

Psychotherapy

Humanistic, Experiential and Relational Approaches

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What Is Psychotherapy?

Psychotherapy is the systematic, disciplined and ethical application of psychological knowledge and techniques which have been shown to be effective in changing mood, behavior, and consciousness.

Origins Of Psychotherapy

Anyone who has ever tried to calm down an agitated child, help a friend through a bereavement, or simply distract themselves from unpleasant thoughts, has practiced a form of psychotherapy. As an organized healing practice the psychotherapy family tree has its roots in eighteenth century and early nineteenth when Anton Mesmer discovered the age-old shamanic wisdom that when some individuals suffering from a variety of mental illnesses are put into hypnotic trance or under "animal magnetism", their symptoms disappear. Although eventually dismissed as a quack Mesmer's discovery was later rediscovered by Sigmund Freud, who showed that in the presence of a caring, attentive and trusted listener, when people focused upon their experience, recalled long forgotten traumatic events, and re-experienced the mind states that had accompanied the original traumas symptoms could be cured. With this simple but profoundly significant observation the "talking cure" or psychotherapy was born.

Medical Psychotherapy

In its earliest days psychotherapy was considered as a medical treatment for the brain/mind and was practiced by physicians—psychiatrists—who were highly authoritarian and anything but respectful of a person's own natural healing potentials. The first psychiatrists had at their disposal **behavioral management**--unlearning maladaptive behaviors and re-learning more adaptive ones, **biological treatments** which were aimed at directly altering the brain-- these included surgeries, electro-shock and medications, and **psychotherapy** aimed at identifying unconscious drives and changing emotional responses.

Medical psychotherapy was originally based in Freud's psychoanalytic theory which posits that the basic driving forces within the human psyche are the self-centered and anti-social impulses for sex and aggression. If mis-managed these powerful and largely unconscious forces produce **anxiety** or psychic pain, which leads to neurotic and even psychotic symptoms. Trauma in childhood such as physical and sexual abuse, neglect, serious illness, loss or abandonment,

are common reasons that children fail to develop healthy self-management mechanisms. Healing requires that past traumas and repressed urges be acknowledged by the patient, who then experiences release or **catharsis** of pent-up feelings. Through a process of re-parenting, with the psychotherapist in the role of parent, healthy mechanism for coping with stress and anxiety can be developed. To facilitate the creation of a strong parent-child like bond between analyst and patient, psychoanalytic patients usually lie on a divan with the therapist out of sight behind them. In the early days of medical psychotherapy psychiatric patients were frequently subjected to heavy handed mental manipulations, invasive treatments such as aversion therapy, shock therapy, insulin treatments, lobotomies, and physical restraints and were routinely given massive amounts mind numbing tranquilizers. Because of this, by the nineteen-fifties the public image of medical psychotherapy was distinctly negative. It was widely regarded by the public as a paternalistic and sometimes oppressive form of social control for people whose unconscious urges were either neurotically repressed or psychotically out of control.

Alternative Psychotherapies

In the nineteen fifties Brandeis University Professor of Psychology Abraham Maslow began corresponding with a group of fellow psychologists, the most notable among them George Kelley, Rollo May, Clark Moustakas, Kurt Lewin, Henry Murray, and Carl R. Rogers, who held more positive and life-affirming views both about the nature of the psyche and about psychotherapy. A new movement was gaining momentum within American psychology which was to revolutionize psychotherapy.

At the outset there was debate about what this new psychology should be called. Maslow favored the term Eupsychology to signify its focus on health rather than pathology. Others wanted to call it Existential Analysis, to reflect the influence of European Existentialism. The name **Humanistic Psychology** was finally chosen to acknowledge indebtedness both to classical humanism of ancient Greece and to the great humanist scholars of the Renaissance. Humanistic psychology rejected the medical sickness model and embraced a growth and emancipation model of healing. These ideas were echoed in the radical psychiatry of R.D. Laing and the anti-psychiatry movements of David Cooper in the U.K. Thomas Szasz in the USA, and Franco Basaglia in Italy.

Theoretical Assumptions of Humanistic Psychology

Humanistic psychology begins with three basic assumptions:

1. From infancy to old age human beings strive to actualize their highest potentials and establish and maintain close mutual connections with others.

2. People, including psychotherapy clients, possess enormous inner resources for self-regulation and self-healing which can be accessed in the service of recovery, growth and self-transcendence

3. Healing and self-actualization is facilitated by participation in relationships characterized by a few key interpersonal conditions, namely mutual respect, warmth, acceptance, genuineness and empathy.

With these simple yet profoundly radical and controversial ideas, a revolutionary new psychology was created and within a decade it had changed the face of psychology and counseling.

