HUMANISTIC PERSPECTIVES ON CONTEMPORARY COUNSELING ISSUES

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If you are one of the elders of the counseling or other helping professions, you may have some foggy recollections of a bygone era. During this strange, past age, practitioners held the therapeutic relationship in the highest regard and cared little about specific techniques. The “inner subjective experiences” (Hansen, 2005, p. 406) of clients were considered the most important element of the helping encounter. Odder still, counselors did not give their clients direct guidance or tell them how to live their lives. Clearly, we are now in a different age.

In contemporary mental health culture, practitioners generally care little about the subjective experiences of their clients. Instead of focusing on personal meaning systems, counselors spend their days implementing specific techniques designed to eradicate symptoms of mental disorders (APA, 2000). Conventional wisdom dictates that clients who are afflicted with a diagnosable mental health problem (not coincidentally all clients who use a third party to pay for treatment) are incapable of directing their own lives; their disease has hijacked their judgment. Operating under this medical ideology, counselors are obliged to provide direct guidance to these poor, sick beings. In short, subjectivity has been traded for symptoms, techniques have replaced the therapeutic relationship, and authentic encounters have been usurped by directive treatment models.

Not all emphasis on human meaning systems has been lost, though. The insights of the contemporary multicultural movement have helped practitioners appreciate individuals as bearers of a rich array of cultural traditions, rituals, and worldviews (Pedersen, 1990; Sue & Sue, 2008). Because of multiculturalism, counselors are now, thankfully, more accepting and appreciative of various
cultural modes of being. In terms of meaning systems, then, the profession has generally replaced subjective individualism with cultural collectivism.

Given these changes in mental health culture, how should we regard the humanism that formerly dominated the profession? Perhaps we should wince with embarrassment when reminded of the sappy, relationship-oriented professionals we used to be, as if we had just seen a decades-old picture of ourselves wearing the now ridiculous-looking fashions that were in vogue at the time. Maybe humanism, like so many other bygone trends, should be placed on a shelf in the intellectual museum of the profession and occasionally dusted off and revisited as a shameful reminder of who we once were.

Completely contrary to the position that it should be abandoned, the authors of this book maintain that a strong infusion of humanism is precisely what contemporary mental health culture needs. Those of us who hold this view do not regard medicalization and multiculturalism (as useful as they can be) as advancements over subjectivity and individualism; we simply regard current perspectives as ideological trends, which, unfortunately, as trends tend to do, have eclipsed vital perspectives from past eras. Humanism is arguably the most important perspective that has been eclipsed. Indeed, some of us “displaced humanists” (Hansen, 2009, p. 65) argue that humanism is not a just a theory or treatment orientation but also a “moral imperative” (Hansen, 2006b, p. 115) that should form the basis of any helping encounter.

WHY HUMANISM?

Why, however, should humanism be held in such high regard? Multiple treatment orientations, as diverse as phrenology and primal scream therapy, have lain dormant for years. Why, out of all of those orientations, should humanism be selected as the one to revive? Moreover, are there particular reasons that humanism should be reintroduced at this particular point in mental health history? To understand why we selected humanism as the orientation to revive, it is helpful to first understand the philosophical assumptions, history, and basic elements of humanistic practices.

