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ABSTRACT
                The author, believing that all therapies can have
the goal of progessive awareness and growth toward
self-actualization, discusses a multi-dimensional system of therapy
based on the belief that each person is a unique human being seeking
fulfillment. Actualization therapy is considered on two dimensions:
(1) the philosophical dimension which includes underlying assumptions
about man's nature and the actualization process; and (2) the
research dimension. In this latter, the author views most
psychotherapists as not adhering to a particular system of therapy,
but as growing toward a unique style with definable parameters. A
Therapeutic Rating Form with ten parameters is discussed and each
parameter described: (1) caring; (2) ego-strengthening; (3)
encountering; (4) feeling; (5) interpersonal analyzing; (6) pattern
analysis; (7) reinforcing; (8) self disclosing; (9) value
reorienting; and (10) re-experiencing. A study, carried out by the
author, concluded that therapists tend to become emerging eclectics.
The therapist so described is considered to be an actualization
therapist. (TL)

ACTUALIZATION THERAPY [1]

Everett L. Shostrom, Ph.D.

INTRODUCTION

I believe that the principal goal of all therapies can be progressive

awareness and growth toward the actualizing person. This growth process

stresses responsible social action within a self-fulfilling framework. The

term "actualization" was used originally by Goldstein to describe the becoming

process of the organism. This idea has been elaborated by writers such as

Maslow, May, Rogers, and Perls. I use the concept of actualization in an

attempt to avoid coining a new conceptual label when a suitable one has evolved

through the therapeutic literature.

Actualization Therapy is a system of therapy based on the belief that

each person is a unique human being seeking fulfillment. It is a multi-dimensional

approach to assist the individual toward the goal of self-actualization. The

terms of this definition are as follows:

(a) Self-Actualization is defined as the on-going process of growth

toward experiencing one's potential.

(b) Potential is defined as one's ultimate capacity for creative

expression, interpersonal effectiveness, and fulfillment in

living.

(c) <u>Multi-dimensional</u> refers to the various means available for growth: (1) <u>Individual therapy parameters</u> or dimensions espoused by "schools" of thought, and (2) <u>Group therapy methods</u>.

FUNDAMENTAL ASSUMPTIONS

We believe that any one theory is not yet sufficiently comprehensive or systematic enough to guide the therapist through the multitudinous problems he meets in every day practice. Blending concepts from Existential, Gestalt, Behavior Therapy, and Psychoanalysis, the Actualization Therapist places chief emphasis on the moment to moment growth process toward actualization. The here-and-now is the chief focus of the process. The key word which expressed this emphasis is "WIGO" (What Is Going On). From Maslow (1954) comes the emphasis on self-actualization as a reasonable goal for psychotherapy. From Buber (1951) comes the emphasis on the achievement of one's own "particularity" and the growth of his unique, unprecedented and never-recurring potentialities. Self-Actualization and not Self <u>Concept</u> Actualization is the goal. The person who tries to become <u>self-concept actualized</u> is simply trying to be some phony ideal and not himself. In the latter, the patient becomes what he <u>is</u> -- he discovers his unique identity and then risks being it.

Because the individual must learn Actualization in an <u>inter-personal</u> setting, the actualization group, the encounter

group, or group therapy becomes a primary means by which growth toward actualization takes place. The patient learns the fundamental principle that "the group is the individual turned inside out." By observing the various manipulative patterns of members of the group, the individual learns to see the manipulative patterns in himself and the potentials that can grow from these manipulative processes.

Another fundamental thesis is that out of the seeds of manipulation grows actualization. The problem of change is not one of change from mental illness to mental health, but rather a change from deficiency to fulfillment; from deadness to aliveness. Therapy is seen as fundamentally a process of educating the potential within and has little to do with the medical model of illness. To actually believe that out of one's manipulations will come actualization is to develop hope. As Erik Erikson (1964, p. 112) says, "We recognize...an inner affinity between the...deepest mental disturbances and a radical loss of a basic kind of hope." For years now, it has been clear that such hope has been missing in contemporary psychiatry and psychology.

Actualization Therapy, therefore, is a positively oriented system of therapy with innovative features, particularly designed to motivate clients to move toward actualizing goals. I believe elements of this approach may be utilized by all therapists, regardless of their particular persuasion.

Dimensions of Actualization Counseling and Psychotherapy

I see two dimensions underlying the actualization point of view. (1) A philosophical dimension is an essential consideration because of the emphasis on goals of actualization. We have a model of the kind of person who evolves in this growth process. This model incorporates a series of value judgements about the human condition. (2) A research dimension is essential to the actualization point of view. The counselor is a true scientist; curious, critical, truthful, logical, objective, and precise in this role, as opposed to his more subjective emotional functioning as a human participant in the client's actualization process. The actualization counselor must strive to reconcile these frequently contradictory roles through employing them in a kind of synergic alternating of awareness, or as a check and balance system.