The movement quickly expanded and almost at once acquired a psycho-spiritual branch which incorporated the ideas of American psychologist William James about altered consciousness states, parapsychology, and religious experience. It focused its interests on the higher reaches of consciousness associated with mysticism, ritual, Far Eastern disciplines like Yoga, Zen Buddhism, Taoism, and other non-western paths to wholeness and transcendence and it drew heavily from the more mystical psychology of Carl Jung. This movement became **Transpersonal Psychology**. In the 1970s **Radical Psychology** made the connection between socio-political issues and psychological distress and brought new perspectives from women, people of color, working classes and sexual minorities into the psychotherapy mix. These three alternatives to medical psychotherapy share a perspective which puts growth and transformation at the center, and while there are important differences among them, there is so much overlap in the actual practice of psychotherapy that it is useful to think of them together as the humanistic approaches.

A New Paradigm

Humanistic psychotherapies are distinguished both Freudianism and Behaviorism in their underlying philosophical beliefs about the nature of reality and the nature of human knowledge. Influenced both by twentieth century physics and Eastern philosophical traditions, the paradigm of humanistic psychology is holistic and relational rather than mechanistic and causal. Humanistic psychologies acknowledge multiple world views and accept that in human affairs at least, truth is always personal and in part social construction.

Concept of "Self"

Humanistic psychology does not see the mind or Self as a permanent structure— a machine carried around in our heads--but as a fluid, always in process "holographic creation" which changes continually as a result of millions of interactions between a deep inner organismic awareness and the almost infinite number of possible contexts in which we participate.

Humanistic psychologists believe, therefore, that it is meaningless to make generalizations about human beings. Every person must be understood in the here and now, in his or her own terms and particular circumstances.

Origins of Psychological Distress

All schools of psychotherapy have their own view about what creates illness and pain. The humanistic view is that people experience pain when spontaneous movement towards self-actualization and successful connections with significant others becomes cut off, blocked, violated or exploited. If these disconnections or violations occur early in life, or persist over long periods, people develop defensive psychological routines or coping mechanisms which further cuts them off from the deeper organismic flow of life. Self-awareness becomes interrupted and authentic interactions with others become impossible. When this happens vital life satisfactions become unavailable, causing further distress and alienation which then may spiral into deeper difficulties which frequently ends up in a crisis.

What Does A Humanistic Therapist Do?

Therapeutic relationship

Humanistic psychotherapists do not cure or heal their clients, clients heal themselves. Because of this no parent-child or doctor-patient dependency is needed. Because the humanistic psychologist's office is likely to be informal and relaxed, with no couch is to be seen. Therapists and clients meet face to face, like people anywhere meeting to have an important conversation. Humanistic psychologists are trained to facilitate the creation of relationships in which it is safe for clients to access their own awareness, powers of self-regulation, growth and self-healing potentials and put them to use in the service of their own (within reasonable limits) self-set aspirations. In the sense that humanistic psychotherapy works by accessing the person's own self-healing processes humanistic psychology is a **homeopathic** discipline.

Relationships which are therapeutic are characterized by certain conditions first identified by Carl Rogers sixty years ago, and which are essential for all healing. These are:

- the relationship is non-authoritarian and therapist and client meet in a collaborative, I-Thou relationship
- the client is seen as essentially competent
- the client sets the therapeutic agenda and solutions to problems are sought which are consistent with the client's deepest sense of reality and values
- the client experiences the therapist as authentic, respectful, accepting, empathetic, warm and engaged

•the psychotherapist positions him or herself as an ally to the basic life force or actualization tendency.

For many clients the psychotherapy relationship might be the first time in their lives when they have been truly listened to deeply by a non-judgmental caring person.

Therapeutic goals

The twin goals of psychotherapy are to relieve suffering and optimize joy. These are achieved through:

- helping clients become more fully aware of their own experience, to identify their psycho-spiritual blocks, and liberate their own healing potentials
- facilitating renewed access to clients' own deeper organismic wisdom
- helping clients make existential choices which respect their inner truth
- helping clients move towards ways of being in the world which places the flow of life at its center and expanding possibilities for "right action" in cooperation with the wider interpersonal, cultural and ecological worlds.

Process of Psychotherapy

Humanistic psychotherapists and counselors do not usually offer advice but seek to assist clients find their own solutions to problems. A typical psychotherapy process of whatever approach has five more or less clearly identifiable stages:

I. Making contact:

The best way to choose a therapist is to ask someone you know and respect --ideally a mental health professional-- for the name of someone they would recommend. Referrals can also be obtained from the organizations listed at the end of this section. It is possible to do a preliminary screening about the personal warmth, therapeutic orientation, therapist's training and credentials, experience with your kind of problem, and fees over the phone.

