nor in the objective body, but in the body as mediator of a world” (p. 145), I conclude this section with his observations of the organist. Merleau-Ponty set out to analyze the well-known phenomenon that an experienced organist needs only a brief preparation to perform on an unfamiliar organ. First, he refuted the “representational” assumptions:

Are we to maintain that the organist analyses the organ, that he conjures up and retains a representation of the stops, pedals and manuals and their relation to each other in space? But during the short rehearsal preceding the concert, he does not act like a person about to draw up a plan. (p. 145)

Then he went on to give a nuanced description of how the organist “settles into the organ as one settles into a house”: “He sits on the seat, works the pedals, pulls out the stops, gets the measure of the instrument with his body, incorporates within himself the relevant directions and dimensions” (p. 145). He underlined especially how the movements of the organist can be properly understood in the context not so much of memorized rules as of meaning:

There is here no place for any “memory” of the position of the stops, and it is not in objective space that the organist in fact is playing. In reality his movements during rehearsal are consecratory gestures:
they draw affective vectors, discover emotional sources, and create a space of expressiveness as the movement of the augur delimit the templum. (pp. 145-146)

“Consecratory gestures”—indeed, psychotherapy “techniques” may be understood as such, as rites that create “a space of expressiveness,” in which “the music [read ‘therapy’] exists by itself and through it all the rest [therapist, client, symptom, and intervention] exists” (p. 145). Once we grasp the fact that the body is “essentially an expressive space” (p. 146) of meaning, we ask, with Merleau-Ponty, a new and different question about skills, techniques, or what he referred to as “habit”:

The whole question of habit here is one of knowing how the musical significance of an action can be concentrated in a certain place to the extent that, in giving himself entirely to the music, the organist reaches for precisely those stops and pedals which are to bring it into being. (p. 146)

It is this perspective that gives us a measure of excellence sophisticated enough to do justice to the richness and complexity of psychotherapy: “We say that the body has understood, and habit [read ‘skill’] has been cultivated when it has absorbed a new meaning, and assimilated a fresh core of significance” (p. 146).

Another thinker who has important things to say about the bodily way of knowing is Bourdieu (1990), who pointed out how the body does not “represent”—it is its knowledge:

The body believes in what it plays at: it weeps if it mimes grief. It does not represent what it performs, it does not memorize the past, it enacts the past, bringing it back to life. What is “learned by body” is not something that one has, like knowledge that can be brandished, but something that one is. (p. 73)

To pursue further the subject of bodily knowing, we turn to Bourdieu for his illuminating analysis of the temporality of practice.

THE TEMPORALITY OF PRACTICE

“Science has a time which is not that of practice,” wrote Bourdieu (1977, p. 9). The radical difference in temporality between science and practice, according to Bourdieu, stems from the fact that
science, being atemporal, seeks to overcome the effects of time, whereas practice capitalizes on temporality. He pointed out emphatically that “practice is inseparable from temporality, not only because it is played out in time, but also because it plays strategically with time and especially with tempo” (Bourdieu, 1990, p. 81). Take for example, the exchange of gifts, where one would break off the exchange if one were to eliminate the interval by returning the gift at once. Thus, Bourdieu (1977) stated that

> even the most strictly ritualized exchanges, in which all the moments of action, and their unfolding, are rigorously foreseen, have room for strategies: the agents remain in command of the interval between the obligatory moments and can therefore act on their opponents by playing with the tempo of the exchange. (p. 15)