The Philosophical Dimension

Counseling and psychotherapy, being such deeply human growth processes, constantly face questions of what values and goals to promote, how free the individual is or should be, and how much influence the actualization counselor should have on client values.

Actualization therapy is based upon the following assumptions and articles of faith:

1. Each person is an unique human being seeking actualization, even though he shares much "human nature" in common with others. A better term is Buber's "particularity"

principle, an unique "thou" seeking to be realized.

2. While the actualization principle has a futuristic
quality in the "becoming" sense, it takes place in the
moment-to-moment growth process. Hence, the present is the
most important of the time modalities, and the "here and
now" becomes the focus of the process.

3. While much of man's behavior is determined by
his personal history and forces beyond his control, the
actualization process assumes that his future is largely
undetermined and that he has wide ranges of freedom to choose.

4. The assumption of freedom places corresponding
responsibility on the person for his own actualization. He
cannot depend upon others or blame others for his growth or
lack of it. Even though growth takes place in a social
context, he alone is responsible for his life.

5. While some primitive behaviors are reflexive,
hence largely genetically determined, and some are the
result of chemical or neurological changes, a fundamental
assumption of actualization counseling is that social behavior
is learned and changes in behavior follow the learning process.

6. Actualization is not achieved by direct determined
thinking, meditation, or reading about the goals of growth,
but in social interaction with a counselor, teacher, minister,
group, friend, or family. The social interaction becomes
the vehicle for the conditions of actualization such as
honesty with feelings, awareness of self, freedom of ex-
pression, and trust in one's self and others.

7.   Each personality contains the paradoxical state
of polar opposites which are expressed and forced to aware-
ness in the actualization process.   Examples are the two
polar dimensions of strength-weakness and anger-love.
Manipulation may be defined as exaggerated manifestations
of personality which are self-defeating (Shostrom, 1967).
Such manipulations are illustrated by the helplessness and
stupidity of the passive manipulator, or the bullying and
conniving of the active manipulator.

8.   Manipulative behavior can be transformed in
therapy into actualizing behavior.[2]   Homeostasis or inner
balance can be restored.   Instead of being manipulatively
passive or active, the client becomes synergistically
balanced: i.e., both strong and weak, assertive and caring.
Self-actualized functioning requires full expression of
basic personality potentials. (Shostrom, 1967).

Assumptions #7 and #8 above lead us also into the
research dimension since research by Leary (1957), Barron,
and Coffey on more than 5,000 cases showed that all of the
generic interpersonal factors could be expressed as com-
binations of the four nodal points of strength-weakness
and anger-love.   Also, research on the Personal Orientation
Inventory (1964) has shown actualizing behavior in charac-

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[2] "Manipulation vs. Actualization is grasping at merely one
continuum for therapeutic growth.   Analysts talk about
"fantasy oriented" vs. "reality oriented" persons, Glasser
about "irresponsible" vs. "responsible" individuals, and
even the callowest hippy about "uptight" vs. "groovy" ways
of relating to a nonsolipcistic world.

teristic of those persons having completed psychotherapy,
and that such persons are more synergistically balanced on
these polarities. More than 60 research studies on this
instrument now attest to its value as a measure of therapeutic
growth.[3]

The Research Dimension

It is becoming increasingly clear that most psycho-
therapists today do not adhere rigidly to a particular system
or school of thought. Rather as he matures, each clinician
seems to go through a process of professional growth toward
an unique style with definable "parameters". We define
therapeutic parameters as follows: Parameters are the
dimensions of systematic counseling and psychotherapy which
are adopted by a particular therapist. The resulting com-
bination of parameters would be descriptive of his unique
style or approach to counseling and psychotherapy. The
technique of "parametric analysis" suggests that the growing
practitioner commits himself to an unique combination of
therapeutic parameters and applies them flexibly to the
emerging therapeutic situation.

Levels of therapeutic growth: The author suggests
that a particular therapist's specific parameters can be
identified and profiled hierarchically at each developmental

[3] A bibliography of all research studies published on the
Personal Orientation Inventory is available from Educational
and Industrial Testing Service, San Diego, California.

level. At each of the following developmental levels the
growing therapist would probably show a significantly
different profile.

    1.   General Level - He is heavily influenced by
        the parameters of his teacher or supervisor and
        they are superimposed on his general psycho-
        logical background.

    2.   Personalized Level - He adapts his original
        training and further study to his own personality,
        evolving a more personalized parametric approach.

    3.   Stylized Level - Through his training and
        experience, he commits himself to selected styl-
        ized parameters which combine with his personality
        into an unique gestalt or style.

    4.   Expressive Level - He goes beyond his personal
        style to create unique parameters which he is
        confident are worth sharing professionally and
        worth risking critical evaluation by his colleagues.

Few practitioners achieve Level 4, having reached the
peak of expression as a performer rather than as a creative
writer.

