

The world has changed dramatically since the 1940s when Carl Rogers developed the client-centred approach to therapy: a key moment in the development of humanistic psychology. Psychologists, psychotherapists and counsellors are working within multiple worldwide crises across economic, ecological and psychological spheres (Hawkins and Shohet (2012, p.9), quoting Gilding's (2011) book title, refer to this as the 'great disruption' to life as we know it). For humanistic psychology and, indeed, any helping profession, to meet the challenges of the modern world it must evolve and adapt, continually improving its theory and practice. In this chapter, we will discuss the ways in which humanistic psychology can grow and adapt through actualising its potential in three key areas: autonomy, relatedness and competence. These are three fundamental human needs highlighted by self-determination theory (Ryan & Deci, 2000), which is itself a key theoretical development in humanistic psychology. By thinking about these as three areas for growth in the humanistic approach itself, we explore potential directions for the future of the approach.

Establishing autonomy in the humanistic approach

Humanistic psychology is unique in its emphasis on the therapeutic relationship as a force for healing; and in its view of human beings as autonomous, inter-related and essentially motivated towards growth. As the 'third force' in psychology, it can be tempting for humanistic psychologists to define the approach by its differences from what went before: a counter-cultural phenomenon rejecting both the reductionism of the behaviourist tradition, and the determinism of the psychodynamic approach. Emerging as a reaction against more traditional psychological approaches, many see the humanistic approach as a more egalitarian and more ethical way for the helping professions to encounter those in distress. In this sense, the approach has established its autonomy by focusing on its uniqueness, and its departure from more traditional approaches to psychology. But is this still the most relevant, or the most adaptive way of viewing the humanistic

approach? If the integrity of the approach is best served by balancing the three interwoven needs highlighted in self-determination theory, then development of relatedness and competence is also necessary.

Towards a pluralistic-humanistic approach

With the autonomy of the humanistic approach well-established, its identity can be seen as secure. From that position, it has the potential for its relationship to other approaches to become more collegial and less reactive. The dodo bird verdict, whereby research shows little difference in effectiveness between therapeutic approaches (Wampold & Imel, 2015), suggests that no particular psychological approach is of more value than another. In addition, clients have reported little interest in the theoretical orientation of therapists (Binder, Holgersen & Nielsen, 2009). These findings do not negate the philosophical differences between approaches, which are keenly felt by many therapists. However, philosophical differences can be over-emphasised, usually in tandem with practitioners' assumptions that their own approach is best. It is likely that in-group bias explains at least some of these feelings (see social identity theory, Tajfel & Turner, 1979). By contrast, a pluralistic approach to therapy may be more likely to meet the needs of a diversity of clients (Cooper & McLeod, 2011; Cooper & Dryden, 2016). This pluralistic standpoint involves an openness to a range of different approaches and a facilitation of dialogue between therapist and client about what is preferred. It is a way of working which maintains the humanistic emphasis on the therapeutic relationship, and the humanistic view of the person who is actively engaged in the relationship as autonomous, inter-related and motivated towards growth. For a humanistic therapist to take a pluralistic approach does not mean becoming a jack of all trades, but being open to the influences of other approaches while working congruently within their own personal value system

and training. In this sense, pluralistic practice is highly consistent with humanistic thinking, and could allow the approach to develop while maintaining its autonomy.

This need not be contradictory when we consider that the three fundamental needs of autonomy, relatedness and competence are interlinked and positively reinforce each other when adequately supported in the social environment. Ryan and Deci (2000) propose that the three needs ‘must be satisfied across the life span for an individual to experience an ongoing sense of integrity and wellbeing’ (p.74-75).

Growth in relatedness

In relation to the content of humanistic therapy, many contemporary theorists have argued for a greater focus on relatedness to balance the existing focus on autonomy. For example, Rogers’ actualising tendency is seen as a positive force working opposed to the usually negative impact of the social environment. Mearns and Thorne (2013) have reframed this as the ‘actualising process’, whereby the growth of human beings depends on a balance between individual freedom and social responsibility. The emphasis on social responsibility is a growing edge within humanistic psychological theory and could be taken further, with more attention given to social justice. Given the close association between social inequality and distress, psychologists have a responsibility to work against tendencies to ignore or distort the realities of life in the 21st century. Already, humanistic psychologists make important contributions on a social level. For instance, the American Psychological Association’s Society for Humanistic Psychology issued a statement of opposition in response to DSM-5 (the most recent version of the Diagnostic and Statistical Manual of Mental Disorders), and humanistic psychologists are involved in critiquing the increasing medicalisation of distress. In this sense, humanistic therapy has moved its focus on the autonomy

of human beings towards a balance between autonomy and relatedness. In a similar way, the second fundamental need for relatedness could be taken into account in the development of the approach itself. In other words, relatedness between humanistic psychology and other theoretical orientations could enhance the integrity and wellbeing of the approach.