A Definition of Humanism and of the Humanistic Approach

Simply put by Gladding (2001, p. 59), humanism is “a philosophy that is primarily concerned with humanity (i.e., the worth of humans as individuals).” This is not to say that Gladding was implying that humanism is a simplistic concept. Indeed, humanism encompasses the richness of the human existential experience that emphasizes the crucial role of the here and now, of authenticity in our relationships with others, and the actual experience of “experiencing” ourselves and of our world. Gladding (p. 59) also defined the humanistic approach in counseling,
to wit: “The collective treatment approaches in counseling and psychotherapy that distinguish humans from other animals…. Humanistic psychotherapy is sometimes called the third force (psychoanalysis is the first force and behaviorism the second force).” It may be the third force, but we believe that it is not third in terms of its effectiveness with working with individuals in a counseling situation. Gladding (2008) later further expanded his definition of humanism and of humanistic counseling approaches as focusing on “the potential of individuals to actively choose and purposefully decide about matters related to themselves and their environments. Professionals who embrace humanistic counseling approaches help people increase self-understanding through experiencing their feelings” (p. 207). Experiencing their feelings and not experiencing counseling techniques: That is kind of a shocker and kind of old-fashioned, is it not? It is not. The beauty of the humanistic approach is that its emphasis is on individuals as the decision makers and as the ones who control their growth and development. Those of us who espouse this approach also have the freedom to borrow “techniques” from other approaches if we find them helpful in working with our clients whom we assume are basically “good” and whom we assume can take ownership of their own lives (Gregoire & Jungers, 2007). This is not to say that other approaches are to be rejected. For example, we now know (Day, 2004) that certain conditions have components that are biologically and physiologically based and that people who suffer from, for example, schizophrenia, mood disorders, and attention deficit disorder (ADD) can benefit from biology-based interventions (e.g., Ritalin for ADD). Hence, physiological approaches and biological interventions, for example, have their place, but we contend that they should not hold a primary place. Because humanistic approaches such as person-centered counseling, existential counseling, or Gestalt therapy emphasize the role of persons in managing their lives, we hold that philosophically and practically they reflect most deeply what we all seek to achieve in counseling: responsible decision making and the development and growth of the wholeness and completeness of the human being.

Philosophical Foundations of Humanism

There are many diverse elements to humanism as a counseling orientation. The principle that unifies these elements, however, is the idea that humans are irreducible to other phenomena (Davidson, 2000). That is, humans can be understood only as whole beings and should never be thought of as by-products of other processes.

A brief historical perspective on humanism can help to make the principle of irreducibility clear. Renaissance humanism emerged as a reaction to the authoritarianism of the church, which understood humans as simply the subjects of God. Renaissance humanists insisted that humans were best understood on their own terms and not as pawns of God or scientific objects of study (Davidson, 2000).
During the mid-20th century, psychological humanism emerged as an important force in counseling. Just as the Renaissance humanists insisted that humans should not be reduced to God or science, the mid–20th century psychological humanists insisted that humans should not be reduced to stimulus–response contingencies (i.e., behaviorism) or psychic structures (i.e., psychoanalysis) (Davidson, 2000; Matson, 1971). Therefore, psychological humanism represented a holistic revolt against the dominant reductive theoretical orientations that were present in the mid-century (Hansen, 2006a).

Elements of Humanism

The other elements of humanism follow from this basic principle of irreducibility. Specifically, individualism, the focus on subjective experience, and the emphasis on the dignity of each person are all branches on the ideological tree of human irreducibility. Of relevance to all three branches is the importance of practices that are people responsive. This term applies to practices that highlight “relating to human beings in growth-producing ways” (Bohart, 2003, p. 107).

Along the same lines, individualism, respect for each person’s dignity, and a focus on subjective experience are principles reflected in Ansbacher’s list of humanistic principles, cited in Raskin, Rogers, and Witty (2008, p. 146):

1. Creativity is a powerful force in the lives of people.
2. A holistic approach is more effective than a reductionistic approach.
3. Counseling is essentially based on a good relationship.
4. Sense of purpose, rather than cause, is the primary influence on human behavior.
5. It is necessary for counselors to understand and value individuals’ subjective experiences (e.g., feelings, opinions, values).

It follows logically that humanistic approaches to counseling, education, and leadership are consistent with the overarching principle of irreducibility and are people responsive. For example, Cain (2001, pp. 6–13) provided the following defining characteristics of humanistic approaches to counseling:

1. A positive view of the individual as self-actualizing
2. An emphasis on the critical role of empathy in enhancing the quality of the individual’s experience
3. A belief that individuals have the capacity to actively and intentionally construct meaning in their lives
4. A belief that people have the freedom, right, and ability to choose their goals and how to achieve them
5. A belief in the dignity of every human being
A logical extension of the fourth and fifth characteristics is a belief in the importance of practices that promote tolerance and diversity and uphold human rights (Scholl, 2008).

Thus, humanism is unified by an overarching philosophy of human irreducibility. Accordingly, humans can be understood only as whole beings and should never be viewed as by-products of other processes. Individualism, respect for subjectivity, and respect for the dignity of each person are the three primary elements of human irreducibility. Humanistic principles and characteristics of humanistic approaches are consistent with a philosophical belief in human irreducibility and the three primary elements. In general, humanistic practices and approaches to counseling, education, and leadership may be understood as those that highlight relating to people in empathic, respectful, and growth-producing ways.

