CHAPTER FOURTEEN

A Vision of Holistic Counseling: Applying Humanistic-Existential Principles in the Therapeutic Relationship

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Suffering and struggling contain seeds for growth (Maslow, 1962/1999; May, 1977), and attempting to control one's struggles exacerbates one's suffering (Watts, 2012; Wegela, 2009; Welwood, 2000b). Consistent with the humanistic-existential psychology tradition, sustainable relationships constitute the marrow of effective therapy and operate as a vehicle for change, and lasting transformation comes from within. In my therapeutic practice, I utilize compassionate presence (see Geller & Greenberg, 2012; La Torre, 2002; Schneider & Krug, 2010; Tannen & Daniels, 2010; Wegela, 2009) and sensitivity to process (see Bugental, 1978; Graybar & Leonard, 2005; Schneider, 2008) as tools for meeting clients on their terms. I aim to create an environment in which clients may: (a) enter into the emotional core of their experiences while expanding their perspectives and range of options, (b) sit with uncertainty and tension in the here-and-now as a source of vitality and renewal, and (c) recognize freedom in and responsibility for their conditions. Thus, clients may transcend predictable yet disappointing patterns and cycles, develop more fulfilling alternatives, and cultivate a sense of empowerment and centeredness to more effectively meet the demands of the situations they encounter.

This article is a reflection on my application of humanistic-existential psychology principles in counseling practice. I begin with an overview of my assumptions about and intentions toward the therapeutic process—namely, promoting second-order change (see Fraser & Solovey, 2007; Hanna, Giordano, Dupuy, & Puhakka, 1995; Murray, 2002) in a developmental context. Next, I provide a case example to illustrate this process. Finally, I conclude with a discussion about the transformative validity (Anderson & Braud, 2011) of this approach in an effort to keep it relevant to the current era of evidence-based practices.

Holistic Conceptualization and Intervention

Humanistic-existential psychology is inherently an integrative psychology (May, 1967; Schneider, 2008). Since its emergence as the *third force* in psychology during the mid-20th century, it has embraced the best of several traditions and orientations both within and outside of psychology in the interest of developing a holistic understanding of human existence and experience and an approach to counseling that prizes and promotes the growth of the whole person in context.

Developmental Contexts

An adequate portrayal of the whole person in context cannot be reduced to a singular framework. Multiple dimensions of interdependent systems operate in tandem. I employ overlapping developmental models—including social-emotional (e.g., Erikson, 1959/1994), cognitive and moral (e.g., Kegan, 1982), cultural and gender (e.g., Belenky, Clinchy, Goldberger, & Tarule, 1997; Levinson, 1978; Sue & Sue, 2008), and spiritual (e.g., Fowler, 1995; Graves, 1970; Wilber, 2000)—throughout the therapeutic process to understand and normalize clients' concerns and to serve as a guide for promoting their growth.

A common thread among these models is the assumption that human development resembles not a stepladder of stages but rather the unfolding and expansion of a helix or of oceanic waves wherein each level transcends but also integrates the previous levels. Each successive level is compatible with those that preceded it, but individuals and organizations/cultures tend to deny or resist the levels that succeed their current position. The purpose of therapy, therefore, is to expose and frustrate this resistance via a process of disidentification (of surrendering the need to defend one's current position, having confused it for one's self-identity, Wilber, 1979) and to "help clients reclaim and re-own their lives" (Schneider & Krug, 2010, p. 1).

I believe that symptoms do not exist in isolation. Rather, I regard mental distress as the consequence of truncated growth. I assist clients in: (a) identifying and developing under-acknowledged and under-actualized capacities within themselves to bring life domains into balance and (b) committing themselves to the possibility of a more promising future despite the inevitability of external constraints and other limitations beyond their control (May, 1967; Schneider, 2008; Schneider & Krug, 2010). As fundamental developmental tasks become understood and openly addressed in therapy, their expressions subside, the process of growth becomes self-reinforcing (Maslow, 1962/1999), and further problematic behavior and/or pathology can be prevented. Moreover, the more

one deals directly with these *a priori* concerns, the less likely they are to manifest in and contribute to physical diseases (Mate, 2003) and to addictive behavior cycles (Mate, 2010).

