HUMANIZING PSYCHOTHERAPY

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ABSTRACT

The essence of the humanistic and existential approaches to psychotherapy is a commitment to conceptualizing, and engaging with people in a deeply valuing and respectful way. Hence, within these approaches, there is an emphasis on viewing clients' behaviors as meaningful and freely chosen; and there is also a belief that clients have the capacity to become aware of the reasons for their thoughts, feelings and behaviors. Phenomenological exploration is thus a central element of many existential and humanistic psychotherapies, and this requires psychotherapists to put to one side their therapeutic techniques and interpretative assumptions and to listen to clients in an in-depth, non-analytical way. From an existential and humanistic standpoint, however, this valuing of human beings also extends to the psychotherapist's own humanity. Hence, within these approaches, there is an emphasis on the psychotherapists themselves being genuine in the psychotherapeutic encounter, and being willing to meet their clients at a level of "relational depth." Existential and humanistic practices may not be appropriate for all clients and all psychotherapists, but it is concluded that the principles underlying these approaches are of universal relevance to the practice of psychotherapy.

Like many other forms of psychotherapy, existential and humanistic approaches tend to be grounded in a relatively sophisticated understanding of human psychological processes (see, for instance, Greenberg & Van Balen, 1998; Rogers, 1959). What makes this orientation virtually unique, however, is that its deepest roots lie, not in a set of psychological or developmental principles, but in a set of ethical and political ones (see Grant, 2004). At the heart of the existential and humanistic approaches is a commitment to conceptualizing, and engaging with people in a deeply valuing and respectful way. More than that, it is a commitment to engaging with *all* human beings in a way that is deeply valuing, regardless of their level of psychological distress. In this respect, then, it is possible to distinguish between those existential and humanistic psychotherapies that have evolved around this commitment and the commitment itself: a way of engaging with clients that is of relevance to the whole spectrum of psychotherapeutic approaches.

Such a commitment to deeply valuing people is rooted in the philosophical traditions from which existential and humanistic psychotherapies drew their inspiration. Existentialism, in particular, can be considered a school of philosophizing that specifically arose as a challenge to contemporary, western tendencies to *de-humanize* our understanding of Human beings (see Cooper, 2003). Kierkegaard (1992), for instance, the so-called “father of existentialism,” reacted against Hegelianism and its tendency to subsume the experiences of concrete individuals within a model of universal and abstract processes. Many existentialists also reacted against the burgeoning positivism of their day and the assumption that we can understand human experiences and behaviors in the same way that we would understand inorganic entities and processes. In particular, philosophers like Sartre (1958) and Heidegger (1962) challenged the idea that human beings can be

understood as “thing-like” objects; that human experiences and behaviors can be reduced down to constituent elements; and that human beings think, feel and act in causally determined, a-volitional ways.

Today, existential and humanistic psychotherapists continue to question these assumptions (e.g. Spinelli, 1994) and they also challenge the psychotherapeutic modalities that have been built upon them. From an existential and humanistic perspective, for instance, the behavioral (e.g. Antony & Roemer, 2003) or psychoanalytic (e.g. Wolitzky, 2003) assumption that clients’ behaviors are *caused* to happen in some lawful, determined way – whether through external stimuli, internal “drives” or past events – is seen as failing to acknowledge the human propensity for freedom and choice. Similarly, the tendency within the cognitive therapies to focus on human thought processes (e.g. Reinecke & Freeman, 2003) can be considered overly-reductionistic: failing to acknowledge the affective-cognitive-embodied totality of lived-being. More importantly, perhaps, from an existential and humanistic ethical standpoint, such psychotherapies can be seen as subtlety but significantly de-valuing the experiences of those who are struggling with mental distress: for instance, by labeling their thought processes as “dysfunctional” or “irrational” (e.g. Reinecke & Freeman, 2003), by viewing their ways of being as “pathological”, or by giving them illness-like “diagnoses”. The assumption, within some of these fields, that the “true” causes of clients’ behaviors are beyond their conscious grasp – and require the knowledge and insights of trained professionals – can also be seen as a manifestation of a somewhat de-valuing attitude towards them.

