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A European perspective on the position papers

Commentary

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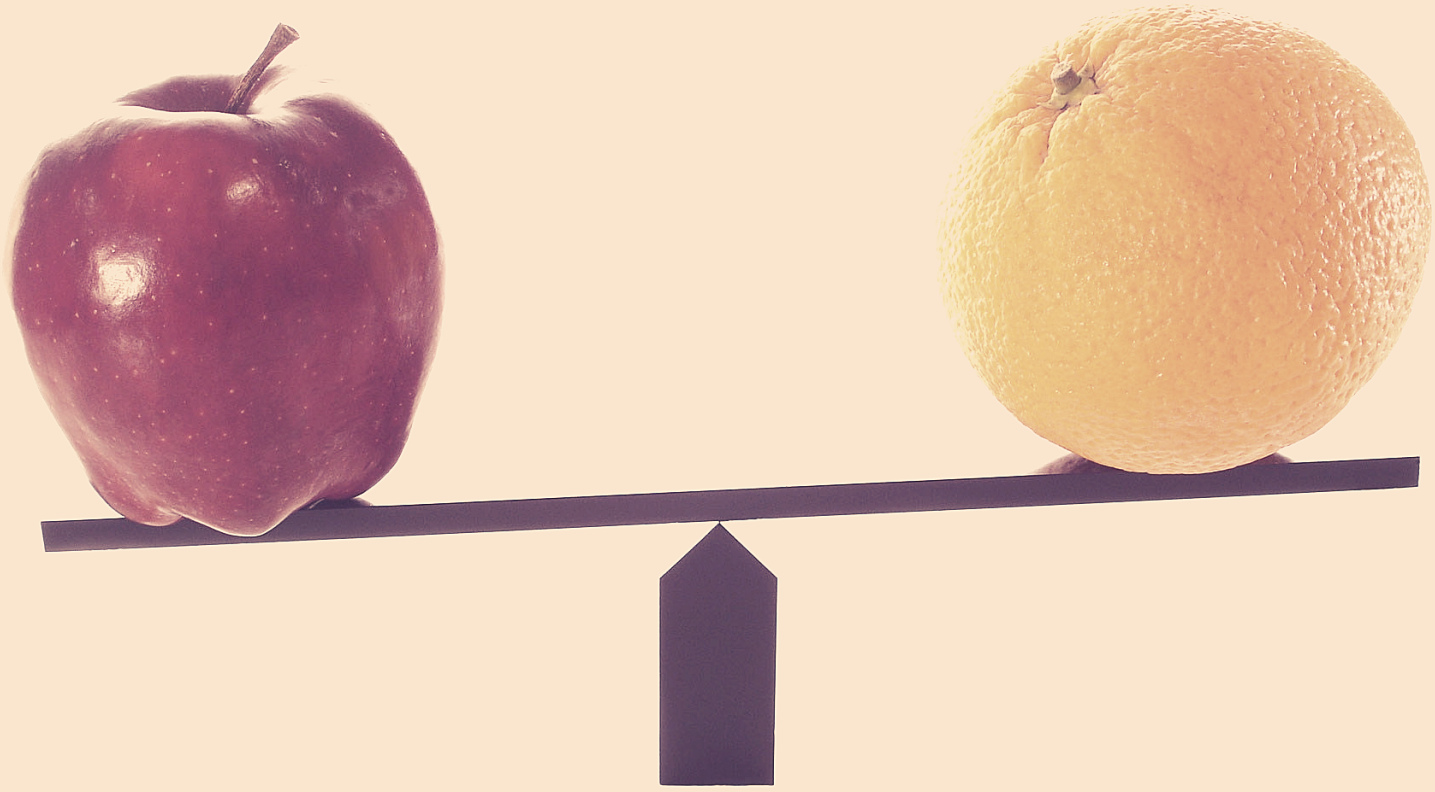

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COMMENTARY

A European Perspective on the Position Papers

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Our comments begin with a short review of some of the differences in narratives concerning the history and the origin of humanistic psychology (HP) between the United States—portrayed in several of the position papers—and Europe. Second, we discuss the effectiveness and conceptual understanding of HP and its implication for training. Third, we make reference to humanistic therapeutic goals and the humanistic background of multicultural modalities. Our proposition is that the term "humanism," as it is used in some of the articles, needs significant clarification for it to be a viable working concept within this modality and other modes of practice. Finally, although appreciating the focus given to common aspects in both "contextual cognitive–behavioral therapy (CBT)" and HP, we claim that some methodological stances, which might be seen as leading to a "dead end" from the perspective of cognitive–behavioral therapy research, are essential for HP and, moreover, connect HP to the modern interdisciplinary discourses of systems science.