II . Identification of problem and building a therapeutic alliance.

Therapy begins with identification of the problem. The therapist might ask, "Could you tell me in your own words what brings you here?" for instance. As the client tells his or her story the therapist helps keep focus by asking clarification questions, picking up on vague references that seem to invite further exploration, and so on. At this stage the clients' own characterization of their problem holds the greatest potential for showing the way to a solution.

In this initial phase both parties are checking each other out. The therapist looks for where to best help, the client to see if he or she feels comfortable with the therapist and the process. Emphasis is on establishing the ground rules of therapy and building trust. Ground rules include the cost, frequency and schedule of visits, explanation by the therapist of what the client

can expect in the way of techniques. Responsible therapists will be willing to answer any questions about their training and about the validity and effectiveness of techniques used, and will make sure the client is fully informed and freely consents to try any techniques offered. It is important that clients feel empowered to either accept or reject any suggestions of the therapist and to become active partners in creating the agenda and choosing therapeutic strategies. Throughout this process the therapist will be attempting to build an empathic bond with the client and to create a close and respectful relationship with therapeutic potential.

III. Working stage.

The therapist helps the client explore conscious and unconscious aspects of the problem, resolve internal conflicts, access his or her own subjective truth, and learn to act in new, healthy and empowered ways. Therapeutic techniques might include nothing more complicated than honest conversation, but more likely will be augmented by experiential focusing, work with symbols, role-playing, dream-work, psycho-drama (acting out important and problematic scenes), guided imagery, relaxation, active fantasy, cognitive therapy (learning to interrupt troublesome thoughts and substitute positive thoughts and images), body work such as bioenergetics, expressive arts, dance and movement, meditation, awareness exercises, rehearsing new expressive options such as assertiveness skills, and learning problem resolution and negotiation skills.

IV. Praxis

As therapy progresses the therapist will encourage the client to put what he or she is learning in therapy into practice in the rest of their lives. Therapists might offer suggestions for home-work such as keeping a feelings journal, meditating, recording dreams, attending workshops or seminars on psychological subjects. Connections between lessons learned in therapy and life in the hurly burly of daily life are evaluated. Sometimes at this stage therapists will suggest a client attend a psychotherapy group, to enlarge the circle of people with whom they can be their emerging healthy self. The goal of this stage is to risk trying a new "way of being" as Carl Rogers called it, which is more consistent and congruent with one's own felt sense of reality and the to realistically assess the consequences.

V Progress review, consolidation, closure.

Eventually the original concern which brought the person to therapy either becomes resolved or the person decides to discontinue working on it. The focus of therapy then shifts to termination-- ending the relationship and achieving closure. When well handled this stage permits review, finishing unfinished business, and consolidation of lessons learned. It also provides an important opportunity to face one of the most challenging human experiences—loss.

Unsatisfactory or premature termination can be very upsetting long after the therapy stops. It is important for clients to find another therapist with whom to address unresolved issues from psychotherapy that ends too abruptly.

What Concerns Can Psychotherapy Address?

People of all ages benefit from psychotherapy for many issues, most commonly these are:

- Relationships. Marriage enrichment and therapy, creating relationships, sexual problems, parenting, work relationships
- Trauma and loss. Death, divorce, loss of a love, severe illness, trauma recovery, violence, abuse, rape, childhood sexual abuse .
- Identity. The existential questions, who am I, what does my life mean, am I crazy, how should I live?, sexual identity; vocational and motivational questions
- Psychological pain. Depression, anxiety, compulsivity, phobias, impulsivity, stress, addiction, anger, delusions and hallucinations
- Personal development. Love, intimacy, creativity, self-transcendence, spirituality and wholeness.
- Sports psychology. Performance, teamwork, motivation.
- Physical illness. Heart disease, cancer, chronic fatigue, stress related illness, ulcers, arthritis, premenstrual distress, diabetes, headaches, allergies asthma, lower back pain, all have psychological dimensions and psychotherapy can aid in recovery.

Resources Required--Time and Money

Occasionally resolution can be accomplished in one or two sessions or in an intensive weekend growth workshop. More commonly, for a simple or surface problem, psychotherapy takes several weekly visits. Deeper, long standing issues, or a serious commitment to a personal growth process may take months and even years. Humanistic psychologists usually trust that clients are the best judges of how much therapy they need, although they will make suggestions based on their experience with this particular person as well as with other clients .

The cost of psychotherapy varies depending on geographical region, the level of training and experience of the therapist. Many therapists, even well known therapists will work on a variable fee scale that reflects the financial realities of both clients and therapist. Do not be afraid to ask and never work with a therapist who expects you to go into debt for psychotherapy. Group work is often much less expensive.

