

INTRODUCTION

The Renewal of Humanism in Psychotherapy: A Roundtable Discussion

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This special section highlights the renewal of humanism in psychotherapy. For the purposes of this special section, humanism is defined as a philosophical perspective whose subject matter is the whole human being. In psychotherapy, humanism places special emphasis on the personal, interpersonal, and contextual dimensions of therapy and on clients' reflections on their relationship with self, others, and the larger psychosocial world. The contributors to this special section—Bruce Wampold, David Elkins, Steven Hayes, Robert Stolorow, Jurgen Kriz, Lillian Comas-Díaz, and the authors of this introduction—are each leaders in their respective therapeutic specialties: research and training, cognitive-behavioral therapy, psychoanalytic therapy, European therapy, and multicultural therapy. In the manner of a “roundtable,” each contributor was asked to provide a short article on the renewal of humanism in his or her respective specialty followed by brief comments on the initial round of articles. The conclusion of these reflections is that the renewal of humanism is a viable and growing phenomenon among the leading specialty areas of psychotherapy. The corollary conclusion is that although many theoretical and practical questions remain, humanism is (1) a foundational element of therapeutic effectiveness; (2) a pivotal (and needed) dimension of therapeutic training; and (3) a critical contributor to societal well-being.

Keywords: humanistic psychotherapy, existential psychotherapy, cognitive-behavioral psychotherapy, psychoanalytic psychotherapy, multicultural psychotherapy, psychotherapy research and training

This special section of *Psychotherapy* highlights the growing consensus among leading practitioners from diverse theoretical orientations that the humanistic elements of psychotherapy are essential factors in psychotherapy. The section also illuminates the influence of diverse expressions of therapeutic humanism on research, training, and practice and highlights the implications of the humanistic perspective for social justice and public policy.

To create this special section, the authors of this introduction gathered eight leaders to contribute articles on the renewal of humanism in five basic areas: cognitive-behavioral therapy; psychoanalytic therapy; European therapy; multicultural therapy; and research, training, and practice.¹ We all agreed that the format for this special section should be a “roundtable discussion.” This meant that each contributor would be given wide latitude to express his or her particular perspective on humanistic renewal in a short article that would be shared with the others, and that following these initial reflections, each contributor would then be granted the option to respond to the contributions of the others. The rationale for this format was that each specialty area would be represented fairly in the dialogue and that no one specialty would

dominate the forum. A corollary rationale was that this format would help ensure that the issues associated with humanistic renewal would remain open to ongoing inquiry and evolving data.

In his groundbreaking Award Address for the American Psychological Association, “Psychotherapy: The Humanistic (and Effective) Treatment,” Bruce Wampold stated the following: “there is increasing evidence that it is the therapist and not the treatment per se that is responsible for therapeutic change” (Wampold, 2006, p. 868).

He went on:

Those interested in the humanistic aspects of psychotherapy tend to focus on the interpersonal relationship between therapist and patient and on the process of psychotherapy. Research has shown that these variables related to the interpersonal process are robust predictors of outcome and likely causally involved in producing the benefits of psychotherapy (p. 869).

In a completely different quarter of professional practice, Steven Hayes, a leading cognitive-behavioral therapist and founder of Acceptance and Commitment Therapy, echoed Wampold's view:

Behavior therapy, and even more so, clinical behavioral analysis might be the last place one would look to find modern expressions of some of the core ideas of humanistic thought. Nevertheless, over the

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last 20 years, a post-Skinnerian tradition has emerged within behavior analysis that builds a bridge between humanism/existentialism and behaviorism (Bunting & Hayes, 2008, p. 217).

Similarly, Robert Stolorow, the founding father of Intersubjective Psychoanalysis, wrote that the “dual aim” of his most recent book (Stolorow, 2011) was to “show both how Heidegger’s existential philosophy enriches post-Cartesian psychoanalysis and how post-Cartesian psychoanalysis enriches Heidegger’s existential philosophy” (p. 105). Further, he notes, “Post-Cartesian psychoanalysis and Heidegger’s existential philosophy are both forms of phenomenological inquiry. Post-Cartesian psychoanalysis . . . investigates . . . the structures that prereflectively organize the lived emotional worlds of particular persons, along with the specific relational contexts in which these structures take form” (p. 105).

Finally, Lillian Comas-Diaz (2008), a leading theorist of multicultural therapy, resonated with the aforementioned view when she asserted that “The humanistic lineage of meaning-making is a source of healing and liberation. It promotes an ‘ideological ethnicity,’ or a tendency to find life meaning by revealing cultural beliefs and rituals . . .” (p. 100). “Latino psychospirituality,” for example, Comas-Diaz elaborated is a “healing approach that integrates existential, liberating, and cultural dimensions into psychotherapy” (p. 100).