Keywords: European history of humanistic psychology, effectiveness, training, humanism, research, methodological artifacts

Differences Between the US and German Perspectives on the History and Origin of Humanistic Psychology

Comas-Diaz (this issue, pp. 437–441), Elkins (this issue, pp. 450–454), and Hayes (this issue, pp. 455–460) position their remarks concerning the history and origin of humanistic psychology (HP) from an American perspective, a perspective that is seen differently in Europe. Comas-Diaz, for example, writes: *"Contrary to a Western concept of curing, where clinicians treating a diagnosed disease ignore the clients' subjective experience of illness . . ."* (p. 438). This does not reflect our understanding from a Western European perspective. Although Europe belongs to the Western world, this "Western concept" was not, and is not, a typical conceptual understanding of "curing" (as we will discuss later in more detail). Moreover, when Comas-Diaz contrasts "Western psychotherapy" to "Ethno-Indigenous healing" in a table in her article (Comas-Diaz this issue, Table 1), we have to add that European psychotherapy, at least in the first half of the 20th century, had much more of the idea of "Ethno-Indigenous healing" than of ignoring "clients' subjective experience of illness."

Elkins (this issue, p. 453) writes: *"We must acknowledge that for more than 100 years we have focused on the wrong factors in psychotherapy. We now need to correct this historical mistake by making major changes in research, training, and practice. For example, in research, we need to shift the emphasis from specificity research designed to find effective techniques to research designed to help us understand the personal and interpersonal factors of therapy and how they contribute to effectiveness."* The change or shift Elkins refers to was in fact the focus of Carl Rogers' theory (1951, 1961) and the Berlin/Frankfurt school of Gestalt Psychology from 1910 to 1935, where Goldstein, for example, coined the term "self-actualization." As we know, this term became a cornerstone in the thought of both Rogers and Maslow some decades later in the United States.

Finally, Hayes (this issue, p. 455) writes that *"Humanistic psychology originally* defined *itself to a degree by its opposition to behavioral psychology and psychoanalysis (thus the term "third force"). To this day, entities such as the Association for Humanistic Psychology explain humanism in this way."* This too is seen differently within the European context. Due to these differences, it might be worthwhile to make several remarks that distinguish the European "story" of HP.

Although HP is commonly referred to as the *third force* in American psychotherapy, it is considered the *second force* within Europe, starting as early as the 1930s (represented by such theorists as Viktor Frankl, Karl Bühler, Jacov Moreno, and Frederick Perls [see Bonin, 1983]) as a response to, and in dialogue with, psychoanalytic depth psychology in addition to being broadly inspired by *philosophy* (e.g., Frankl, 1938, 1939). This particular humanistic approach to *psychotherapy* was, however, soon decimated by the inhumanity of Nazi social policy.

In fact, two decades earlier from 1910 to 1935 the Berlin/Frankfurt school of Gestalt psychology (as elaborated by Max

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Wertheimer, Kurt Koffka, Wolfgang Köhler, Kurt Goldstein, and Kurt Lewin [see Ash, 1995; Harrington, 1999]) was already well known worldwide for its theoretical developments and experimental psychology, years before the Nazi regime forced all of its members to leave Germany. Gestalt psychology stresses basic humanistic patterns such as the holistic and systemic dynamics in the interactions between "elements." This is to say, Gestalt psychology emphasizes the relationship between the whole Gestalt and its "elements," as well as between the whole Gestalt and its context. This approach was an alternative to other experimental approaches that focused on single elements (Kriz 2007b).