From an existential and humanistic standpoint, however, it is not only that these assumptions are ethically problematic – it is also that they may be therapeutically disadvantageous. From the psychological and psychotherapeutic

literature, it is clear that a whole range of psychological difficulties are related to low self-esteem (e.g. Barrowclough et al., 2003). If psychotherapists, then, engage with their clients through an epistemological "lens" that is implicitly de-humanizing, it seems possible that this may have a negative impact on their clients. Clearly, few psychotherapists would choose to do this deliberately, but if a psychotherapist believes – at some level – that a client is "ill', devoid of free choice, or unable to know what has caused his or her psychological difficulties, then this is likely to be conveyed to the client in some way.

Existential and humanistic psychotherapies, therefore, strive to start from a more valuing model of humankind, and one in which psychologically distressed people are seen as being of equal worth. Within the person-centered and existential traditions (e.g. Laing, 1965; Rogers, 1959), for instance, there is an emphasis on the "intelligibility" of client's difficulties: that is, that their problems are not pathological errors of functioning, but valid and meaningful attempts by persons to do their best in difficult or restrictive circumstances. In contrast to some psychodynamic approaches, there is also a tendency to reject the assumption that human behaviors and experiences are determined by forces lying outside the reach of human consciousnesses. Rather, drawing on phenomenological philosophy and psychology (Husserl, 1960; Snygg & Combs, 1949), it is argued that peoples' thoughts, feelings and behaviors are shaped by their lived-experiences: a realm of being that is accessible to conscious introspection. At the root of many existential and humanistic therapies is also a rejection of the idea that the "therapist knows best" (Rogers, 1942). Rather, there is an emphasis on trusting that clients have within them the capacity to grow and develop, and to find answers to their own problems given a facilitative environment.

Working at the Level of Lived-experience

As with numerous other psychotherapies (for instance, traditional psychoanalysis, Wolitzky, 2003), a central aim of many existential and humanistic approaches is to help clients develop more insight into the reasons why they think, feel and act in the ways that they do. Through such awareness, clients can begin to stand back from their usual thoughts, feelings and behaviors and choose to act in ways that may be more appropriate to their present life-world. Such insights can also help clients feel more in control of their lives and more self-accepting. As discussed above, however, what differentiates many of the existential and humanistic psychotherapies from other modalities – in particular, the psychodynamic approaches – is that the roots of clients' difficulties are not seen as lying in inaccessible regions of their minds or in the distant past, but in the very fabric of their lived-experiences. Hence, there is less emphasis on generating abstract hypothesis for why clients are the way they are, and more on working collaboratively with clients to help them explore their actual experiencing. As an illustration: Mary[1] was a 34 year old client who came to psychotherapy to overcome her feelings of grief following the death of her ex-husband. As the therapeutic work progressed, however, a growing issue that emerged for her was the shame and confusion that she felt for experiencing – and, at times, expressing – rage towards her children. Here, from a psychodynamic position, one might be inclined to generate a range of hypotheses to account for Mary's feelings: for instance, that the anger towards her children is a projection of deep-seated rage towards her deceased ex-husband, or that she unconsciously draws people into her life who abandon and frustrate her. From an existential and humanistic position, however,

[1] To preserve anonymity, various details of the client have been changed.

one would tend to be much more cautious in ascribing causal hypothesis, preferring, instead to explore Mary's actual (and often current) experiences in a descriptive, non-analytical way. What does she feel, for instance, before exploding in anger at her children? And what are her feelings of shame like? Here, then, is a tendency to move away from pathologically-orientated, nomothetic diagnoses of clients' difficulties, towards a more collaborative, idiographic exploration of a client's concrete life.

How is this phenomenological exploration facilitated? As indicated above, a key starting point is for psychotherapists to try and put to one side (in phenomenological terms, "bracket" (Spinelli, 2005)) their theories about why clients may be the way that they are, and instead to engage with the actuality of their clients' narratives. From an existential and humanistic standpoint, the generating of hypothesis and diagnosis is seen as often being more about helping psychotherapists to feel "clever', "right" or in control than actually benefiting clients (Mearns & Cooper, 2005). This is why, in existential and humanistic training courses, there is often such an emphasis on helping trainees to develop their self-awareness (e.g. Mearns, 1997), since the more conscious they can be of their own assumptions, theories, prejudices and needs, the more they will be able to bracket these and listen to the actuality of their clients' lives.