Interaction With Other Therapies

Humanistic psychotherapies are frequently practiced in conjunction with both traditional medicine and alternative therapies. Sometimes psychological distress is accompanied by or even caused by physiological illnesses. In these cases somatic treatments such as nutritional changes, exercise, and meditation as well as anti-depressant medication or anti-anxiety medication prescribed by a psychologically minded psychiatrist, may prove helpful.

Some Better Known Humanistic Psychotherapies

There are hundreds of "name brand" psychotherapies. Some of the best known are: Client- or Person-Centered, Gestalt, Transactional Analysis, Transpersonal, Existential, Self-psychology, Feminist, Narrative, Constructivist, Self-in-Relation, Experiential/Focusing, Mythopoetic/Jungian, Psychodrama, Expressive Arts, Eriksonian, Primal-Integration, Family Process, Bioenergetics, Ethno-cultural. All of these can be done individually, with couples and families, or in groups.

Training and Certification of Psychotherapists

Psychotherapy of whatever tradition takes several years of intensive training to master. In the United States most therapists have Master's or Doctorate degrees in Counseling, Psychology Pastoral Counseling or Social Work. Legal practice of psychotherapy is limited to practitioners who have been licensed by the individual States. To obtain a license practitioners must undertake up to 3000 hours of supervised training beyond their degrees and sit for a licensing examination. In Britain the situation is different. Psychotherapists usually have Bachelor's degrees in psychology, counseling or social work and post-graduate training and certification in a particular psychotherapy approach. Training programs are accredited by the United Kingdom Council for Psychotherapy. The Association for Humanistic Psychology Practitioners also accredits psychotherapists. At present no certification is required for counselors in Britain although the British Association for Counseling does accredit some qualified counselors. Accredited counselors subscribe to a code of ethics and code of practice. Most have post-graduate training in counseling.

All the professional organizations have ethical and practice standards which guide the activities of their members. Should any consumer believe they have received sub-standard care from a licensed or accredited psychotherapist they can complain to these professional organizations.

A word about "eclectic" psychotherapists" --Jacks Of All Therapeutic Trades, Masters of None. Eclectic usually refers to therapy which combines techniques from different approaches. When this integration is done by a therapist who has immersed himself or herself in one systematic approach and then over time has introduced wisdom from other systems, this probably

represents the best of all possible worlds. But too often under-trained therapists, who pick and chose from different systems but master none, call themselves "eclectic."

Consumers should be cautious about working with psychotherapists who are not affiliated with any one of the professional organization for psychotherapists. Psychotherapy is a complex, subtle and potent intervention when practiced by people who have received good training from a recognized institute. But because it is so powerful it can also do harm when practiced naively by under-trained therapists. To determine the credentials of a psychotherapist contact one of the organizations below.

Useful Addresses

For an introduction to humanistic, transpersonal and emancipatory psychotherapy or for referral to a competent psychotherapist contact the following organizations.

Organizations

- British Association for Counseling
- United Kingdom Counsel for Psychotherapy
- Association for Humanistic Psychology in Britain AHP(B) Box 3582, London WC1N 3XX; Ph. 071-431-7113
- Association For Humanistic Psychology (International) 45 Franklin St. #315, San Francisco, CA 94102 USA; Ph. (415) 864-8853
- Association for Transpersonal Psychology 345 California Street, Palo Alto, CA 94306; Ph. (415) 327-2066
- International Transpersonal Association, 20 Sunnyside Avenue, A-257, Mill Valley, California 94941; Ph (415) 389-6912

Growth and Healing Centers

There are many well-established growth centers world wide, which offer weekend and on-going growth programs in all the different approaches. The above mentioned organizations can provide suggestions on how to locate one with competent practitioners.

Journals and Publications

Professional

Self and Society. The official journal of AHP-Britain (see above for address)

The Journal of Humanistic Psychology the official journal of AHP, 1314 Westwood Boulevard, Suite 205, Los Angeles, California 90024

The Transpersonal Psychology Journal , 345 California Street, Palo Alto, CA 94306; Ph.

The Humanist ic Psychologist , The official journal of the Division of Humanistic Psychology of the American Psychological Association, C/O Dr. C Aanstoos, Department of Psychology, West Georgia College, Carrollton, Georgia, 30118

General readership

Self and Society (address above) Accessible articles on a range of personal growth and therapy subjects

The Family Therapy Networker 8528 Bradford Rd., Silver Spring, Maryland, 20901-9955, an award winning non-technical magazine covering the whole spectrum of psychotherapy.

Common Boundary, 4204 East-West Highway, Bethesda, Maryland, 20814, a non-technical magazine covering more psychospiritual concerns.