Because of its tempo and directionality—it is irreversible, practice cannot be understood in terms of “a reversible operation performed in a continuous, homogeneous space” (Bourdieu, 1990, p. 90). Instead of the rule-driven, theory-based representations known as “models” in science, practice capitalizes on “improvisation of the everyday strategies” (Bourdieu, 1977, p. 171), which are governed not by rules but by “scheme.” Reminiscent of Lévi-Strauss’s bricolage, scheme is defined by Bourdieu (1977) as “an often imprecise but systematic principle of selection and regulation, tending, through steadily directed adjustments and corrections, to eliminate accidents when they can be put to use, and to conserve even fortuitous successes” (p. 8). Bourdieu claimed that practice is “annihilated,” when the scheme becomes the science model (p. 9). The problem with the science model is that it is “atemporal”—the construction of a model is possible only when one steps outside the flux of becoming so as to abstract in retrospect certain rules and regularities from “things which have happened, and can no longer not happen” (p. 9). Such extrapolation of rules based on a finished sequence of events belies the very nature of practice, which, as we have seen, unfolds only in and through time, thus constituting always an incomplete sequence of events and containing necessarily an irreducible grain of uncertainty. Bourdieu was emphatic about the fact that even in cases where the outcome of the interaction “is totally predictable from outside, uncertainty remains...as long as the sequence has not been completed” (p. 9). A seasoned practitioner is one who will not let statistics of probability dull his or her keen sense of chance in the therapeutic interaction, knowing full well
that as Bourdieu put it, “the passage from the highest probability to absolute certainty is a qualitative leap which is not proportionate to the numerical gap” (p. 9).

Let me conclude this section with a case vignette of Milton Erickson to reiterate the point that practices are “defined by the fact that their temporal structure, direction, and rhythm are constitutive of their meaning” (Bourdieu, 1977, p. 9). Erickson (E) was trying to induce the visual hallucination of seeing a deer in the following conversation with a client (C):

E: You want to go deer hunting?
C: I don't think so. I don't think I could kill one.
E: Haven't you ever seen any—deer, when you—. (Rossi, 1980, p. 250)

Erickson’s comments on the above conversation are illuminating:

I missed an opportunity there. “I don’t think I could kill one.” I missed a cue there as far as the trance was concerned. “You'd rather see one” should have been my response. I missed it and felt badly afterward. (Rossi, 1980, pp. 250-251)

The “cue” for trance induction that Erickson refers to seems to have to do with the fact that the following two sentences are in sync in terms of tempo and rhythm: (a) “I don’t think I could kill one,” and (b) “You’d rather see one.” Whereas (b) continues the train of thought of (a), the sentence “Haven’t you ever seen any deer” disrupts the flow of the conversation. The subtlety of Milton Erickson or any other master therapist cannot be captured by the algorithm of rules. The alleged “failure” will not show up in the index of treatment outcome nor is it likely to be reflected in the consumer’s satisfaction survey, for the client would probably not even have noticed it. Such “failures” can be discerned only if we follow the advise of Bourdieu (1977) to “restore to practice its practical truth,” by “reintroduc[ing] time, with its rhythm, its orientation, its irreversibility” (p. 9). In concrete terms, this means we “substitute strategy for the rule” (p. 9). Only then will we notice that Erickson missed a step strategically: He failed to capitalize on the client’s statement to turn it into a trance induction. The result is a disruption in the tempo and rhythm of their conversation, a disruption so subtle that only a master therapist is likely to detect, and to regret, it as a grave mistake.
CONCLUSION

After careful analysis of practice in a wide variety of contexts, Bourdieu (1990) reached the conclusion that conventional science destroys practice by “detemporalizing” it. He wrote, “Because science is only possible in a relation to time which is the opposite of that of practice, it tends to ignore time and so to detemporalize practice” (p. 81). Consistent with and complementary to Bourdieu, this article has demonstrated that the current science model of psychotherapy is detrimental to the practice of psychotherapy primarily for two reasons: (a) It turns practice into something it is not, and (b) it turns the skill acquisition hierarchy in psychotherapy upside down. Firstly, the scientific model of psychotherapy is something the practice of psychotherapy is not. No longer recognized as an open-ended process, which unfolds in the expressive space of the body and capitalizes on the strategic play with temporality, psychotherapy as formulated in the current scientific model is a disembodied representation in objective time and space, a precision design with manual-driven procedures, and a hierarchically ordered set of goals and objectives. Equally alienated are the therapists: Their flexible responsiveness is replaced by the rigidity of rule following, their affective involvement is superseded by the neutrality of the scientist, and their “client-centered” focus is abrogated by the utilitarian preoccupation with symptoms, diagnoses, and “treatment.”