Similarly, to engage with their clients' lived-experiences in all their phenomenological reality, many existential and humanistic authors (e.g. Mearns & Cooper, 2005) would suggest that psychotherapists need to bracket their need to "do something" to or for their clients – in particular, to implement a set of therapeutic techniques or strategies. Certainly within the existential and humanistic fields, it is acknowledged that techniques can play an important role (e.g. Greenberg, Rice, & Elliott, 1993); but there is also a belief that, in many instances, the implementation of

techniques is more about helping psychotherapists to feel "useful" and in control than actually being of benefit to clients. This hypothesis is supported by the empirical evidence, which suggests that only around 15 percent of the variance in psychotherapeutic outcomes is due to the actual techniques used by the therapist (Asay, 1999).

Instead of emphasizing theories or techniques, then, many practitioners within the humanistic and existential fields emphasize the importance of *listening in depth* to clients (e.g. Mearns & Cooper, 2005; Moja-Strasser, 1996) – an emphasis that is consistent with empirical research showing that "not really listening" is one of the most hindering things psychotherapists can do (Paulson, Everall, & Janice, 2001). And while listening may seem an entirely basic therapeutic skill, humanistic and existential practitioners have argued that it is much more demanding than simply being able to give clients space to talk. Rather, as Mearns and Cooper (2005) suggest, it is about *attending* to clients and attuning to their being, at an emotional, cognitive and embodied level. Here, Mearns and Cooper use the term "holistic listening" to refer to a listening that "breathes in" the totality of the client: a "beholding" in which all the different elements of the client's being are allowed to infuse the therapist. This goes beyond a cognitive empathy or even an affective empathy towards an "embodied empathy" (Cooper, 2001) in which the psychotherapists allows their body to resonate with their clients' experiences as they attempt to enter their clients' worlds.

Alongside such holistic listening, however, many existential and humanistic practitioners have also emphasized a more focused, searching, "penetrative" exploration of clients' lived-experiences: what Mearns and Cooper (2005) refer to as "knocking on the door". Here, clients are invited to describe their lived-experiences at ever-greater levels of depth and detail; with psychotherapists offering their clients

such questions and prompts as, “What was that experience like for you?” “How did that feel?” “Can you say more about that experience?” In some existential and humanistic therapies, in particular “focusing-oriented psychotherapy” (Gendlin, 1996), this descriptive exploration may be particularly orientated around the client’s bodily-felt experiences, what Gendlin refers to as their “felt-senses.” So, for example, if a client is talking about feeling afraid, a therapist may ask the client where that fear is manifested in his or her body, and how that bodily-fear actually feels, and whether the client has any word or image for that fear. In a sense, then, the process of phenomenological exploration can be thought of as a dialectical movement between a focused exploration of “the parts” of the experience, resonating with the whole that emerges, and then going on to explore the parts of that whole further. This process is illustrated in the following dialogue with Mary, the client discussed above. The extract, based on therapist recall, comes from about ten minutes into the tenth session.

Mary 1: I get so frustrated that I’m really shouting at the kids. I don’t know why I do it; I don’t know what’s going on. One moment I’m feeling pretty calm and laid back and they’re just playing around, and I love the sight of them. And then the next moment I’m so *enraged* with them and angry and telling them what a couple of monsters they are. It doesn’t make sense. I really want to try and be more tolerant.

Therapist 1: Can you tell me about a time when you actually shouted at them?

Mary 2: Take a few nights ago. They were up playing in their room, and I went up, and I saw what a mess they'd made, and– to be honest, I could have swiped the little sods, I was so furious.

Therapist 2: What was going on for you when you saw the mess? Like, what was going through your mind when you saw the mess and also what were you feeling?

Mary 3: I saw it and I thought, "You don't just bloody listen to me do you, none of you, you're quite happy to treat me like your slave!" It was just the lack of respect that really got to me, and the fact that I couldn't get through to any of them. I grabbed the little one by the arm and squeezed really tight and said to her, "GET DOWNSTAIRS RIGHT NOW!!" I wanted to belt her but I didn't. But I could have murdered the little sod.

