

The Renewal of Humanism in European Psychotherapy: Developments and Applications

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In Europe, humanistic psychotherapy is becoming increasingly widespread. Not only are the explicitly “humanistic” psychotherapies being robustly used, they are increasingly being integrated into approaches not traditionally viewed as humanistic. One can therefore observe a progression in the personalization of methodology within European modes of practice. In the past several decades, humanistic psychology has inspired the expanding use of existential–phenomenological modes of practice. This theoretical base, coupled with recent trends in person-centered systems theory, points toward an invigorating future for humanistic forms of practice in Europe, despite the political trends toward psychotherapeutic practice in Germany.

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Without a doubt, human beings can be described in a variety of ways. These various descriptions are the result of differing perspectives on what aspects constitute a human being as a whole. For example, the classic nomothetic perspective of natural science, so prevalent in psychology, focuses on the laws of observable behavior. By contrast, the idiographic perspective focuses on an individual’s unique characteristics as the central point of investigation.

Nomothetic perspectives on human beings are researched and described using objective procedures and then applied to the practice of psychotherapy by more universal applicable methods. This is seen predominantly in scientifically oriented, objective, paradigms led by methods such as behavioral therapy (BT). In this paradigm, the universally valid, objectifiable, and determining aspects in the human being are sought out and become the focal point of any work within the therapeutic practice. According to Jaspers (1973), these methods are part of an *explanatory* psychology. They match a patient’s suffering, problem, or conflict with concrete interventions and treatment that have been derived from universal theories or evidence-based findings. This method corresponds with today’s Zeitgeist of functional, economic, and technical orientation based on positivistic efficiency.

For example, chronic distress that leads to a high, measurable probability of psychological (and physical) symptoms of illness can be analyzed nomothetically. But which factors actually cause

stress in an individual human being can vary significantly; they are often dependent on subjective interpretations and values rather than on objective circumstances and should therefore be studied accordingly.

To systematically take into account such aspects as individual meaning and sense of significance, we believe, one needs an essentially idiographic description; such a description focuses on *understanding* over and above nomothetically explaining a patient’s given condition. In our understanding Humanistic Psychology (HP) belongs to this class of *understanding* paradigms. In this way, HP may allow the individual to appear as a subject—as a singular and unique person—who cannot be measured in his or her essence but who can always surprise by the possibilities contained within the depth of their individual values (Ofman, 1974). Such a procedure or approach is individualizing, it addresses what moves a person, for it aims at *understanding* one’s subjective values, their possible losses through crisis, and the personal resources one can bring to bear to address these problems. Seeing what moves a person is to empathically *understand* her/him. For such a procedure to work positively and effectively: encounter, dialog, and empathic listening (resonant with Rogers’ [1957] facilitative conditions) are the appropriate methods of choice.

It takes both a nomothetic and idiographic approach to create a *culture of psychotherapy*. A holistic view of the human being and his or her continuous development can only be described through the complementarity of both paradigms. What we share in anatomy and physiology, in psychological processing and mental procedures, no doubt enables and justifies the search for general laws. But within our individual characteristics of body, soul, and spirit, however, we differ in ways that cannot be adequately described nomothetically. While the variety of psychological problems and modes of processing these problems may be examined for general structures, they are simultaneously connected to a unique person who may not be fully described/understood solely by universal procedures. Each individual has to deal with his or her situation,

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has the desire to understand it, and eventually has to overcome it by his or her own strength and resources. Those inner strengths, whose self-organization may seem to be blocked by problems or pathology, can be mobilized through the encounter with another person or several other persons. HP is therefore an *advocate* for what is unique across individuals.

A simplistic and dichotomous explanation and understanding of psychology does little justice to the diversity of human realities (and the scientific or therapeutic possibilities of describing those realities). Every psychotherapy works within both perspectives—the general and the individually directed—and each is important. No therapy will be effective, therefore, without respecting the uniqueness of the individual as well as more general theories about human beings as a whole. Depending on the approach, the priorities differ and in turn, access to the individual patient. The perspective best suited to the future of psychotherapy is one that learns from the other and integrates one another's achievements. HP has already been assimilated by other orientations in these aforementioned ways or paved the way for similar developments within other orientations. We will touch on this issue later in the paper.