Aside from the fact that most Gestaltists were Jewish, Gestalt emphasized the autonomy, self-actualization, freedom, and holistic responsibility of the human being, which was of course, in contradiction to Nazi ideology and its emphasis on submission, heteronomy, rights of the most powerful, and the law of survival of the fittest. As a result, there were no opportunities for Gestalt psychology to be taught in the new German universities that emerged immediately following World War II. By 1970, however, HP returned to German universities chiefly as a "U.S. style of approach," particularly through the works of Carl Rogers, ignoring Germany's historical roots before the war.

The Question of Effectiveness

Elkins (this issue) raises the importance of personal and interpersonal factors that contribute to effectiveness. Client factors, therapist effects, and the interpersonal working relationship with its special element of attachment are purported to be the most potent contributors to effectiveness. This finding is mirrored in the therapy outcome literature cited by Elkins, namely the fact that all *bona fide* therapies, that is, therapies with a humanistic, supportive, and committed *attitude*, have been shown, "since the late 1970s and early 1980s," to be "robustly effective" (p. 3). "The findings were clear: specific modalities and techniques had relatively little to do with effectiveness while common factors, or what Wampold called contextual factors, that is, certain factors found in the context of all bona fide therapies, were major determinants of effectiveness" (p. 5). There were "no differences in outcome between treatments" in children with anxiety, depression, conduct disorder, and attention deficit hyperactivity disorder (ADHD), as well as in adults with PTSD and alcohol abuse (p. 6). Furthermore, he suggests, together with "numerous researchers and other scholars," that "common factors—not modalities and techniques—are the primary determinants of effectiveness" (p. 6), especially "the personal and interpersonal factors are particularly potent" (p. 7). He concludes with the "acknowledgment that all bona fide psychotherapies are ultimately dependent on the humanistic elements for their effectiveness," which has "revolutionary implications" (p. 12) in research and training.

Both findings correspond in large degree to Wampold's (this issue, pp. 445–449) stress on common human factors such as cultural embeddedness and later on connectedness, expectation, and a sense of mastery for the effectiveness of psychotherapy. Taking this into account, HP cannot only be seen as a common denominator in all psychotherapies, as both authors specify, but also as a common ground for understanding and theoretical explanation, thus helping to promote a better understanding of the processes of psychotherapy as a whole. It seems that some specific aspects of humanness (of the authentic essence of the patient and the "healer") comprise that beneficial interaction, which consists in improvement of dealing with oneself and the world, the subsequent enhancement of well-being, and reduction of symptoms.

There is some logic in elaborating on the aforementioned findings and attempting to bolster them through the development of specific techniques as Hayes proposes in his paper (this issue). The idea of further strengthening the humanistic impact on the effectiveness of psychotherapy is attractive. This proposed "technical" prolongation, however, leads to a bias because something is made functional, which by its nature (or better, its essence) is not functional, that is, objective, or utilitarian. Its essence is on the level of *being* (which is completely in line with the position of Stolorow, this issue, pp. 442–444), not one of objectification or utilitarianism. Put another way, what distinguishes us as human beings is the capacity *to be*, not the capacity to *make use* of, to engineer the properties of "being." This nonpragmatic stance seems to us to be important, even decisive, for HP (which does not preclude one from trying—especially for training purposes—to investigate what Hayes proposes). What we propose, however, is that training in the microprocesses of humanistic therapy must be balanced by cultivation of authentic (here-now) responses in the trainee. For example, this form of cultivation could include the intimate discoveries of personal therapy, the development of a resilient bearing, and the nurturance of a keen intuition.

Techniques of Humanness

In response to Steven Hayes's proposal (this issue) of making use of the underlying (mostly humanistic) common factors of psychotherapy, on a methodological basis, and changing them into techniques, we caution against the potential danger of falsifying the conceptual foundation of HP. The danger lies in creating technical use of humanistic features in a framework of a nonhumanistic understanding, a point we made in our article (Längle & Kriz, this issue, pp. 430–436) on behalf of the difference of "making use of" and "being." This danger can be discerned in the following vignette about common therapeutic relationships: (a) the therapist is trained to behave according to a manual to give (preformulated) remarks of understanding toward a client (e.g., verbalizing understanding words and performing understanding gestures) and (b) the therapist genuinely has the sensitivity and experience of understanding and expresses his or her own feelings. Accordingly, we insist on the difference between a therapist (a) behaving as if he or she can be understanding and (b) being understanding.

