

# Humanistic Counseling Process, Outcomes, and Research

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*Humanistic approaches to counseling are particularly concerned with process, emphasizing the person of the client, the person of the counselor, and the therapeutic relationship. Process and outcomes in humanistic interventions are highly related and complementary aspects of counseling. Counseling outcomes may include client outcomes as well as research outcomes. Whereas client outcomes are focused on the specific needs of clients, research outcomes tend to focus on generalizable results. When considering process, outcomes, or research, the humanistic counselor seeks to integrate the principles of humanism into all aspects of practice.*



Modern humanism encompasses an abundance of diverse theories and approaches (Scholl, McGowan, & Hansen, 2012). These theories and approaches, including person-centered therapy, Gestalt therapy, both the American and European existentialist perspectives, and assorted creative therapies, are connected by their respect for each person as a whole, not reducible to any or all parts of him- or herself (Davidson, 2000; Hansen, 2012). Furthermore, humanistic approaches share an emphasis on our subjective experiencing of ourselves, our relationships, and our environment (Scholl et al., 2012). This article offers an examination of three complementary, interrelated, and recursive aspects of humanistic counseling—process, outcomes, and research—each of which will be examined individually and in conjunction with the others.

As previously mentioned, humanism entails an antireductionistic stance and the belief that individuals are best understood when viewed as whole beings (Davidson, 2000). Several additional principles of humanism logically follow from this fundamental principle of irreducibility. These include the principles of individualism, valuing subjective experiences, and respect for the dignity of the individual. Taken collectively, these four principles inform

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Bohart's (2003) assertion that humanistic practices are "people responsive" or highlight "relating to human beings in growth-producing ways" (p. 146).

However, it is important to recognize that at times the principle of irreducibility can come into direct conflict with the other principles, as well as the importance of being people responsive. For example, rather than a holistic goal, a client's sense of purpose may include the more specific goal of eliminating his or her subjectively experienced public speaking anxiety. In this example, the principle of irreducibility comes into direct conflict with the principles of valuing subjective experiences and respect for a client's sense of purpose. When these principles come into direct conflict, we assert that humanistic counselors have a primary responsibility to respect the client's subjectively experienced needs, sense of purpose, autonomy, and ability to self-select personally meaningful goals. In this case, being people responsive supersedes the principle of irreducibility.

There is a parallel process with regard to a discussion of humanistic processes and outcomes. Whenever possible and practical, we recommend that humanistic processes and outcomes be framed with a holistic lens to encompass the whole person, alone and in relation to others. However, consistent with the previous example of the client with public speaking anxiety, the humanistic counselor's primary obligation is to honor the client's subjectively perceived needs. Rather than addressing the philosophical ideal of irreducibility, the humanistic counseling process should be people responsive and aimed at addressing the client's needs or goals (Young, 2013).

Because humanistic counseling is holistic and honors the subjective experiences of the client and counselor, it also honors the personhood of the client and counselor and is deeply relational (Raskin, Rogers, & Witty, 2008). Humanistic counselors use their own development as a springboard for partnering with others in a professional relationship (20/20: A Vision for the Future of Counseling, 2010) to support the person/client in developing his or her unique human potential. Humanistic counseling, therefore, is a process of becoming, a process of creating oneself, most often in association with others.

Humanistic counselors attend to the process in which the counseling relationship is established, maintained, and developed. They strive to relate to persons/clients in empathetic, respectful, and growth-producing ways (Scholl et al., 2012). However, similar to feminist and many multicultural counselors, humanistic counselors do not act upon clients; they act with them, honoring client autonomy in establishing or not establishing goals (Tryon & Winograd, 2011).

At the same time, the relational context of most humanistic therapies fosters the development of personal growth and healing—two fundamental goals of counseling and psychotherapy (Task Force for the Development of Practice Recommendations for the Provision of Humanistic Psychosocial Services [Task Force], 2004; Yalom, 2005). With mutual agreement, humanistic counselors may also work with persons/clients to promote additional

client outcomes such as a more complex identity (Bohart & Watson, 2011; C. R. Rogers, 1961), greater authenticity/congruence (Bohart & Watson, 2011; C. R. Rogers, 1961), and increased levels of self-directedness (Bohart & Watson, 2011; Miller & Rollnick, 2013; C. R. Rogers, 1961). Further illustrating the recursive nature of humanistic process, outcomes, and research, key concepts popularized by Carl Rogers, including congruence, empathy, and unconditional positive regard, are empirically associated with positive outcomes (Elliott, Bohart, Watson, & Greenberg, 2011; Farber & Doolin, 2011; Kolden, Klein, Wang, & Austin, 2011).