One way of achieving this sense of relatedness would be collaboration with other approaches in training therapists. Trainers from different theoretical orientations could give trainee therapists a broader view of how distress is conceptualised, and highlight the similarities between approaches as well as the differences. Providing trainee therapists with the ability to speak the language of other therapeutic approaches would allow them to more fully understand their own practice and different therapists' ways of working. More importantly, for clients who may prefer a range of approaches, a level of understanding about the theory and practice of other therapies would enhance humanistic therapists' abilities to meet their needs.

Actualising competence

Given the nature of the three fundamental needs as intertwined and mutually supportive, the third need, competence can be actualised in parallel with autonomy and relatedness. A key move towards actualising the competence of the approach would be a commitment among humanistic practitioners to research and evaluation of their practice. However, despite movements towards encouraging interest in research among practitioners of humanistic psychology, there remains a gap whereby a large number of counsellors working in the humanistic tradition are indifferent to the idea of conducting research (Daniel & McLeod, 2006).

Part of the reason for this reluctance among humanistic therapists to engage in research and evaluation is the sense of the approach existing outside of traditional psychology and its research methods. In other words, the aforementioned imbalance between the autonomy and relatedness of the approach within the broader field affects humanistic practitioners' relationship with research, and by extension, competence. Demonstrating competence in humanistic practice can be seen by therapists as an externally imposed demand, tied up with the research methods of incompatible ways of thinking. It can be argued that humanistic psychology, by virtue of its counter-cultural identity, thrives on occupying an alternative position, and can never truly integrate with the mainstream of research and practice in psychology lest the values underpinning it are compromised to a point that it is no longer an authentic reflection of humanistic thinking. But if the approach moves towards more relatedness with other therapeutic approaches, could humanistic therapists also become more open to a range of research methods? Could greater integration between research and practice actually enhance the approach in terms of autonomy, relatedness and competence?

Some have argued (see Guy et al., 2012) that research on humanistic therapies is better suited to methods which are rooted in similar philosophical and ethical traditions, i.e. qualitative methods. Unfortunately, these methods are considered inadequate by policy makers and funders to provide evidence of the value of a therapeutic practice. The gap between empirical research and humanistic therapy has contributed to the approach being somewhat sidelined. Compared to the behaviourist tradition's developmental trajectory through Cognitive Behavioural Therapy (CBT), humanistic psychology remains under-researched and therefore under-valued. CBT is often erroneously considered to be the most effective approach to therapy, due to the wealth of evidence provided by its long-standing commitment to research through randomised controlled trials (RCTs). Since the humanistic approach has not traditionally sought to prove itself through scientific research methods

like this, the lack of evidence for its effectiveness can be misinterpreted as a lack of effectiveness per se.

Empirical research and the humanistic approach

Having been involved in research on humanistic counselling in UK schools, including pilot RCTs (Cooper et al, 2010; McArthur, Cooper & Berdondini, 2013; Pybis et al, 2015), we have argued that quantitative methods including RCTs are an acceptable and ethical option for researchers within the humanistic tradition, and one option for addressing the demand for evidence-based practice (Cooper, 2011; McArthur, 2011). However, others have argued that research methods associated with a reductionist view (and especially RCTs) are inappropriate for studying humanistic approaches, such that this course of action constitutes bad faith (Rogers, Maidman & House, 2011). But if humanistic psychologists refuse to engage with research methods outside of their own theoretical orientation, humanistic practice may remain in its sidelined position. This means that potential clients in distress, regardless of their preferences for therapy, may not have access to humanistic approaches. Through engagement with empirical research in school-based humanistic counselling, researchers from the humanistic tradition have been able to demonstrate clearly the effectiveness of humanistic therapy for distressed young people. Positive results in these studies have contributed to increased access to school-based humanistic counselling in the UK, and to ESRC funding for a fully powered trial: the ETHOS study.