Development of HP in Europe

In Europe, there are four leading therapeutic orientations that are generally classified in terms of their thematic focus. Despite the great variation in how these four orientations are interpreted, they are generally classified as follows:

- (a) Psychodynamic (psychoanalytic and depth-psychological) approaches: the focus on constructive transformation of (unconscious) psychodynamic reactions.
- (b) Behavioral approaches (including cognitive BT): the focus on constructive transformation of maladaptive cognitions and behavior.
- (c) Humanistic approaches: the focus on constructive transformation of the whole person with an emphasis on inner congruence and personal decision-making.
- (d) Systemic approaches (including family therapy): the focus on constructive transformation of interactive systemic influences through challenges to pathogenic interactions.

These clusters not only differ in their main concepts and focus on what “transformation” should mean, but also in their obligation to different paradigms concerning clinical-therapeutic “reality” and the determination of what is “factual.”

Psychotherapy always takes place in the context of social processes. We see this disposition in the images, expectations, wishes, assessments and valuations, narratives, preferences, and aversions by which our clients and their “symptoms” manifest. They are part and parcel of the psychosocial and symbolic structures of their environment just as significantly as those that are characteristic of their psychotherapists.

This interaction of structures strongly influences the legal/medical environment as it relates to psychotherapeutic treatment in some European countries (where there are great differences) as we will momentarily illustrate. In short, the psychosocial and

symbolic structures of the environment are major players in determining Europe's legal psychotherapeutic requirements—and this of course has further ramifications for the integration and practice of HP.

A striking example of these influences and the way they frame the conditions for a psychotherapeutic environment is Germany, by far the largest of the German-speaking countries with a population of 81.7 million (Austria, 8.4 million and Switzerland 7.8 million). Since the *Law of Psychotherapy* was passed in 1999, Germany may possibly have the world's most strongly regulated requirements for psychotherapy—this comes with many benefits, but also drawbacks. One of the benefits is that psychotherapists and physicians (psychiatrists) have an equal status. Although psychotherapists may not prescribe medication, every patient can visit a registered psychotherapist of his or her own choice without having to consult a physician. Social security pays for International Classification of Diseases-indicated psychotherapy. In contrast to the United States, almost every German, Austrian, or Swiss national is medically insured by the state. A standard 50 to 150 (even 250) hours are granted with the first application. Eighty to eighty-five euros per 50-minute session are paid for by the state enabling therapists to maintain a practice and standard of living from their work. In Austria (and partially in Switzerland), social security is the main funding source for therapy.

The advantage for clients of fully paid psychotherapy in the German state system of medical insurance has one very strong limitation or drawback: access to the psychotherapeutic profession is almost completely limited to physicians and academics with an master (or diploma) in psychology. This is a prerequisite to a postgraduate training of 3 (fulltime) to 5 (part time) years, ending with the state certificate.

The choice of psychotherapeutic method is even more limited. At present, and no less than 12 years after the law was passed, only two schools of psychotherapy are sanctioned within Germany: psychodynamic and BT. However, the legislature does provide for other methods if their efficacy can be proven. The committees in charge of validating these applications almost exclusively consist of representatives from these two schools (which is akin to letting the engineers of Ford and Chrysler decide which cars are approved for the road). In spite of the great commitment of systemic and humanistic organizations (especially person-centered Rogerian therapy) only partial success has been achieved within the very complicated procedure of approval (further constructed by representatives of these two schools). Even extensive and costly lawsuits—taken all the way to federal courts—have not been able to change the situation.

Although no psychotherapist in Germany is able to acquire legal approval to practice humanistic psychotherapy, it is remarkable to note that a representative survey among approved psychotherapists in 2005 (6 years after the law) showed that 37% stated “ideas, concepts, and impulses” from person-centered psychotherapy (Rogers) to be of considerable importance for their work (more than 50 points on a scale of 100). Seventeen percent admitted a similar sentiment toward Gestalt therapy (multiple choices possible). The question to which extent a particular method contributed to their personal identity as therapists, 43% answered in favor of person-centered and 27% in favor of Gestalt therapy. This clearly shows that it has not been possible to downplay the significance of

humanistic psychotherapy for German therapists (Schindler & v. Schlippe, 2006).