A meaningful distinction can be made between client outcomes and research outcomes. Client outcomes directly correspond to the goals of the client. These goals are generally qualitative in nature and are therefore best assessed using qualitative methods such as interviews. Examples of client outcomes include improved quality of social relationships, the realization of a desired personal self-image (e.g., through solution-focused therapy), and adopting a more fulfilling life path (Schneider, 2011). Research outcomes are more likely to encompass multiple client outcomes, using methods consistent with the counselor's theoretical orientation and specific research questions. These outcomes may be qualitative, quantitative, or both, with standardized assessment instruments often being used in quantitative research. Examples include increased readiness for change, decreased levels of depression, and decreased levels of anxiety. In some cases, such as a client who seeks relief from symptoms of depression, the difference between the two types of goals is less clear. However, even here the distinction can be defined as a difference between the individual client outcome (e.g., reduced subjective feelings of depression) and the overall research outcome, which may be more quantitative (e.g., decreased scores on a standardized depression inventory).

Clearly, process, outcomes, and research are interrelated, complementary aspects in counseling, including humanistic counseling. In the sections that follow, we offer an examination of the current status of process, outcomes, and research in humanistic counseling, individually as well as in conjunction with each other. We conclude with theoretical, practice, and research recommendations.

## HUMANISTIC COUNSELING PROCESS

Counseling is often conceptualized as a dialogue between or among persons. However, the process of counseling, what is really happening, or not, during and between sessions, is perhaps just as or more important to clients' growth, healing, or change (Crits-Christoph, Gibbons, & Mukherjee, 2013). Process is more than the words, techniques, or way counseling unfolds. It is the "nature of the relationship between interacting individuals" (Yalom, 2005, p. 143), in this case, the counselor and client(s). It is what happens—and does not happen—in and between sessions.

The person of the counselor, the counselor's view of the client(s), and their relationships are central to the counseling process and client outcomes in individual and group counseling (Task Force, 2004; Yalom, 2005). Therefore, humanistic counselors commit to ongoing personal and professional development. They strive toward authenticity, to respect their own unique complexity, and to further develop virtues such as hope and empathy, to more fully engage with others (Schneider, Bugental, & Pierson, 2001; Task Force, 2004).

Humanistic counselors recognize that clients are experts on their own subjective experiences (Brady-Amoon, 2011), individual context, complex potentiality, and "multiple self-systems" (Hansen, 2006, p. 13; Hansen, 2012). Within these systems, clients are the primary interpreters of their authority, control, responsibility, and sense of purpose. Therefore, clients play an active and autonomous role in the process of humanistic counseling. Humanistic counselors respect clients' freedom and potential to make their own choices, set and attain their own goals, and even to fail (C. R. Rogers, 1977).

A distinction can be made between counselors who view themselves as primarily being righting agents and counselors who view clients as being self-righting. Humanistic counselors decidedly fall into the latter category. C. R. Rogers (1961) described the self-righting capacity of clients as a "directional trend which is evident in all human life—the urge to expand, extend, develop, mature—the tendency to express and activate all the capacities of the organism, or the self" (p. 351). Consequently, the role of the counselor is to facilitate this self-righting capacity by eliciting ideas and helping a client to access internal wisdom and resources.

Humanistic counselors strive to relate to each client on an equal basis (Task Force, 2004). In so doing, they are often appropriately risk taking and self-disclosing, engaging in parallel work (Bugental, 1987; Scholl, Walsh, & Perepiczka, 2014). They act with clients, not on them (Brady-Amoon, 2011). They take appropriate risks, opening themselves up to the possibility of being wrong and to what well may be an "emotionally intense experience . . . at once energizing and incredibly draining" (Scholl et al., 2014, p. 151). Recognizing the interactive association between persons and their environment, humanistic counselors are also called to understand people in the context of their environments. Moreover, they recognize and work to change oppressive systems that limit or curtail client potential (American Counseling Association, 2014), which, for many humanists, includes diagnosis and other forms of marginalization (Brady-Amoon, 2011).

Humanistic counselors strive to facilitate conditions that promote an authentic, genuine client-counselor relationship (Buber, 1970; Farber, 2007; C. R. Rogers, 1957). They do so with empathy, unconditional positive regard, nonjudgmental acceptance, congruence, transparency, and respect for

the client's autonomy (Farber, 2007; Markland, Ryan, Tobin, & Rollnick, 2005; Rennie, 2002; C. R. Rogers, 1957). In much the same way, humanistic counselors regularly inquire about the client's view of the quality of the alliance (Rennie, 2002).