Aside from this issue, it has to be admitted that common factors do emerge in terms of what is effective in all psychotherapies even when practitioners are not "humanistically" trained. This brings up the question as to whether there are any differences in effectiveness when "common factors-techniques" are used by humanistic and nonhumanistic psychotherapists that we hope can be clarified by future research.

Falsified Theories

Hayes (this issue) correctly states that HP does not have any theories that have been rejected or replaced as a result of new findings from empirical research. We would also agree with this

given our experience and understanding of HP. However, we contend that the strength of HP lies in its focus on those enduring aspects of human existence—such as actualization patterns—and the concept of what it means to be human. Has the human being changed in its fundamental essence since antiquity? Despite environmental, social, and technological changes, we share most of our essential human qualities with our human ancestry. These include the following: the pursuit of understanding, love, overcoming anxiety, and so forth. There are a considerable number of theories rejected within psychological/psychotherapeutic science. These are centered on abstract and/or empirical theories of psychology and therefore concerned with interpretations of empirical results. Many of these theories do not produce new contributions to the field at the level of insight and/or philosophical-anthropological conceptualizations, which pertain to enduring human dimensions.

Training

An important focus of our discussion concerns training because this is where the fundamentals of HP are clearly visible. Different people within HP may stress different theoretical aspects as the focus for the training of HP therapists. For example, some may be concerned with a technical application, whereas others may stress more theoretical aspects; still others may focus on understanding and empathy, which can be trained in groups focused on the cultivation of intimate personal experience, supervision sessions exploring therapy interventions and client reactions, reflections on the form of presentation of the client and their problem, and so forth. Some aspects influencing this decision may be ideological or may have to do with the traditions of particular schools. Other aspects may pertain to the personal influences of leading personalities in the field or conventional scientific data. Although acknowledging that other HP theorists did not eschew technical training, we feel that the central focus of HP in terms of training should be on the development of personality. The implementation of one's own perception, his or her intended encounter, and his or her phenomenological openness has, as a prerequisite, the psychotherapist himself/herself "becoming a person" (Rogers, 1961). For HP to work effectively, one needs open access to one's own feelings, self-knowledge, and the trained ability to handle oneself. These are crucial elements of HP practice. As a result, one's own personal growth stands at the forefront of training, whereas teaching techniques are of secondary importance, which of course does not mean that they are unimportant especially to gain consistent access to certain disturbances, which may require selected techniques and specific methods.

The Therapeutic Goal

Wampold (this issue, p. 446) states that *"in all* therapies," therapists "induce acceptance of the explanation provided by the treatment method." This goal strengthens the relevance of empathy as a tool for acceptance of explanations. We think this is an overly instrumental understanding of what goes on in HP. In contrast to this perspective, we do not see the therapeutic goal in HP as soliciting patients' acceptance of *explanations* derived from the given method; rather, we see the goal as bringing subjective experience to the forefront and facilitating the patient's own understanding, meaning, and relationship to that subjective experience (we see Stolorow's work, this issue, completely in line with this attitude). Furthermore, empathy is a helpful (though not singular) attitude for this project because of its emotional impact on the patient but not necessarily as a vehicle to "sell a theory." We assume that Wampold would ultimately agree with our position, but his and others' formulation of this idea could lead to a misunderstanding in terms of how it resonates with Europeans.

Multiculturalism as Phenomenological Approach

Comas-Diaz (this issue) tries in several sections to give evidence that multicultural approaches emphasize the therapeutic context over and above isolated interpretations or explanations. As such, Comas-Diaz's multicultural procedure closely parallels phenomenological and HP.