Empirical Evidence

Evidence supporting the contributions of humanistic principles to positive therapeutic outcomes is abundant. Two salient strands are research supporting the contributions of the counseling relationship and counselor empathy. There is strong empirical support dating back to the 1960s validating the beneficial effects of the therapeutic relationship (Rogers, Gendlin, Kiesler, & Truax, 1967). More recent research reports supporting the important role of the relationship include both qualitative (Gaston, 1990; Horvath, Gaston, & Luborsky, 1993) and quantitative reviews of the literature (Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000). The positive influence of counselor empathy on therapeutic outcomes is one of the most robust findings in the professional counseling literature (Bohart, 2003).

This brings us back to the question originally posed: Why should humanism be selected as the one orientation to revive? We believe that humanism should be afforded a position of utmost regard because the extensive history, multiple philosophical influences, and consistent empirical support for effectiveness make humanism an extraordinarily compelling system of thought and practice.

WHY NOW?

This brings us to a second, equally important, question. Why is now the right time for exploring the potential of humanism for unifying diverse effective counseling approaches? For one reason, the tension between humanistic values and the prevailing medical model has been increasing over the past 20 years and has never been greater than it is today. Jensen (2006) cited several reasons for this tension; chief among them is the salient conflict between the values systems underpinning the two paradigms. In contrast to humanism’s emphasis on the whole person and facilitating the development of human possibilities and potential, the
medical model’s reductionistic model focuses on deficits and pathology. In addition, Jensen noted that counselor educators are finding it increasingly difficult to teach counselors-in-training humanistic values while also preparing them for the realities of a world of work where symptom-focused treatments prevail.

However, a very real irony is evident in the fact that medical practitioners are also responsible for providing their patients with state-of-the-art empirically supported treatments. As previously noted, empirical support for the significant contribution of humanistic factors such as counselor empathy (Bohart, 2003), the quality of the working relationship, and counselor responsiveness to client preferences in counseling (Roth & Fonagy, 2005) is abundant. Further, humanistic counseling approaches are continually evolving (Scholl, 2008). One example of this evolution is the ongoing development of motivational interviewing (MI; Miller & Rollnick, 2002), an integrative approach to counseling individuals with addictive behaviors that is largely founded on Rogers’s (1957) core conditions (i.e., genuineness, respect, and empathy). MI entails assessing the client’s level of readiness for change and eliciting ideas for how change might be facilitated. Along the same lines, Cain (2001) noted that humanistic therapies are becoming increasingly “individualized” (p. 44) to meet the specific preferences and needs of the individual.

However, because the medical model is the dominant model in the helping professions, researchers are more likely to investigate counseling outcomes related to symptom removal than optimal functioning (Ballou, 2005). Outcomes such as the development of strengths, wellness, subjective sense of well-being, and sense of empowerment are less likely to be the focus of grant-funded research. Humanistic approaches that are more likely to be associated with these growth-oriented outcomes are marginalized in our contemporary symptom-focused climate. The present text makes a significant contribution to the literature by increasing professional awareness and understanding of humanistic approaches that might otherwise go unrecognized.

Roth and Fonagy (2005) stated that most models of counseling consider the quality of the relationship as an ingredient that is essential to all good counseling. Common factors research has supported the contention that the client’s internal strengths and resources significantly contribute to positive therapeutic outcomes (Messer & Wampold, 2002). Humanism’s underlying fundamental propositions subsume many other counseling theories and methods. A primary objective of the current text is to show that humanism has the potential for serving as a general theory of counseling for the helping professions.

Many contemporary movements are informed by humanism but do not give sufficient credit to the original humanistic foundation. One such movement is John Gottman’s (1999) research-based method for practicing couples therapy. Gottman’s method is so popular and widely respected that by 2006, 4,000 couples and 3,000 therapists had participated in at least one of Gottman’s workshops.
(Rogers, Minuchin, Satir, Bowen, & Gottman, 2007). Gottman’s primary goals for couples include developing skills required for nonjudgmental active listening, enhancing partners’ sense of liking for one another, and enhancing partners’ understanding of each other’s likes and dislikes—goals that clearly echo the Rogerian (1957) core conditions.