What do each of these statements by leading theorists of our time have in common? They suggest that a foundational shift may be occurring in our profession. This shift veers away from technical prescribing and toward humanistic presiding, away from formulas and toward personal relationships. It is a shift marked by elements that cross-cut particular approaches, and that accents particular contexts—such as the therapeutic alliance, empathy, genuineness, the receptivity to client feedback, and meaning-making.

Put more formally, and by consensus of the contributors to this special section, “humanism is a philosophical perspective whose subject matter is the whole human being. Humanism is concerned with such existential themes as meaning, mortality, freedom, limitation, values, creativity, and spirituality as these arise in personal, interpersonal, social, and cultural contexts. In psychotherapy humanism places special emphasis on the personal, interpersonal, and contextual dimensions of therapy and on clients’ reflections on their relationship with self, others, and the larger psychosocial world.” The signs of a humanistic renewal in psychotherapy are both robust and growing (Elkins, 2009). Recently, the American Psychological Association published two unprecedented textbooks on humanistic and existential therapies respectively (Cain & Seeman, 2002; Schneider & Krug, 2010). At the same time, the American Psychological Association produced a companion video series on the topics called “Psychotherapy Over Time” (Cain, 2010; Schneider, 2009). There is also an increasing interest in the integration of humanistic principles into mainstream practice modalities (see Price, 2011, November; Schneider, 2008; Shumaker, in press; Wampold, 2008; Norcross & Wampold, 2011; Wolfe, 2008). These integrations are occurring in spite of, and perhaps even in light of the countervailing forces of therapeutic manualization and standardization (e.g., Benjamin, 2011; Norcross & Lambert, 2011; Price, 2011, November; Shedler, 2010).

Finally, there is an increasing interest in specifically humanistic and existential approaches to therapy (Barnett & Madison, 2012;

O’Hara, 2001). For example, the Existential–Humanistic Institute and the International Institute for Humanistic Studies, both of which are in the San Francisco Bay Area, are introducing humanistic and existential practices to a growing regional and worldwide audience. Recently, the Existential–Humanistic Institute in partnership with Saybrook University, has launched a certificate program in the foundations of existential-humanistic practice. This is one of the first attempts to formalize such training in the United States. Humanistic and existential training is also being actively conducted in such places as Great Britain, China, Russia, Germany, Austria, Lithuania, Poland, Korea, Japan, and parts of Latin America. The first major United States–China existential therapy conference took place in April, 2010, and the second is slated for May of 2012 (see Hoffman, Yang, Kaklauskas, & Chan, 2009 for a comprehensive overview of humanistic and existential psychology’s expanding global influence). In short, the renewal of humanism is a significant, world-wide development; it is deep, and it is of major consequence to our profession.

Without further ado, then, we now present “The renewal of humanism in psychotherapy: A roundtable discussion.”

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Call for Papers: Comments on Clinical Process

Psychotherapy seeks contributions from practicing psychotherapists on aspects of ‘Clinical Process’, both large and small. Clinical process is driven by theory as well as specific experience determined behaviors, whether concepts in the head of the therapist or remarks the therapist makes at different points in a session. These behaviors or techniques help to stimulate clinical process, shape its content, or influence its direction or focus. They may be things that the therapist says or does regularly in almost every session, or just occasionally when specific topics are mentioned or events occur. Another way to frame the focus of these papers would be to answer the question: What specific things do you do during a session that you believe help you and your patients achieve a most efficient and effective therapy?

Manuscripts should describe 3–4 such interventions that you believe are important for a useful session. For each intervention included, the author needs to provide information on each of the following areas: a) the theoretical basis for this intervention and proposed mechanism of change, b) 2–3 verbatim clinical exchanges clearly demonstrating this intervention, and c) any clinical or research that supports the use of this intervention. These contributions are to be organized in a series of focused brief comments, 10 to 15 pages maximum (all-inclusive). Each intervention described should be only 2–3 pages in length, with each of the 3 content areas outlined above (i.e. a, b and c) being only a few paragraphs.

We are interested in submissions from the widest range of practice orientations, as well as integrative perspectives. Manuscripts submitted must have a very clear statement on the implications for psychotherapy, as well as use psychotherapy terminology. Thus, we are most interested in manuscripts that are specifically related to the therapeutic setting and treatment interventions in an applied manner. As such papers would need to have very clear and accessible implications for therapists in applied clinical practice. The suggestions may also be helpful in generating research ideas in the future.

In addition, consistent with the ethical guidelines of the Journal, if clinical case material is reported authors are required to state in writing which criteria they have used to comply with the APA ethics code (i.e. specific informed consent, de-identification or disguise), and if de-identification or disguise is used how and where it has been applied.

Manuscripts can be submitted through the Journal’s electronic portal, under the Instructions to Authors at: <http://www.apa.org/pubs/journals/pst/>. Please note in your cover letter that you are submitting for this special issue. Deadline for submitting manuscripts in this special issue is **January 15, 2013**. Any inquiries or questions regarding topic or scope for the special issue can be sent to the Editor, Mark J. Hilsenroth, at: Psychotherapy@adelphi.edu