However, the above notwithstanding, in the last few years, behavioral therapists have occupied almost all of the university chairs in “clinical psychology/psychotherapy”; very few of these represent the psychodynamic approach and the number of chairs teaching humanistic psychotherapy has been reduced from more than a dozen in 1999 to just 2 (soon to be only 1) (Frohburg, 2011). This crucial turning point brought about by the 1999 German law of psychotherapy highlights that until 1995, 75% of German universities still taught the person-centered approach, but by 2000 only 17% did so—this percentage has now dropped even further to only a marginal percentage (Frohburg, 2011). This contraction also corresponds with the fact that membership in the largest German organization of humanistic psychotherapy “GwG” (person-centered) has dwindled from 9000 in 1993 to about 3000—among them 2000 psychotherapists (Frohburg, 2011).

Interestingly, an emerging trend has begun to reverse this situation. Concepts of humanistic psychotherapy are explicitly represented in areas of counseling, clinical social work, and similar professions (albeit often in integrated training courses). These are taught primarily at universities of applied sciences (Fachhochschulen). These academic professions are not considered to be “psychotherapy” according to German law—for all intents and purposes, however, the difference between psychotherapy and counseling appears to be somewhat transitory.

In terms of our contribution, it may be interesting to note that by the end of 2010 a comprehensive organization, the “Arbeitsgemeinschaft (project group) for humanistic psychotherapy” (AGHPT), was established bringing together more than a dozen different associations of humanistic psychotherapy (Kriz, 2011). These included person-centered psychotherapy (Rogers), Gestalt therapy (Perls), logotherapy and existential analysis (Frankl), psychodrama (Moreno), transactional analysis (Berne), Integrative therapy (Petzold), and body psychotherapy (Reich, Lowen). The main objective of the AGHPT is to not only strengthen humanistic psychotherapy in Germany but to establish *one* common “humanistic psychotherapy” by way of the complicated procedure of approval (Kriz, 2011).

The positive side of the German health system is in its ability to provide significant psychotherapy, which is financed by state insurance and accessible to every indicated patient. But this system also has the downside of psychotherapy being incorporated into a reductionist medical system, providing only marginal room or working possibility under misleading conditions for humanistic psychotherapy—a situation that will not change in the near future (even if the AGHPT is successful, it will take at least half a decade).

In Austria, there are no such professional or methodological restrictions. Through an academic preparatory course (Propädeutikum), many basic professions are open to psychotherapeutic training—and the number of accredited methods of psychotherapy (more specifically: training courses) is considerable (22). Among them are 10 approaches to humanistic psychotherapy (Hagleitner & Sagerschnig, 2010). Most psychotherapies are partially paid by social insurance, and all humanistic psychotherapies are included in that system, which is not the case in Germany. There has been a consistent growth of humanistic psychotherapy in Austria during the last 10 years. At present, 39% of the active psychotherapists

use a humanistic approach and as a perspective on the future: 45.4% of all training candidates are currently in HP (Hagleitner & Sagerschnig, 2010, p. 30).

In Switzerland, a new federal law for psychotherapy will come into effect in 2012, with a 5-year transitional period, allowing only physicians and psychologists to be psychotherapists. Until now, psychotherapeutic work and its accreditation by state insurance was handled rather differently in every canton. Of the 23 accredited methods, about a dozen use a humanistic approach. The reimbursement of costs is handled differently by the insurance companies—as a rule the amount of hours granted is significantly less than in Germany, only part of the costs are reimbursed and psychologist psychotherapists work in “delegation of a physician.”

In Russia, the largest European country, psychotherapy has developed in a different direction. Until 20 years ago, under the communist regime, there was no pluralism in psychotherapy, and almost no psychotherapy. Nowadays, psychoanalysis has gained a significant foothold and is as common as humanistic approaches (e.g., psychodrama, Gestalt therapy, Rogerian client-centered therapy, existential analysis), which had the strongest impact following the political turn of 1991. Today also family therapy has become more prominent and there has been a recent growth in cognitive BT (see Kholmogorova, Garanian, Krasnov, in preparation, for a comprehensive review of these findings). In most parts of Russia, psychotherapy gets no funding from the state, but a minimal degree of psychotherapy is provided by the government for patients in hospitals.

Humanistic Concepts in Other Schools of Psychotherapy

Fortunately, the mutual influence of concepts and practices has been growing among most European schools of therapy over the last several decades (Grawe, 1998; Kriz, 2007; BPTK, 2009). Along these lines, the Journal *Psychotherapie im Dialog*—since its inception in 1999—has had the explicit goal of strengthening the dialog between psychotherapies. And the official journal of the psychotherapeutic state association – *Psychotherapeutenjournal* in its most recent issues highlights papers on the integration of therapists’ training and practice. This movement can be seen as a positive development for the theory and practice of psychotherapy as long as it is a mutual enrichment—and not merely an eclectic “addition” of theoretical and conceptual fragments.