Secondly, the current science model of psychotherapy has pernicious impact on the training of psychotherapists, due to its leveling and de-skilling effects: leveling because its manual-driven technology and standardization procedure belie the marked difference between the novice and the skilled practitioner; de-skilling because it upsets the skill hierarchy of practice, by putting undue stress on rule following, a protocol characteristic of the novice but not the expert practitioner.

But the profession does not have to be this way. Practice can benefit greatly from science and technology if the two parties are in equal partnership, that is, if practice is measured on its own terms, not as “applied” science or technology but rather as sensibilities honed by time, and inscribed in “bodily comportment” of the practitioner. Let me conclude my reflections with the vision of a partnership with science that does not destroy the uniqueness of practice but instead helps to foster and preserve it. Possibility of such a mutually beneficial relationship is found in wine making, about
which a recent article in *Science News* had this to say: “Making wine, with all its complex flavors, remains as much an art as a science” (Christensen, 2000, p. 12). Let us ponder for a minute on the richness and complexity of wine and wonder as to whether the following description of wine is equally applicable to the variegated nuance and texture of psychotherapy:

Hints of citrus, peach, raspberry, pear, oak, grass, or flowers may show up in the taste or smell of wines. The catalog of factors that determine the flavor and bouquet is almost as long as the list of adjectives that connoisseurs use to describe them. (Christensen, 2000, p. 12)

Many wine experts, especially in Europe, claim that the most significant aspect of a wine is its *terroir*, which refers to “a vineyard’s particular combination of soil, rock, and geography” (Christensen, 2000, p. 12). According to the French researcher Gerard Barbeau,

wines made from the same kind of grapes, grown in the same region using identical practices but in slightly different *terroir*, harvested at exactly the same time, and made into wine in exactly the same ways, still can be remarkably different. Some wines may be sweeter or more astringent than others; the color intensity may differ; the types and intensity of aromas may vary. These underlying differences, he says, must be due to *terroir*. (Christensen, 2000, p. 13)

Testimonial to wines’ “embodiment,” its inextricable embeddedness in time and place, *terroir*, once recognized, protects wine from the misapplication of science. After all, chemical analysis of flavors has been there for a long time. Chemical testing of wine has helped to identify “the common characters of wines, so that reliable and palatable wines—the Cokes of the wine world—can be made and marketed at a reasonable price,” says Robert M. Pool, a grape specialist at Cornell University (Christensen, 2000, p. 12). Mass production of generic wine, however, is not the aspiration of the technology. Quite on the contrary, “now, science is . . . asking whether chemical analyses can help authenticate where a wine was made and pin down the elusive nature of *terroir*” (Christensen, 2000, p. 12). Pool pointed out that although “the [tested] elements may or may not be responsible for the special characters of the wines from a given region, creating an effective [chemical] ‘fingerprint’ will ensure that the production is from the region listed on the wine label” (Christensen, 2000, p. 12).
The reason why science has been harnessed to protect rather than destroy the uniqueness of a vineyard owes much to the public awareness of the importance of terroir. “People are so interested in terroir [because] wine is one of the few things that haven’t become so homogenized it can be ignored rather than appreciated,” Pool said (Christensen, 2000, p. 13). If a similar understanding about psychotherapy were in place, I believe that science and technology would have served practice in a vastly different capacity. Let us, therefore, take time to reflect on the true nature of practice.

REFERENCES


Reprint requests: Louise Sundararajan, Ph.D., Ed.D., 691 French Road, Rochester, NY 14618; e-mail: louiselu@frontiernet.net.