Therapist 3: So it seems like you felt that they were really disrespecting you.

Mary 4: Yeah, disrespecting, not listening, not giving a hoot about how tired I was and how stressed I was… and also how bored I was of just telling them the same thing over and over again. I just wanted to let them know that they couldn't get a way with it, that I wasn't going to stand for it. I guess I wanted to say, "You just can't treat me like this… I'm not your bleeding skivvy."

Therapist 4: So although you said earlier that you can't understand why you shout at them, when you talk about what actually happens, it sounds like it feels that there's a pretty good reason for it: that you want them to treat you with respect.

Mary 5: Yeah, I suppose so, but I feel so awful afterwards. It's just so not the kind of parent I want to be.

Therapist 5: So it sounds like you're really wanting to get them to listen to you, and you're also not happy with the way that you're currently trying to do that. So I wonder, if– like, I wonder if there might be other ways that you could go about doing that. Let's imagine you walking into that room and seeing that mess: How else might you choose to behave?

What can be seen here is that, at all times, the therapist stays with the client at the level of lived-experience. There is no attempt to diagnose the client's problems (either implicitly or explicitly) or to offer explanations for her behavior that go outside of her immediate experiencing. Rather, through a process of focused questions (Therapist 1 and Therapist 2) and reflective summaries (Therapist 3 – Therapist 5), the psychotherapist and client work together to build up a picture of how the client actually experiences her world. What is also evident in this extract is that, as the phenomenological exploration proceeds, so the *intelligibility* of the client's actions becomes apparent, something that is almost always true when such an exploration is carried out. In other words, there is no need to diagnose, analyze or pathologize clients' difficulties, for if one carries out a detailed phenomenological exploration, so

the reason and meaning for why they have come to feel or behave in this way almost inevitably becomes apparent. What also becomes apparent through a phenomenological exploration, as illustrated in the instance above is that, at some level, the client is *choosing* to behave in the way that he or she considers problematic. Such a phenomenological exploration, then, not only allows clients to develop insights into their feelings and behaviors and to consider alternative actions, but presents them with a humanized and valuing image of who they are, one in which they can see themselves as actively choosing to do their best in their given circumstances.

Being Real

Within the existential and humanistic psychotherapies, it is not only the humanity of the client that is seen as being central to the healing process – but also the humanity of the psychotherapist. Again, this is partly for ethical reasons but also, and perhaps more importantly, for clinical reasons: that for many clients, the key healing agent in psychotherapy is the experiencing of a genuine, in-depth encounter with another human being (Mearns & Cooper, 2005; Yalom, 2001). In other words, as Mearns and Cooper (2005) argue, many forms of psychological distress are related to the inability to experience, or the failure to experience, "relational depth" with others. This is most evident in the case of depression, where the absence of a close, confiding relationship is a key vulnerability factor (Brown & Harris, 1978); but anxiety, psychosis, and of course, loneliness and interpersonal problems can also all be related to problems in experiencing intimacy (see Mearns & Cooper, 2005; Segrin, 2001). This means, then, that an engagement with a psychotherapist who is open and honest

– a genuine inter-human encounter – can serve as an important "corrective relational experience" (Jordan, 1991) for clients, and give them hope that they can establish more intimate and engaging relationships in their extra-therapeutic lives. More importantly, perhaps, it can help clients develop the skills to do so. For if a psychotherapist remains nothing more than a "blank screen", a detached professional or a skilled technician, then this is all that clients can learn to relate to. But if a psychotherapist relates to his or her clients as a genuine, multi-faceted human being, then clients have the potential to develop relational skills that can be generalized out to other "real" persons in their lives.

