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Humanistic versus Psychodynamic — What is the Difference? — Lavinia Gomez

By Lavinia Gomez

By Lavinia Gomez. Published in Self & Society (2003/4), this article explores the apparent differences and underlying commonalities between humanistic and psychodynamic approaches to therapy — arguing that the genuine differences are often overstated, while the real tensions are more subtle and interesting than the surface-level theoretical disputes.

KEY THEMES

— Humanistic vs psychodynamic: surface differences and underlying similarities
— What genuinely distinguishes the two traditions
— The question of the unconscious and transference
— Technique and relationship across the traditions
— Points of genuine convergence and remaining difference

The Surface Distinction

The distinction between humanistic and psychodynamic psychotherapy is often presented in terms of a series of oppositions: humanistic therapy emphasises the present, relationship, authenticity, and growth; psychodynamic therapy emphasises the past, transference, interpretation, and the unconscious. Humanistic therapy trusts the client's phenomenology; psychodynamic therapy suspects it. Humanistic therapy aims for self-actualisation; psychodynamic therapy aims for structural change.

These distinctions capture something real, but they also obscure considerable complexity. Many humanistic therapists work with the transference (even if they do not use that term); many psychodynamic therapists emphasise the therapeutic relationship over interpretation. The borders between the traditions are more porous than the theoretical disputes would suggest.

What Gomez argues in this article is that the genuine differences between the traditions are more interesting and more subtle than these surface-level oppositions suggest — and that identifying them accurately is more productive than maintaining the polarisation.

The Genuine Differences

The genuine differences between humanistic and psychodynamic traditions can be located in several areas. The first is the account of the unconscious: psychodynamic approaches work with an active, dynamic unconscious that actively shapes experience and relationship in ways the person is not aware of; humanistic approaches tend to work with a less dynamic account of the unconscious, focusing more on the person's capacity for growth when conditions are right.

The second genuine difference is in the understanding of transference: psychodynamic approaches treat the therapist's particular role in constellating the transference as clinically significant, while humanistic approaches tend to treat the therapeutic relationship as more genuinely meeting of equals — which can lead to an underestimation of the ways in which the client's history shapes their perception of the therapist.

The third difference is in the account of therapeutic action: psychodynamic approaches tend to privilege insight and interpretation, while humanistic approaches tend to privilege the quality of the therapeutic encounter itself. As the relational turn in psychoanalysis has shown, this distinction is less absolute than it once seemed.

Points of Convergence

The points of genuine convergence between the two traditions are also significant. Both recognise the centrality of early relational experience in shaping psychological patterns; both acknowledge the significance of the therapeutic relationship; both are moving, in their contemporary forms, towards greater integration of the other tradition's insights.

The relational turn in psychoanalysis, in particular, has brought psychodynamic therapy much closer to the humanistic tradition's emphasis on the authentic encounter between two human beings. And the increasing sophistication of humanistic therapists about transference and the complexity of the therapeutic relationship has brought the humanistic tradition closer to psychodynamic understanding.

What remains is a productive tension rather than an absolute opposition — and Gomez's article is valuable precisely in refusing to resolve this tension prematurely, instead holding it as a generator of clinical wisdom.

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