Comas-Diaz (this issue) also refers to " . . . a Western concept of curing, where clinicians treating a diagnosed disease ignore the clients' subjective experience of illness" (p. 438). What she calls "Western" was, for a long time, not the perspective of psychotherapy in Europe (in Europe, the concept of curing was neither Western nor Eastern in distinction). In his paper, Stolorow (this issue) cites a good example from Heidegger of that to which we refer. This Western concept of evidence-based psychotherapy has come to Europe only in the last several decades facilitated by the demand from universities to publish in APA-journals, incorporating evidence-based medicine and research based on randomized controlled trials (RCTs).

Defining Humanism

Although we feel a great deal of compatibility with Comas-Diaz's perspective (this issue), we have concerns about her use of the term "humanism," which seems to be too broad. Her article makes frequent reference to aspects, parts, and ideas of "humanism," which start from the tacit assumption that everybody knows what "humanism" is and what it means. The article, however, lacks a cohesive explanation of her understanding of humanism, and this raises some difficulties for us. In Europe, for example, we are confronted with a centuries-old debate over the multifaceted meaning of "humanism." Given this background, it seems problematic for the renewal of HP to use the term "humanism" from an initial assumption that a general or common meaning of the term "humanism" exists. There needs to be much more clarity about what "humanism" means, and could mean more specifically, and where the danger lies in the misuse of such a term. Although we recognize that all contributors to this special section arrived at a working definition of "humanism" (see Schneider and Längle's introduction to the section[1]), the term in our view continues to require qualification in each context in which it is used.

[1] The working definition, once again, is as follows: "*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*."

Critical Humanism

Wampold (this issue), in contrast with Comas-Diaz, proposes a clearer notion of what "humanistic" could mean, when he comments that "*all psychotherapies are humanistic*" (p. 445) due to the defining features of humans in sociogenesis. However, we have reservations that this definition may also be too wide. We agree with the idea that perhaps all psychotherapies use aspects or elements that derive from the essential foundation of HP. Moreover, we applaud Wampold's statement that "*psychotherapy evolved as a culturally imbedded healing practice because of human traits*" (this issue, p. 445). However, we question that this perspective/argument could be turned round, as Wampold did, and conclude that "*all psychotherapies are humanistic*". First, we question the argumentative conjunction between "*Indeed, it seems that healing practices are uniquely human and exist in every society, historically and currently* . . . and is one of the defining features of humans" and "*So, clearly, humans are social, survival depends on others in the social network, healing practices are ubiquitous*" (p. 445) because it could be interpreted that human beings bring about healing processes just by their nature. To prevent the danger of having an inadequate positive view of the human being, we would agree with Wampold if it is clearly stated that healing is not realized automatically. The healing *potential* within all human beings requires a clear decision on the part of the individual along with an attitude of helping and a willingness to be of benefit to another person. Furthermore, we must add that this may not always lead to constructive results. Harm can be done under the auspices of help, even within psychotherapy. Consider, for example, the case of "reparative therapy" for homosexual patients.

Critique of HP's Mode of Investigation

We greatly appreciate the perspective, stressed by Hayes (this issue), to look for common aspects among HP and behavior therapy (BT) or cognitive–behavioral therapy (CBT). Although it makes sense, on the one hand, to distinguish different classes of approaches, the psychodynamic, the behavioral, the humanistic, and the systemic approach (see Längle & Kriz, this issue)—it is obvious that experienced therapists do not fit neatly into these four categorical boxes. Particularly, when therapists have worked for many years with a variety of patients, they do not simply execute rules out of textbooks but have typically learned from many masters.