Bordin (1979) described the characteristics of a good working alliance. They included a good cooperative relationship or bond, client-counselor consensus regarding the overall and sometimes more specific goals of therapy, as well as client-counselor consensus regarding the nature of the tasks and approach in which they will engage to achieve these goals. Recent meta-analytic research confirms the efficacy of counselor-client goal consensus and collaboration (Tryon & Winograd, 2011).

A humanistic counseling relationship provides a forum for interchange between or among people (Hansen, 2006) that extends beyond problem solving and the amelioration of pain. Personal growth and healing, two common metagoals of counseling and psychotherapy, develop in a relational context (Task Force, 2004; Yalom, 2005). Humanistic counselors also recognize that people engage in counseling to more fully develop their potential, freedom, and relationships, as well as to confront suffering and other existential angst (Task Force, 2004; Yalom, 1980). Many humanistic counselors also work, in conjunction with clients of course, to enhance the individual's ability to venture into unfamiliar territory and, in so doing, respond more spontaneously and adaptively in the face of challenges (Bohart & Watson, 2011; Bugental, 2008; Schneider, 2011).

### *The Therapist as a Process Expert and the Use of Techniques*

Bohart (2003) asserted that in humanistic counseling, the therapist, rather than having the answers, "must be a process expert" (p. 131). Process-oriented counselors often strive to provide clients with an interpersonal style that accommodates the client's preference or process of development (Scholl, 2002). For example, some clients might prefer or respond better to a more structured, directive interpersonal style early in the counseling relationship than they would later in the process of counseling (Howard, Nance, & Myers, 1986). Ivey, Ivey, Myers, and Sweeney (2007) recommended intentionally accommodating or slightly mismatching the client's prevalent cognitive style. To illustrate, a counselor might use behavioral techniques within a humanistic framework for a client who primarily uses a concrete cognitive style for processing his or her presenting issue. They also recommended that a counselor intentionally mismatch the client's preferred style to promote a more sophisticated level of thinking (e.g., a client-centered approach to promote increased use of formal operational thought). Similarly, a client who begins the counseling process with a low level of psychological mindedness might reasonably benefit from feedback designed to promote increased self-awareness. In summary, humanists seek to create a therapeutic environment in which clients are both supported

and challenged to identify and further develop their strengths in the quest to reach their goals (Task Force, 2004).

The counselor, at times, may be fairly directive with regard to facilitating the process of counseling, for example, encouraging the client to look inward (Bugental, 1987, 2008) or engage (Yalom, 1980), or implementing a structured technique. For the most part, clients are more concerned with the quality of the relationship than the choice of techniques that are used in counseling (Rennie, 2002; Wampold, 2001). However, clients may also benefit from the use of techniques when their selection is negotiated with respect for the client's autonomy within the context of a good relationship (Markland et al., 2005; Miller & Rollnick, 2013; Rennie, 2002). For example, during the process of counseling, humanistic counselors work to model good interpersonal and communication skills, which are experienced by the client ideally in and beyond the context of the counseling relationship (Bohart & Watson, 2011).

Several studies have demonstrated that the quality of the counseling relationship or related facilitative conditions are positively related to client satisfaction with therapy (Bredel, Brunner, Haffner, & Resch, 2004; Dearing, Barrick, Dermen, & Walitzer, 2005; Graf, Gaudiano, & Geller, 2008). As with the quality of the relationship or alliance, it would be appropriate for the counselor to inquire from time to time regarding the client's level of satisfaction with the techniques or approach used for achieving counseling goals.

### *Prizing Self-Determination*

Humanistic theorists and counselors, including Bugental, Rogers, and Maslow, prized self-determination on the part of the client. All three strongly emphasized the importance of the person discovering his or her unique human potential. They believed in the importance of facilitating a client's self-understanding with regard to this unique potential. For example, Bugental was known to encourage clients to look inward and to venture into unknown territory to realize their untapped potential. Similarly, C. R. Rogers (1954) used a values clarification card sort, known as the Q sort technique, to assist clients in exploring and understanding their values. Humanistic counselors commonly view client values as a basis for formulating meaningful therapeutic goals. C. R. Rogers (1957) also believed that over the course of effective therapy, the discrepancy between a client's actual values and ideal values would be reduced. This reduction might occur as a result of a change in one's actual self or one's ideal self, but importantly, the client would become more authentic or congruent over the course of therapy.