Another enormously popular movement informed by humanism is MI (Miller & Rollnick, 2002), which is a cutting-edge therapeutic approach originally developed for the treatment of substance abuse and other addictive behaviors. Results of a meta-analytic review indicated that MI was more efficacious than other treatments including skill-based counseling, directive-confrontational counseling, brief advice, and cognitive-behavioral therapy (Vasilaki, Hosier, & Cox, 2006). MI applications have recently been expanded to help individuals cope with anxiety, depression, posttraumatic stress disorder (PTSD), suicidal behavior, obsessive-compulsive disorder, eating disorders, gambling addictions, and schizophrenia (Arkowitz, Westra, Miller, & Rollnick, 2008).

Smith’s (2006) strength-based model of counseling represents a recent paradigm shift away from approaches that emphasize client deficits toward those that emphasize client strengths. In Smith’s model, individuals are affirmed as potentially possessing strengths including wisdom, character (e.g., integrity, courage), creativity, effective use of social support, nurturing skills, and intelligence, to name only a few. From this perspective, the counselor’s role is to assist clients in recognizing, developing, and applying these strengths to their primary concerns (Kress & Hoffman, 2008). From a humanistic vantage point, counselors have a responsibility for recognizing the resources, assets, and virtues their clients possess and building upon these innate strengths. The recent shift to an emphasis on client strengths can be seen in a number of contemporary counseling models including resilience theory (Seccombe, 2002; West-Olatunji, Shure, Garrett, Conwill, & Torres Rivera, 2008), solution-focused therapy (de Shazer, 1988), narrative therapy (Freedman & Combs, 1996; White & Epston, 1990), and Ericksonian therapy (Erickson, 1989).

Finally, the wellness movement is yet another important historical trend closely allied with humanism and humanistic counseling. In the past decade, mental health practitioners, social workers, and medical personnel have become increasingly interested in promoting wellness in the clients and patients they serve (Constantine & Sue, 2006; Day-Vines & Holcomb-McCoy, 2007; Myers, 1992; Myers, Madathil, & Tingle, 2005; Prilleltensky & Prilleltensky, 2003). Recently, the American Counseling Association published a popular textbook titled Counseling for Wellness: Theory, Research, and Practice (Myers & Sweeney, 2005). In 2007, the Journal of Humanistic Counseling, Education and Development published a special issue titled Toward a Culture of Counselor Wellness. These publications reflect a shift in focus away from reductionism and symptoms and toward an emphasis on holism and actualization of human potential. Rather
than the absence of disease, wellness represents the presence of highly adaptive functioning across the social, physical, and cognitive domains (Lawson, Venart, Hazler, & Kottler, 2007). The recent wellness movement may be viewed as a significant historical trend consistent with Davidson’s (2000) humanistic principle of irreducibility and Raskin et al.’s (2008) assertion that a holistic approach is more effective than a reductionistic approach.

Contextualizing Practice Within a Humanistic Ideology

This book is intended to fulfill two primary objectives. First, it is intended to highlight humanistic principles inherent in current, effective counseling perspectives, approaches, and practices. Second, the book is intended to show the power of humanistic thinking to unite diverse elements of counseling practice.

Our text includes three primary content sections: Section II, Contemporary Trends and Applications to Counseling Practice; Section III, Applications in Educational Settings; and Section IV, Applications to Counselor Education and Training. Section II includes six chapters beginning with Chapter 2, “Wellness: Theory, Research, and Applications for Counselors.” In this chapter, Jane Myers, Philip Clarke, Jennifer Brown, and Denisha Champion discuss the application of wellness to substance abuse—one of America’s most serious social and mental health problems. In Chapter 3, “Humanism and Multiculturalism,” Michael D’Andrea and Judy Daniels present a 10-factor model of multicultural counseling that is represented by an engaging heuristic, the acronym RESPECTFUL.

Today, many of us have become overly dependent on passive forms of entertainment and as a result have become less aware of personal creativity as a powerful inner resource. In a bygone era before the advent of entertainment centers, entertainment was more person centered. People were more inclined to entertain themselves through various modes of creative and artistic self-expression such as singing, storytelling, and playing musical instruments. In Chapter 4, “The Creative Arts in Counseling,” Donna Henderson shares models for promoting client creativity and discusses approaches to incorporating the arts into the treatment of a wide range of counseling concerns.

