

COMMENTARY

The Renewal of Humanism in Psychotherapy: Summary and Conclusion

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This article summarizes and discusses the main themes to emerge from this special section on the renewal of humanism in psychotherapy. It is concluded that (1) despite some controversies, humanism is both a viable and growing influence among the leading specialty areas of psychotherapy; (2) humanism is a foundational element of effectiveness among these specialty areas; and (3) humanistic training is essential to the development of trainees in the aforementioned specialty areas. The implications of these findings for each of the specialty areas, for the profession of psychotherapy, and for the public at large are elaborated, concluding with a call for a reassessment of priorities in the research, practice, and training of standardized mental health delivery.

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The set of articles contained in this special section represent a unique moment in the history of our profession. Rarely, to our knowledge, have eight leaders from diverse therapeutic backgrounds assembled together to discuss one of the most informally appreciated, yet least professionally recognized, phenomena of our times—the renewal of humanism in psychotherapy. For the purposes of this section, humanism was understood as a psychological and philosophical perspective for which the 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 conclusions of these articles as well as the comments that followed are that (1) the renewal of humanism is a salient and growing phenomenon among the leading specialty areas of psychotherapy; (2) although many theoretical and practical questions remain, humanism is a foundational element of therapeutic effectiveness; (3) humanistic practice principles are a pivotal (and needed) dimension of therapeutic training; and (4) the humanistic treatment philosophy is a critical contributor to societal well-being.

In the following passages, we will elaborate on the aforementioned conclusions by highlighting several themes we believe are

of particular relevance for this section. The first theme that strikes us is that there is a perplexing contradiction between the positions of the leaders in this section and the present state of official professional advocacy. Although the contributors to this section are emphatically affirming of the value of humanistic practice principles, large segments of the public, the media, and even the professional practice community continue to privilege a medical model (i.e. randomized clinical trials) over the personal dimensions of therapy (Baker, McFall, & Shoham, 2009; Elkins, 2009; Wampold, 2007). Moreover, this reluctance to embrace humanistic practice principles not only neglects a wealth of therapy effectiveness literature (e.g., see Elkins, this issue, pp. 450–454; Shedler, 2010; Wampold, this issue, pp. 445–449), but it also presents disturbing implications for the optimization of therapeutic training and practice as a whole (Längle & Kriz, this issue, pp. 430–436; Schneider & DuPlock, 2012). If there is one message that resounds through the chorus of contributions to this special section, it is that humanistic practice principles of empathy, alliance, receptivity to client feedback, and meaning making are critical to therapeutic healing. That said, the contributions also underscore the subtlety of cultivating these contextual elements, particularly when they are integrated into established practice modalities. For example, such integrative practices were superbly illustrated in this section by Steven Hayes (pp. 455–460) when describing Acceptance and Commitment Therapy, Robert Stolorow (pp. 442–444) in depicting intersubjective psychoanalysis, and Lillian Comas-Diaz (pp. 437–441) in elaborating multicultural therapy. As David Elkins and Bruce Wampold implied, the future of effective practice is humanistic integration, and all pertinent resources should be harnessed in the service of that goal.

A second major observation of this section is that there is continuing disagreement regarding the optimal methodology by which to study humanistic elements of practice. Although Bruce Wampold (this issue) argues for the value of broad correlational measures (such as advanced regression, multilevel modeling, and

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meta-analyses) to investigate humanistic and other dimensions of effective practice, Steven Hayes (this issue) is just as adamant about the necessity for experimental designs, over and above the correlational approaches; and although the aforementioned theorists emphasize quantitative research as the chief arbiter of “effectiveness,” David Elkins (this issue), Robert Stolorow (this issue), and Alfried Langle and Jurgen Kriz (this issue) argue for the value of parity between qualitative and quantitative modalities. In our view, this long-standing and critical debate strikes at the heart of empirical science: how will it be shaped, who will determine it, and what forces will comprise its evolution?

This concern leads to a thornier question about effectiveness research in general, intimated by some of the contributors: to what extent are the present findings of equivalency among treatments valid? Would the supplementation and intensification of qualitative research alter or deepen the findings? Are there “additional benefits” associated with given therapies (such as those that might be anticipated with existential-humanistic therapy) that are presently unrecognized? Or, on the other hand, are the present emphases of humanistic practitioners on contextual factors somehow immaterial to the actual cultivation of those factors, as suggested by the present equivalency research? These are bedeviling questions, to be sure, but they are vital questions that need to be answered if our field is to genuinely progress.

That said, we cannot ignore the current state of the evidence, and this evidence indicates convincingly to those of us gathered at this “roundtable” that (1) the authentic personal relationship is fundamental to effective practice. (2) This relationship is critical to all recognized approaches to psychotherapy. (3) Human suffering is rendered more bearable within the context of an attuned and understanding relationship. (4) The collaborative nature of this relationship is key to its unfolding. (5) When appropriately supported, the encounter with emotional distress can foster a fuller capacity to adapt, a broadened capacity to choose, and a deepened appreciation of one’s personal and cultural life. (6) The renewal of humanism is integral to multicultural practice, and multicultural practice is integral to the renewal of humanism. The consistent position from our contributors is that attunement to the client leads to improved sensitivity to the client’s embeddedness in a cultural, economic, and political context; to the degree that this context is sensitively broached, the client’s welfare as a whole is also enhanced. (7) Therapeutic training should emphasize the person of the therapist (e.g., see also Duncan, 2010, Fauth, Gates, Vinca, and Boles, 2007, and Geller & Greenberg, 2012 for support for this view). This means that not only should training focus on the cultivation of personal skills, such as empathic listening and forming an alliance, but it should also concentrate on the therapist’s own life, his or her own emotional and intellectual growth, and his or her own responsiveness to clients’ needs. These elements may be stimulated by relevant reflections on psychology, culture, and the arts, but they may also be explored by personal therapy, meditation, and experiential exercises (e.g., dyadic role play). The intent here should be on helping trainees to become well-rounded (empathic and engaging) people, not just competent technicians. Although we recognize that many traditional training programs, because of other priorities, delimit the time for such wide-ranging opportunities, we, in the spirit of the contributors, question this

state of affairs. If, as we believe, the cultivation of the therapist’s personality is integral to effective practice, then a priority needs to be set on developing therapists’ personalities, alongside of and in tandem with their theoretical and technical know-how.

The consensus of this forum is that despite controversies and some gaps in the extant knowledge, enough is now known to compel a serious discussion about the present state of humanism in psychotherapy. If there is one take-home message from the contributors to this section, it is that each of the major therapeutic orientations—cognitive-behavioral, psychoanalytic, existential-humanistic, and multicultural—are optimized when they draw on and are informed by a humanistic base. The contributors further believe that the converse is equally as true: that a humanistic base is optimized when it draws on and absorbs relevant aspects of other bona fide therapeutic orientations. The question is, will our profession heed this message? Will it proceed with the diligence warranted by the message?

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