This pragmatic approach to research could be viewed as too great a compromise for the humanistic approach to maintain its autonomy. Effectiveness demonstrated through RCTs does not necessarily reflect the true human value of humanistic therapy. But this does not mean that positive results

through RCT research are meaningless. For one thing, humanistic therapists can modify how effectiveness is measured in order to reflect humanistic theory. The outcome measures used in RCTs of school-based humanistic counselling have included standardised measures of distress, but also an individualised measure of personal goal attainment developed by CORC, the Goal-Based Outcome (G-BO) measure (Law & Jacob, 2015). This tool allows practitioner-researchers to establish what an individual wants to achieve in therapy, in their own words, and to measure how well humanistic therapy has facilitated that. In relation to self-determination theory (Ryan & Deci, 2000), this could be described as a way of promoting and supporting intrinsic motivations as opposed to external goals. The measure has shown promising results in research on school-based humanistic counselling so far. The findings of the three pilot RCTs conducted so far indicate that, second to reducing psychological distress (as measured by the YP-CORE), increases in scores on the G-BO are the most common outcome of school-based humanistic counselling (Cooper, 2013). In other words, humanistic counselling in schools appears to help young clients to grow in their own self-determined, idiosyncratic ways. This suggests that researchers from the humanistic approach can feasibly meet demands for empirical evidence while promoting the unique values of the approach.

Young clients' experiences of humanistic therapy: an example from qualitative research

Additionally, conducting RCTs does not have to mean excluding other types of research. As an example, some of the qualitative data we collected during one pilot RCT study of school-based humanistic counselling (McArthur, Cooper & Berdondini, 2013) has now been analysed using a grounded theory approach to identify the change processes that young people experienced (McArthur, Cooper & Berdondini, 2015). Interviews conducted with 14 young people who had counselling as part of the RCT showed five distinct pathways of change, with each young person

reporting multiple, overlapping change processes. These change processes provide potential maps of what can happen for young clients in humanistic therapy, and have some implications for practice which feed back into the three interdependent needs of autonomy, relatedness and competence.

The first process, *relief*, reflected the finding that most young people in the study reported a simple process of catharsis, whereby talking about their experiences to the counsellor in itself led to feeling better (McArthur, Cooper & Berdondini, 2013). The more interactive process of *increasing self-worth* was described by young people who developed a therapeutic relationship with the counsellor in which they experienced understanding and acceptance and gradually moved towards greater self-awareness and self-acceptance. *Developing insight* was the label given to the process of young people reflecting on and understanding aspects of their experience through having counselling. *Improving relational skills* was reported by young people who were able to use the counselling sessions as a way of practising healthier ways of relating to others, and then translate this skill into their own lives. Finally, *enhancing coping strategies* was reported by some of the young people as taking advice from the counsellor and learning to change their behaviour.

The differences between these overlapping processes are interesting since the counsellors in the study were all demonstrably using a humanistic approach in their practice. But while the clients' experiences of therapy included processes in line with this approach, there was also one process evidently outside of it, and these were not mutually exclusive. The process of enhancing coping strategies is more readily associated with CBT, while each of the others fits more neatly into the humanistic approach. This is striking because the counsellors and researchers involved all had a bias towards the humanistic approach, and did not conceptualise their practice as advice-giving. However, it is also in line with previous findings in school counselling research whereby young

clients report wanting more advice from the counsellor (Griffiths, 2013), a result which was replicated in this study (McArthur, Cooper & Berdondini, 2015). It may be that young clients tend to have a different understanding of what constitutes advice in therapy, and that the same would not apply for adult clients. Whether or not this phenomenon is unique to humanistic therapy with young people, it suggests that what clients need and want from counselling, and how different clients experience humanistic counselling, do not necessarily fit neatly into one theoretical approach. In order to develop humanistic practice in a way that is responsive to what clients tell us about their experiences, it is important not to dismiss findings like this one which contradict our theoretical concepts. The challenge for humanistic practitioners is to be open to conflicting information from clients and researchers and thereby be willing to adapt our assumptions about what is good practice.

Conclusion

The danger for humanistic psychology in the modern world is that it remains, or becomes increasingly, sidelined in culture despite its great potential for contributing to a more psychologically healthy society. Self-determination theory is a relatively new development in humanistic thinking, and using this as a way of thinking about the approach itself can illuminate potential ways of enhancing, protecting and promoting humanistic practice. Balancing the already well-developed autonomy of the humanistic approach with equally important and interdependent needs, relatedness and competence, can contribute to the integrity and wellbeing of the approach. Greater integration with other approaches, more openness to alternative theories and practices, and a stronger emphasis on research are key to the future of the humanistic approach.

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