In Chapter 5, “Humanism and Substance Abuse Counseling,” Mark Scholl, Emma Kendrick, Dallas Wilkes, and Bryce Hagedorn observe that counseling approaches emphasizing harsh confrontation and the necessity of clients “hitting rock bottom” are giving way to humanistic approaches that are less confrontational, place more emphasis on the quality of the counseling relationship, and embrace a more individualized harm reduction model. The authors of Chapter 5 focus primarily on two widely respected approaches to treating substance abuse: MI (Miller & Rollnick, 2002) and 12-step facilitation. In Chapter 6, “Humanistic Couples Counseling,” Paul Peluso and Steven Vensel address the relationship that for many of us is most central and salient in our lives. They describe the application of humanistic therapies to diverse couple concerns including loss of
desire, needs for companionship and intimacy, and loss of trust as a result of infidelity. Of particular relevance are the authors’ insightful recommendations for repairing relationships that have been strained or broken.

Humans living in modern times are vulnerable to a wide array of harms including abuse at the hands of other humans, terrorism, and natural disasters. Humanistic counselors are responsible for facilitating healing in clients who have been harmed by these all-too-common threats to our sense of safety and well-being. In Chapter 7, “Healing Trauma Through Humanistic Connection,” Elizabeth Venart and Jane Webber assert that a humanistic framework is a necessity for promoting client healing as well as counselor wellness.

Section III begins with Chapter 8, “Humanistic Perspectives on Addressing School Violence.” In this chapter, Paula Stanley, Robert Small, Stephen Owen, and Tod Burke apply an invitational theory (Purkey & Novak, 2008) framework to make recommendations for reducing and preventing school violence, one of contemporary society’s most serious concerns.

One of the most profound examples of lost potential in our society occurs when a young person prematurely drops out of school and never returns. In Chapter 9, “Ecohumanism: Integrating Humanism and Resilience Theory,” Rolla Lewis shares his humanistic insights including recommendations for integrating eco-humanism and resilience models to empower at-risk youth. Next, Scott McGowan, Frank Brady, and Joseph Despres discuss the potential positive benefits of participating in competitive sports in Chapter 10, “Competitive Sports for the Elementary and Middle School Child: A Developmental and Humanistic Perspective.” In their holistic developmental treatment of the subject, they make timely recommendations for minimizing negative outcomes, maximizing positive outcomes, and reducing the high rate of attrition. The bottom line for them is that all children should be taught sports skills from a developmental point of view while also encouraging a lifelong love of sports. The emphasis is on the development of each child and not on “winning.”

In Chapter 11, “Humanism in College and University Counseling,” Woody Schwitzer discusses the extent to which humanism informs counseling practices in higher-education settings. Employing Drum and Lawler’s (1988) tripartite model of counseling, which subdivides counseling services into preventive, intermediate, and psychotherapeutic, Schwitzer asserts that the preventive and intermediate categories are highly consistent with fundamental humanistic principles. Moreover, he deconstructs Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revised (DSM-IV-TR, APA, 2000) diagnosis, case conceptualization, and treatment planning to show that these psychotherapeutic processes, if conducted professionally and conscientiously, are in fact also consistent with humanistic principles.

Section IV begins with Chapter 12, “Humanistic Education and Technology in Counselor Education: Crossing the Streams.” In this chapter, Michael Walsh
and Linda Leech turn their attention to the intriguing question of whether humanism and technology can harmoniously coexist. They contend that the two, seemingly antithetical, paradigms can be blended to engender a powerful learning environment that is people responsive. Finally, in Chapter 13, “Humanistic Perspectives on Counselor Education and Supervision,” Colette Dollarhide and Darcy Haag Granello employ humanistic theoretical perspectives (e.g., person centered, constructivist counseling) to make recommendations for counseling supervision practices that promote the holistic development and full actualization of supervisees.

In closing, it would be an unfair and unrealistic expectation for chapter authors to be dogmatically humanistic and not stray from any of the central tenets of humanism. Humanism may be viewed as a big ideological umbrella. In their chapters, the contributing authors explain how their practices fit under this umbrella. At times, the authors are candid regarding instances where there are potential limitations to a purely humanistic counseling approach. In our view, highlighting the effective application of humanistic principles across a diverse range of approaches is more valuable than sticking dogmatically to a humanistic practice orientation. Consequently, the primary contribution of this text is that it contextualizes the authors’ various practice recommendations within a unifying humanistic ideology.

REFERENCES