Therefore, the so-called "third wave" of BT or "contextual CBT" seems to be a good step, one that broadens the focus from BT or rational reasonable thinking (CBT) to the interpersonal and therapeutic relationship, allowing for questions of meaning, making sense of a specific situation or experience, greater awareness, mindfulness, trust, and so forth. However, integrating aspects of humanistic psychotherapy to broaden the capacities of CBT therapists will not necessarily result in that which is essential for HP (the same holds true for HP therapists who take into account the principles of behavior therapy)—the common factors research notwithstanding. One fundamental gap between both approaches is at the level of "variables": The strength of CBT is the operationalized definition of all variables so that they can be manualized—again, this is important in order to apply the therapeutic procedure into a classic experimental design of independent input and output analysis based on linear (or log-linear) mathematical models. In contrast, the so-called basic "variables" in the person-centered approach (empathy, unconditional positive regard, and congruence) are—in our opinion—continuously positioned on a more abstract level (Höger, 2000; Eckert & Kriz, 2004) and have to be practically unfolded and factually adjusted depending on the patient, the specific situation, and the process being used. Moreover, consistent with this theory (particularly the actualizing tendency, which means an "attractor" in the modern interdisciplinary discourse—see Kriz, 2007a, 2008), the influences are nonlinear—with dynamic, interdependent feedback-loops—and may not fit into the designs and statistical procedures of "*traditional experimental psychological science*" (Hayes, this issue, p. 459), which, according to Hayes, are so important for CBT research. Hence, when Hayes claims that "*the vitality of humanistic ideas can be advanced by actively exploring the realignment with the behavioral and cognitive therapies that is already occurring, and learning to use the basic and applied experimental methods they have championed*," some humanists might answer that psychotherapy research can be advanced by actively reading and exploring that which has evolved in the natural sciences (physics, chemistry, etc.) in the last four decades, by using principles of self-organization, nonlinear dynamic systems, phase transitions, and attractors. Although awarded with Nobel prizes, these phenomena and principles would not fit into the "*traditional experimental psychological science*" (Kriz, 1988, 2008).

That said, Carl Rogers, who first introduced empirical methods with technical recording, control groups, and time series analysis into psychotherapy research (one decade before the first cognitive therapy research started), also used these classical designs in the 1940s and 50s because no other approaches were available. However, when Hayes claims that *"Historically, there was no way to keep a firm grasp on humanistic issues without backing away to a degree from traditional experimental psychological science"* (this issue, p. 459) and that *"the absence of grant funds to foster treatment development"* (this issue, p. 459) is typical for HP, we want to remind the reader that Rogers raised more than $650,000 by the late 1940s and 1950s to support his empirical research on HP in Chicago—an astronomical sum in those days (Kirschbaum, 1995, p. 33). Moreover, when Rogers received the American Psychological Association's first Distinguished Scientific Contribution Award (along with Kenneth Spence and the Gestalt psychologist Wolfgang Köhler) in 1956, he had been selected *"for developing an original method to objectify the description and analysis of the therapeutic process, for formulating a testable theory of psychotherapy* . . . and for extensive systematic research . . . His flexible adaption of scientific method . . . have moved this area of psychological interest within the boundaries of scientific psychology" (Kirschbaum, 1995 p. 34). These facts draw a different picture and contrast, with the claim that HP lacks the capacity for empirical research. This argument has been used to supposedly justify the *"resistance in hiring humanistic faculty in high quality research-oriented Universities"* (Hayes, this issue, p. 459).

The concepts Rogers and other HP theorists developed were rather in tune with the principles of nonlinear, nonindependent, self-organizing dynamics, which are, as many scientists in interdisciplinary discourse would stress, typical for living beings, and in particular for the human body, the brain, and the interactive

systems for making meaning (Haken & Stadler, 1990; Haken & Mikhailov, 1993; Matthies, Malchow, & Kriz, 2001; Kriz, 2009).

As a consequence, we do not agree with Hayes's assessment concerning the "*vast set of explanations* [which] *arose within the humanistic tradition*", which he believes "*taken as a whole have backed humanistic psychology into a bit of a disciplinary cul de sac"* (this issue, p. 459). At least we question whether the three examples given by Hayes of HP "explanations" really lead it into a dead end. The three examples he cites are as follows: "*Human science is different than physical science; Qualitative research is just as important as quantitative research; Experiments analyzed collectively override the personal history of individuals"* (this issue, p. 459). Yet, we believe that all three statements are essential for an adequate understanding of the human being and related research—at least from the perspective of HP. Moreover, when the only way to come out of Hayes' "*cul de sac*" and overcome the "*resistance in hiring humanistic faculty in high quality research-oriented Universities*" is to ignore the differences between the human and physical sciences, to push aside qualitative methodology when analyzing structures of meaning, and to disregard the problems of dealing with nonlinear interconnected variables when aggregating data of individual developments then HP should in fact set itself apart from the mainstream.

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