BT has demonstrated a special “receptivity” because many researchers define “behavioral therapy” so extensively as to include practically everything that proves to be empirically effective. In recent years, the so-called “third wave” of behavioral therapies has especially emphasized practices like “mindfulness exercises,” “role-plays,” or “schema therapy”, which are not primarily derived from their own ideological background, but have been integrated into diverse therapeutic programs with a behavioral orientation. This could also be said for Hayes’ acceptance-and-commitment therapy (Hayes, Strosahl, & Wilson, 1999) or Kabat-Zinn’s therapy of “mindfulness-based stress reduction” (Kabat-Zinn, Lipworth, & Burney, 1985; Segal, Williams, & Teasdale, 2002) for example, both of which also ascribe to the modern behavioral methods.

In the meantime, within almost every school of psychotherapy, the special significance of the *therapeutic relationship*, character-

istic of the humanistic approach, has been recognized (Miller, Duncan & Hubble, 1997). This recognition embraces the importance of early relationships in human development and potential psychological disorders—and it is currently being comprehensively discussed within the framework of attachment theories (Bowlby, 1999). In a further example, Young's schema-focused therapy explicitly specifies the therapeutic relationship as a means for treating “maladaptive schemas” in patients (Young, Klosko, & Weishaar, 2003). Although “schema” was originally an HP concept, particularly as framed by Bartlett (1932) in Gestalt psychology, this fact is often omitted while continuing to represent a central focus of HP in Greenberg's (2006) “emotional schemas.”

The importance of the therapeutic relationship would also apply to Marsha M. Linehan's (1993) dialectic BT for borderline personality disorders. This form of therapy focuses on mindfulness-based exercises and techniques, referring to Linehan's “discovery” that there can be no therapeutic progress without the establishment of a supportive relationship requiring authenticity, empathy, and recognition of the other in his or her essential “being.” Once again, we are reminded of foundational HP concepts.

Even trauma therapy—officially founded by Francine Shapiro (2001)—stems mainly from Gestalt therapy without being cited or mentioned. In any case, many of Shapiro's stabilizing and distancing (including screen) techniques were already implemented as tools in critical emotional flooding treatments in the early 1970s (Hartmann-Kottek & Kriz, 2005).

The systemic or family therapeutic approach—one which plays an important role in Europe (especially Germany) with the highest growth in demand for training—also illustrates the many remarkable overlaps with the humanistic approach. Already the development of family therapy between 1960 and 1990 had a significant humanistic root in the so-called “developmental wing” (Kempler, 1968; Satir, 2001), which is referred to in the United States as “communication approaches” and “experiential approaches” of family therapy. Another humanistic influence can be found in the Milanese team around Selvini Palazzoli, Boscolo, Cecchin, & Prata (1978). The humanistic–developmental perspective centers on the significance of self-worth for every member of the family and for solutions to the entire family's symptomatic and problematic constellations. Although other wings of systemic therapy—for example, the psychoanalytic (Ackerman, 1958; Stierlin, 1982), strategic (Haley & Richeport-Haley, 2003; Selvini Palazzoli et al., 1978; Watzlawick Bavelas, & Jackson, 1967), and structural (Minuchin, 1974)—have lost significance in the last two decades, humanistic positions have become increasingly important. In the newly emerging “narrative approach,” therapists increasingly position themselves at the same power-level as their clients. This is especially the case in the areas of individual meaning and worth, as well as with existential questions, which are now broadly incorporated into narrative frameworks.

Along with the growing reference to general theoretical foundations of systemic work, other concepts of systems theory are increasingly taken into consideration, which had originally been developed within the framework of the humanistic approach. Gestalt psychologist Kurt Goldstein's term “self-actualization” from the 1930s could be seen as a central concept of humanistic as well as systemic approaches. “Person-centered systems theory” (Kriz, 1991, 2008) is an example of the integrative bridge between the humanistic (especially person-centered) and the systemic approach

(extending to interdisciplinary systems theory as a structural basis for numerous scientific discourses).