Promoting Second-Order Change via Therapeutic Presence

In an interview during the late 1980s, around the time that the current evidence-based practice movement was gaining ground, humanistic-existential therapist Rollo May lamented:

> Psychotherapy is facing a very profound crisis. … [It] becomes more and more a system of gimmicks … [that] deal with the minor problems of life [and that merely] patch [people] up and send [them] on again. I don't regard that as real therapy at all. A therapy that is important, as I see it, is a therapy that enlarges a person, makes the unconscious conscious. [It] enlarges [people's] view, enlarges [their] experience, makes [them] more sensitive, enlarges [their] intellectual capacities as well as other capacities. … New possibilities come up. Then you change the whole person. Otherwise, you change only the way [one] approaches this or that incidental problem. The problem's going to change in six months when [the client is] back again. (Schneider, Galvin, & Serlin, 2009, pp. 419-420)

With their emphasis on problem-solving and stabilization (i.e. changes in the frequency, duration, and/or intensity of symptoms), many conventional manualized treatment models are limited to first-order change. That is, they offer temporary relief to clients but they leave underlying (root) problems relatively unaddressed and prone to eventually return (Fraser & Solovey, 2007).

As an alternative, like May and other humanistic-existential therapists, I aim to promote second-order (transformative) change as a principal objective of the counseling experience. Second-order change involves a deep restructuring of self that results in long-term, core-level shifts in and expansions of clients' perspectives of their presenting concerns, of their world, and of themselves (see Fraser & Solovey, 2007; Hanna et al., 1995; Murray, 2002). Second-order change relies less on prescriptive (i.e. how to) techniques that uphold the counselor's role as expert in order to reduce clients' tension (A. Robbins, 1998). Rather, it necessitates the development, nurturance, and utilization of therapeutic presence throughout the counseling relationship in order to facilitate

clients' creation of a new way of being.

Defined as "bringing one's whole self to the encounter with the client, being completely in the moment on a multiplicity of levels" (Geller & Greenberg, 2012, p. 7), therapeutic presence serves as a tool to help clients explore their options for thinking, feeling, and experiencing differently. It involves not so much *what to do* but rather *how to be* in the counseling relationship, and it entails a strong degree of reflective, empathetic listening, attending, and responding (Welwood, 2000a). "In moments of emotional exposure and vulnerability it is not advice, solutions, skills training, or Prozac that is needed, but an interested human being" (Graybar & Leonard, 2005, p. 4). In addition, presence necessitates that I: (a) let go of expectations and assumptions about clients and allow them to set the tone and the pace for change (Geller & Greenberg, 2012; La Torre, 2002; S. Robbins, 1998; Welwood, 2000a); (b) attend to my inner experiences of clients and to their responses (both explicit and subtle) to our relationship and the therapy process without attachment or self-consciousness (Geller & Greenberg, 2012; Kahn, 1997; Krug, 2009; Phelon, 2004; Wegela, 2009; Welwood, 2000a); (c) transparently reach out to clients to uncover layers of ambivalence and resistance to change (Geller & Greenberg, 2012; A. Robbins, 1998; Schneider & Krug, 2010); and (d) maintain and model centeredness, equanimity, commitment to personal and spiritual growth, and the courage to be wrong and to flexibly change course as necessary (Geller & Greenberg, 2012; Koser, 2010; La Torre, 2002; Phelon, 2004; Tannen & Daniels, 2010; Wegela, 2009).

According to research by Murray (2002), clients have identified three primary components of therapy that lend themselves to second-order change: (a) instruction in self-reflection—e.g., focusing and referencing techniques (Doi & Ikemi, 2003; Friedman, 1986; Gendlin, 1981) and mindfulness- and acceptance-based strategies (Ghunaratana, 2002; Roemer & Orsillo, 2009; Wegela, 2009), (b) opportunities for catharsis (see Graybar & Leonard, 2005, quoted in the paragraph above), and (c) corrective experiences (see Bridges, 2006; Castonguay & Hill, 2012; Kahn, 1997; Knight, 2004; Palvarini, 2010) wherein automatic negative emotional responses become replaced with more affirming ones. By introducing small-scale paradoxical or counterintuitive (Frankl, 1986; Fraser & Solovey, 2007) interventions at spontaneous moments (Lazar, 2000) within the therapeutic process, a level of tension is created that is neither too intense nor too comfortable. This ultimately lends itself to an experience of pleasant surprise (Castonguay & Hill, 2012; Hanna et al., 1995). When the process goes well, clients respond, "Hmm, I never approached it that way" and they choose to alter their behavior in turn.