In practical terms, this means that psychotherapists need to move away from the detached, mirror-like stance that Freud prescribed – though not always practiced (Friedman, 1985) – as well as the stance of the aloof, invulnerable professional. For trainee practitioners, it also means being aware of times when one might be putting on the "hat" of the psychotherapist rather than simply being oneself in the relationship. Clearly, being "real" and bringing one's "self" into the relationship does not mean being unprofessional or using the therapeutic hour to talk about one's own problems. It is a realness *in the service of* the client – but it does mean being willing to disclose one's feelings, experiences and perceptions, and that may include one's feelings of vulnerability. Indeed, for existentially-informed psychotherapists such as Spinelli (2001) and Farber (2000), it is the disclosure of such vulnerabilities that can be the turning point in psychotherapy, for it is through this process that clients may begin to feel a genuine caring towards another human being, and thus re-enter the inter-human world. A powerful example of this can be found in Dave Mearns' work with a war-traumatized client, Rick (Mearns & Cooper, 2005). Rick had become mute, and for almost 25 hours of daily psychotherapy, carried out in Rick's hospital room, hardly

moved and made no overt communications. Then, in session 25, Rick gave the "slightest shrug of his shoulders" in response to a question. Mearns, overwhelmed by this "breakthrough", felt a sob rising in his chest and began to cry quietly. Mearns reports: "Rick turned and looked at me, I think with incredulity. Then he did an amazing thing. He swept his legs off the bed, reached to his bedside table, plucked a Kleenex and handed it to me. Then he resumed his normal position" (Mearns & Cooper, 2005, p.110). The next day, Rick spoke for the first time in many months – asking one of the nurses for a coffee maker!

As with working at the level of lived-experiences, being genuine and transparent in this way also requires psychotherapists to develop their depth of self-awareness. Psychotherapists cannot disclose feelings that they are not aware of; and the more aware and accepting they can be of their feelings, the more confident they are likely to be in expressing them. Moreover, such a process of self-exploration is essential in helping psychotherapists identify the barriers that they, themselves, may put up towards a more in-depth, genuine encounter. For example, I once worked with a client who I found extremely attractive, but who I struggled to establish an in-depth therapeutic connection with. When I explored this in clinical supervision, what I came to realize was that I had come to afford attractive women extremely high status, such that I found it difficult to see or appreciate their vulnerabilities. Having realized this, however, I could then begin to notice when, with this client, I was not fully acknowledging her problems, and could make more of a conscious effort to do so. Hence, within the humanistic field, a central aim of much clinical supervision is to help psychotherapists develop an awareness of what *they* are experiencing in relation to their clients – and how they might share this with clients, if appropriate – as opposed to focusing on clients and *their* psychological difficulties and diagnoses.

As an example of bringing one's experiencing more specifically in to the psychotherapeutic work: some years ago I worked with a female clinical psychologist who was feeling depressed and isolated and, as a result, had taken early retirement. In our first session, I experienced a strong sense of warmth and connection with her and so, in our second session, was shocked when she presented me with an image she had drawn of me earlier in the week, in which I was pictured as a distant, aloof, disinterested presence, dressed entirely in black. We talked about her perception of me, and how she tended to misperceive others as more persecutory than they actually were; but what I also did in the session, very carefully and very deliberately, was to share with her how I actually did experience her. Here, then, was an exploration of the client's "transference", but there was also an attempt to forge a therapeutic relationship in which a high level of honesty and mutuality existed. And, indeed, as the work progressed, it was this experiencing of a transparent, trustworthy, supportive relationship that, for the client, was the most important element of the psychotherapy: a relationship that helped her to break through her feelings of isolation and abandonment.

Conclusion

For some clients, psychological problems emerge because they have lost touch with their own humanity. They feel themselves to be worthless, deadened, "things": going through the motions of day-to-day existence in a mechanical, a-volitional manner. For other clients, psychological problems emerge because they have lost touch with the humanity of others: cut off from the "deep soul nourishment" (Hycner, 1991) that only others can provide. For such clients, then, to relate in a de-humanizing

way – whether implicitly or explicitly – would seem to be the very antithesis of a *therapeutic* encounter. Whether a practitioner works from an explicitly existential or humanistic stance, then, or under the label of any other psychotherapeutic modalities, what would seem to be essential is to relate to the client in a valuing and respectful way: and not just a superficial appreciation, but a valuing that goes right down to the very core understanding of who they are. Moreover, a healing relationship would seem to require psychotherapists, themselves, to engage with their clients as a multifaceted human being: one who can engage in a genuine, honest and open way. Whether or not, then, psychotherapists consider themselves existential or humanistic, and whether or not these psychotherapeutic approaches are in or out of fashion, the principles they embody are universal and timeless: a deep respect for clients – for all humanity; and a willingness to engage as simply one human being to another.

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