The Problem of Assimilation of Humanistic Concepts by Other Methods of Psychotherapy

The assimilation of humanistic concepts by other psychotherapeutic methods has problematic aspects on both sides. In the assimilation of the HP concepts, HP paradigms sometimes serve more as empty clichés than as realistic reflections of their humanistic forebears—which is more obstructive than facilitative in the propagation of humanistic concepts. The great strengths of BT, for example, to use “technique” that might prove to be “effective” in the design of dependent and independent variables, may also be an Achilles' heel. This danger in eclecticism can become apparent in the “therapeutic relationship”. Contrary to its significance for concrete practical work, the “therapeutic relationship” is only marginally integrated into the paradigm of behavioral theory. Thus, important parts of the effect of BT do not even appear in its own theory—a status that ought to be unsatisfactory for every behavioral therapist.

An official paper of the German associations of BT (BPtK, 2009) “calls” for its therapists to “adopt methods of Rogers' client-centered therapy” to deal with their patients “as genuinely and authentically as possible.” How this can be done concretely within the framework of BT's strength to operationalize and manualize remains a mystery to us. Operationalization and manualization in BT's theoretical framework of this central and highly elaborated concept of the client-centered approach might have very little, if anything, to do with the theory and practice that client-centered therapy tries to convey to its therapists.

In fact, good BT primarily means the application of operationalized methods to specific disorders; good humanistic psychotherapy, to us however, primarily means the tailoring of the therapeutic relationship to the patient in a dynamic process on the basis of developing certain principles (e.g., to pay attention to the incongruence between experience and its symbolization). Both approaches are meaningful, both are, as documented in thousands of cases, effective (albeit in different ways for different persons—and not merely for groups of disorders), but they may not be randomly compatible or combinable (Grawe, Donati, & Bernauer, 2001; Caspar & Jacobi, 2007). For HP's, central concept of “therapeutic relationship” is not geared toward an immediate manual, but rather toward reliable principles for adequate intervention. “Behavioral therapeutic rules” to effectively *appear* as “genuinely and authentically as possible” (BPtK, 2009, p. 8, transl. J.K.) might mean something other than observing guidelines and attitudes for *being* genuine and authentic.

In our opinion, a lack of comprehensive conceptual–theoretical integration of effective interventions may not only lead to a defective competence in shaping the therapy accordingly to the needs of the client, but also to an unnecessary partial dilettantism. Respecting the conceptual unity of theory and practice will remain a prerequisite and can only be guaranteed by carefully observing a critically validated application and development that is faithful to the original concepts of HP.

The Relevance of HP

In the matter of practical procedure and philosophical foundation, the *development* of HP in Europe has increasingly turned toward incorporating existential philosophy and phenomenological practice (Grawe, 1998; Kriz, 2007; Hutterer, 1998; Swildens, 1988; Stumm, 2011). This development has opened more therapeutic and dialogic space to cultivate patients' potentials. The existential-phenomenological themes of freedom, responsibility, meaning, relationship, and personality are concerned with questions such as: What does it mean to be essentially human in the context of this world? A person's inner dialog and consciousness of the uniqueness and singularity of each moment are highly significant to experience these themes. The anthropological view of personhood within HP emphasizes the essential establishment of meaningful relations with the world, to others and to oneself. The direction of *human* intention toward meaning reveals existential questions at the base of various psychological disorders: "Who am *I really* in this world"? "How may I *be*"? (see "The fundamental existential motivations" in Längle, 2008). This process of inquiry can lead to temporary "answers" even under unfavorable developmental constellations and, in turn, may contribute to the stabilization of symptoms as the nosological focus within an HP paradigm centered on questions of meaning and existence.

Methodologically, this approach leads to the application of *phenomenology* in order to reach a level of personhood wherein one experiences authenticity both in being oneself and encountering others. Therapeutic work to establish *free* experiences that enable an authentic positioning in order to deal responsibly with oneself and the world are the hallmarks of this procedure (Längle, 2000). The patient's present relational and attitudinal patterns are placed against the backdrop of both biographical references and future orientations. These are further scrutinized with a phenomenological attitude in an ongoing exploration of feeling, thinking, decision, and action. The fostering of *mindfulness* plays an important role in the cooperative dialog with the psychotherapist—this is especially the case for processes, aspects, and/or deeper layers of the personality that are just below the surface and beyond the immediate perceptions of consciousness.