Case Example

A 38-year old white female client was referred to me by her psychiatrist to address her generalized anxiety and depression. Her previous interest in and enjoyment of social and spiritual activities was waning, and she was losing her focus at work and school (she was enrolled part-time in classes at a community college while continuing to work to support her family). Her narratives often included shameful language toward herself, attributable to her authoritarian upbringing. The client avoided contact with her family-of-origin and expressed dread in facing them again when a relative fell terminally ill. She also reported conflicts between her husband and her daughter (from a previous marriage), which she ascribed to being a permissive parent herself.

The client previously had attempted numerous relaxation techniques with, at best, moderate success. She expressed insight into her proneness to self-sabotage and stated that she could not afford to fail at her age. I reminded her that mindfulness training involves not only decelerating mental activity but also increasing nonjudgmental awareness and intentionality. I then provided mandalas for her to color and suggested that she use them to diffuse excess energy when she could not sleep or focus (rather than exacerbate her sullen mood by striving unsuccessfully to complete schoolwork). Moreover, the mandalas served as a pictorial metaphor for centering and for negotiating the freedom and the limitations in her situation. For example, she identified means by which she could incorporate self-care activities into her busy schedule.

Subsequently, I encouraged her to begin coloring outside the lines—an exercise in paradoxical intention. This prompted the principal theme of the remainder of our work: transcending being a victim of her past while productively utilizing her creative and intellectual strengths to overcome her current concerns. She began to express appropriate anger toward her parents. This expression led to the developmental task of her acknowledging their human fallibilities and forgiving them for not being ideal. Prior to termination, she also came to forgive herself for being imperfect, for transmuting feelings directed at her parents into guilt, and for resorting to self-punishing stuckness under fire. She slept better, she balanced responsibilities, she developed empathy toward her husband's concerns about her daughter, she raised her grades, and she articulated plans for a career that better fit her talents and interests.

Conclusion: Transformative Validity as Evidence

In an effort to keep such a holistic approach to counseling relevant in the current

era of evidence-based practices, I now propose six measurable characteristics of genuine growth that demonstrate its *transformative validity* (Anderson & Braud, 2011). First, clients articulate significance in what they previously deemed intolerable. Rather than distract themselves from ambiguity, traumatic memories, or other unpleasant emotions and experiences, they become more inclined to say, "I had to endure that to arrive where I am now." Second, they exhibit increased sensitivity. Their narratives become more inclusive, they take ownership of their roles in internal and interpersonal conflicts, and they become more forgiving of others and themselves. Third, clients better express and demonstrate intentionality behind their beliefs and behaviors and more confidently navigate and embrace life's dialectics and paradoxes. Fourth, these shifts become apparent to others important to them—which enhance clients' senses of humility and hope. Fifth, I (the counselor) also find myself impacted by the relationship, deepening my perspective of the inherent meanings in my and others' struggles as fundamental and liberating aspects of being human (Frankl, 1946/1984; May, 1967; Welwood, 2000b). Sixth, I find myself humbled and reciprocally pleasantly surprised by clients' changes insofar as they tend to surpass whatever expectations I might have had for them.

During the last decade, a wealth of research data (using both qualitative and quantitative methods) has emerged to validate the principles of therapeutic presence (e.g., Geller & Greenberg, 2012; Koser, 2010; Phelon, 2004; Tannen & Daniels, 2010), of second-order change (see Davey, Davey, Tubbs, Savla, & Anderson, 2012; Fraser & Solovey, 2007; Hanna et al., 1995; Murray, 2002), and of corrective experiences (e.g., Bridges, 2006; Castonguay & Hill, 2012; Knight, 2004; Palvarini, 2010) in counseling and to endorse the interdependent relationship between therapeutic relationships and therapy outcomes. This has accompanied the development of evidence-based practices—e.g., acceptance-and-commitment therapy (Hayes, Strosahl, & Wilson, 1999) and other third-wave cognitive-behavior therapy models, motivational interviewing (Miller & Rollnick, 2002), narrative therapy (e.g., Madigan, 2010; Savickas, 2012), etc.—that promote second-order change. Additional research on the aspects identified above will lend itself to further deepening the degree of transformation in evidence-based practice models, thus protecting and promoting the integrity of humanistic-existential psychology and of other holistic practices in the current zeitgeist.