Therapeutic Rating Form: A Therapeutic Rating Form
with ten parameters is an example of an instrument to rate a
particular therapist on the degree to which his approach
manifests these parameters. Albert Einstein is alleged to
have said, "Never ask anyone what he does, follow him around
and see what he does"; so it seems that the therapist may
perform differently from what he says he does, i.e., use

different parameters.

(1) Caring (C): It is the therapist's attitude of loving
regard for the individual, whether expressed by unconditional
warmth or aggressive critical caring. (For example, Fromm, 1962).

(2) Ego-strengthening (E): It is helping the person to develop
his thinking, feeling, and perceptive ability so that he can
cope with life more effectively. (For example, Kris, Hartmann,
& Rapaport in Ford & Urban, 1963).

(3) Encountering (N): It is providing the experience of active
encounter between person and therapist - each of whom is being
and expressing his real feelings. (For example, May, 1958)

(4) Feeling (F): It is helping the person to experience, in
a psychologically safe relationship, feelings which he has
heretofore found too threatening to experience freely. (For
example, Rogers, 1959).

(5) Interpersonal Analyzing (I): It is the analyzing by the
therapist of the person's perceptions or manipulations of the
therapeutic relationship, and therefore, of his other inter-
personal relationships in life. (For example, Perls, 1951;
Sullivan, 1953).

(6) Pattern Analysis (P): It is the analyzing of unworkable
patterns of functioning and assisting in the development of
adaptive patterns of functioning for the individual.(For
example, Frankl, 1963; Shostrom, 1967).

(7) Reinforcing (R): The therapist rewards behavior that
is growth-enhancing as well as socially adaptive, and punishes
behavior that is negative or self-defeating. (For example,
Ellis, 1962; Wolpe, 1958).

(8) Self-disclosing (S): It is the exposing by the therapist
of his own adaptive and defensive patterns of living which
encourages the person to do the same thing. (For example,
Jourard, 1964; Maslow, 1954).

(9) Value Reorienting (V): It is the re-evaluation by the
therapist of the person's loosely formulated value orienta-
tions (assumptions about self and others, etc.) which enables
the patient to commit himself to examined and operational
values. (For example, Brammer & Shostrom, 1968; Buhler, 1962).

(10) Re-experiencing (X): The therapist assists the person
in re-experiencing of past influential learnings, and
assists him in desensitizing the pathological effects of
these learnings on his present functioning. (For example,
Freud in Fenichel, 1945).

A study[4] confirms our general hypothesis that therapists
tend to become emerging eclectics. Each of the therapists
in the study utilized all of the parameters to some degree in his
work as judged by forty raters. The therapists rated were

[4]
  Everett L. Shostrom, "Parametric Analysis in Psychotherapy"
paper given at the American Psychological Association
meeting, Washington, D.C., September, 1967. This paper was
published by Shostrom and Riley (1968).

Carl Rogers, Fritz Perls, and Albert Ellis as they per-
formed in the films "Three Approaches to Psychotherapy"[2].
Even Carl Rogers, whom many feel is the most parochial,
included many parameters in his work. This study revealed
the following:

1. Rogers scored highest on the aprameters of CARING
    and FEELING.

2. Perls scored highest on ENCOUNTERING, FEELING and INTER-
    PERSONAL ANALYZING.

3. Ellis scored highest on VALUE RE-ORIENTING and
    PATTERN ANALYSIS.

Thus, it is possible for a supervisor of students in counseling
or psychotherapy to describe a pattern of parameters which
would give a clear picture of his particular style.

We do not feel that counselors and psychotherapists can
explain the events of the interview by means of a single
theoretical view of personality. In our opinion, no theory
has been found so far to explain the process completely. Further-
more, clients respond differently to various approaches. Some-
times one approach works well in the initial phases when the need
for support overshadows all other therapeutic efforts, whereas
another client takes well to a highly interpretive approach

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[2] A typed transcript of Three Approaches to Psychology is
available for research analysis from Psychological Films, 205 W.
20th St., Santa Ana, California. The price is $5.50, including
tax and mailing. The film is also available for rent or sale
by qualified instructors of psychology.

immediately. Also of significance is the fact that the
counselor's theory must match his style of counseling. In
other words, the psychotherapist must use a point of view
and a psychotherapeutic style with which he feels comfort-
able and effective. The trend appears to be toward
individual variations and toward the position we describe as
"emerging eclecticism."

Thus, the actualization therapist is not so concerned
about restraining his methodology but rather is an "emerging
eclectic" in approach to technique. New innovative methods
as they are developed, are all integrated with traditional
methodology. The therapist's own personal growth requires
that he continually evolve and emerge, and therefore, he is
in continual growth, both personally and professionally.

The goal of actualizing living, however, must remain
as the distinguishing characteristic of this approach. The
whole point to growth is to become one's true individual
personhood, to realize all the potentials within one's self,
and to become actualized into a responsible, fulfilled
human being.

(13)

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