The view that human beings require good or positive conditions to flourish and discover their unique selves is a classic humanistic concept. Compared with the more active interventionist strategies such as BT, this classic humanistic approach might seem somewhat reserved because of the emphasis placed on facilitating and encouraging a patient's self-actualization through the comparatively nonactivist therapeutic relationship. From a humanistic standpoint, to us however, a person can (and must) actualize her/himself on the basis of the given (subjective and environmental) conditions of the wider society within which they live. What is required to elicit this balance is encounter with others, and in therapy, this encounter is characterized by the empathic relationship and dialogue the patient experiences with the therapist. By providing this kind of encounter, the therapist encourages the patient's process of development and challenges him/her to take a position (an authentic stance) toward her/his very being.

Existential psychotherapy expands on the original humanistic paradigm by stating that it is not enough to create the positive conditions necessary for self-actualization. In addition to this, the empathic encounter and dialogue between therapist and patient

moves the process toward the introduction of new ideas. By being present in a committed process, the therapist and patient search for and fertilize the proceeding steps together. In this expanded form, the HP paradigm, in Europe at least, has become more confrontational.

In practice this means that many European humanistic therapists add their own assessment instead of merely following the patient passively. The personality of the therapist is essentially present within this dialogue. The therapist reveals his or her own position and communicates what he or she feels, senses, and thinks. By adding, the very *humanness* of the therapist to the therapeutic encounter, this humanistic procedure methodically acknowledges the fact that, above all, a person exists and develops within and through dialog. Thus *positioning* may be viewed as a strong *motto* in the existential paradigm of HP: the client is basically asked to take a position toward him/herself and his or her experiences. Through this kind of dialogue the patient may experience relief (and even joy) at finding him/herself and of being seen, recognized, affirmed, and understood by another person (provided that time and content have been emphatically attuned to).

Appropriate confrontation within the therapeutic setting is based on the principles of HP as formulated by Rogers (1951, 1957). Existential psychology's continuation of this humanistic principal is not incongruent with HP but rather true to its original concept. The existential orientation by one's own felt sense (attunement) focuses on the core (or *proprium* as Allport [1955, 41ff] named it) of the person. This focus encourages the independence of the individual, and the fight against being suppressed in its actualization by society and its demands or norms. To assert one's personhood over and against normative conformity is a basis for freedom and a foundational principle in HP.

The development of HP in Europe has also led to a more holistic view of the human being by including the *body* as a basis for all experience. This inclusion brings together the different but linked process-levels of self-regulation. Biographic material is not only saved in neuronal parts of the body (the brain) but also in other parts (muscles, hormones, etc.) (Bauer, 2002; Fuchs, 2000). This stored biographical information interferes by way of attitudes and preverbal processes with our conscious experience and behavior. It is a task in the therapeutic process to understand the meaning of this stored information. W. Reich (1945) and A. Lowen (1994) explored this special correlation and the complementarity of "body-structures" and "character-structures." Research shows that many principles regarding the structuring of how human beings intentionally face the world are preverbally represented in the body (e.g., attachment patterns, patterns of affect regulation, patterns regulating the reduction of the phenomenal world—like "causality") (Gendlin, 1996). Psychodramatic role-plays (especially in pantomime or sculpturing-technique) demonstrate that attitudes toward the world correlate with physical posture—just like chronic affect—reduction by shallow and controlled breathing leads to hypertrophy of the muscles involved thereby influencing emotional processing (Papp, 1973).

The inclusion of physical processes in HP typically leads to *combining* methods: E. Gendlin's (1996) "focusing" exemplifies a combination of person-centered and body-oriented methods; A. Pesso's psychomotoric approach (1969) combines psychodrama with person-centered and body-oriented methods; H. Petzold's

(2004) “integrative therapy” is a combination of Gestalt, body-oriented, and other humanistic methods.

Finally, there are efforts in Europe to strengthen HP’s scientific foundation by a system-theoretical understanding of “self-actualization” and to join the interdisciplinary discourses on self-organization. Besides clarifying how different system levels within a human being work together—especially in somatic, psychological, interpersonal and cultural processes—this theoretical approach in HP centers on questions of change and stability in structures of meaning. The perspective of the person as “animal symbolicum” (Cassirer, 1947)—as living being that creates symbols by which it communicates with others and the world—is the focus of attention here. This perspective considers not only the *contents* in the communications and encounter, but also their linguistic, logical, and behavioral *structures* (Kriz, 2008, 2009).

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