Of relevance to the discussion of how clients' values guide their selection of counseling goals is a framework known as self-determination theory (SDT; Deci & Ryan, 2012; Ryan & Deci, 2000). SDT is a theory of identity development and self-motivated behavior change. Consistent with humanistic philosophy, particularly person-centered theory, SDT posits that

individuals have an innate tendency to move toward growth, to increase integration of self, and to resolve psychological inconsistencies (Deci & Ryan, 2012; Markland et al., 2005; Ryan & Deci, 2000). A person's behaviors are expected to be intrinsically motivating and internally regulated to the extent that they are integrated with the person's identity and are consistent with his or her values, self-concepts, and goals. Counselors who provide autonomy-supportive conditions (e.g., eliciting goals rather than suggesting, providing a menu of treatment approaches rather than prescribing) are also likely to increase client involvement and persistence toward achieving personally meaningful goals (Markland et al., 2005; Moyers, Miller, & Hendrickson, 2005).

### *Therapy as a Process of Creating and Becoming*

Bohart (2003) emphasized the agency or self-efficacy of the client, describing the counseling process as one of creation rather than repairing damage. More specifically, the client synthesizes old experiences in new ways to move beyond old ways of being and to actualize unrealized potential. Furthermore, Bohart made an analogy between client progress in therapy and descriptions of systems "spontaneously jumping to more sophisticated levels of organization" (p. 133) in the realm of physics. Humanistic therapists provide a "dialogical and exploratory process that will result in the emergence of new, creative, and more sophisticated ways of functioning" (p. 131). Finally, Bohart asserted that, as a natural part of the humanistic counseling process, the client synthesizes incongruities in his or her personality into a more congruent and functional whole.

### *Exploring and Self-Actualizing in the World*

The aforementioned synthesis does not occur as a result of merely thinking and talking with the counselor. The exploratory process facilitating creative synthesis includes trying out new behaviors in the world (Bohart, 2003; Bugental, 1997). As a result of trying new behaviors in the world, the client learns that he or she can struggle, take risks, fail, and move onward. This exploratory process contributes to an enhanced sense of self-efficacy and a newfound capacity for venturing beyond one's comfort zone. These target outcomes do not necessarily result in personal happiness, but nevertheless represent moving forward and self-actualizing one's potential (Bohart 2003; Bugental 1997).

Bugental (1997, 2008) referred to the client's quest or process of searching, which echoes Maslow's (1954) descriptions of self-actualizing individuals and C. R. Rogers's (1961) belief in "the tendency which we discover so deeply as the curative force in psychotherapy—man's tendency to actualize himself, to become his potentialities" (pp. 350–351). Bugental (1997) described searching as a process of "seeking for greater richness of living,

fulfillment, satisfaction, confirmation, and affirmation." Searching is a process of finding more complete expression of one's inner potential. Bugental (1997) asserted that "we all hunger to let out what we feel inside and that's what searching's about." In working with a client, he would commonly ask himself, "Are we opening up more territory? Is that life force finding a way through a little more?" (Bugental, 1997). Humanistic counselors view this self-actualizing process as a process without end.

## HUMANISTIC COUNSELING OUTCOMES AND IMPLICATIONS FOR RESEARCH METHODS

When discussing the outcomes of humanistic counseling, one may find it challenging to distinguish between process and outcomes. Humanistic counselors, as mentioned previously, typically aim to promote client outcomes that include a more complex identity (Bohart & Watson, 2011; C. R. Rogers, 1961), greater authenticity/congruence (Bohart & Watson, 2011; C. R. Rogers, 1961), and increased levels of self-directedness (Bohart & Watson, 2011; Miller & Rollnick, 2013; C. R. Rogers, 1961). As mentioned in the introduction to this article, it is important to distinguish between client outcomes and research outcomes. Client outcomes are often qualitative; are more global in nature; and correspond closely to clients' needs, preferences, or self-stated goals. Research outcomes may be qualitative or quantitative, designed to answer one or more research questions in a way that is consistent with the counselor's or researcher's theoretical orientation. The majority of outcomes covered in this section may be considered research outcomes because the findings were designed to be more generalizable than individual client outcomes. Many research outcomes are quantitative; however, a number of the outcomes covered are qualitative client outcomes. The latter outcomes are related to presenting concerns, needs, and expectations that clients have of the counseling process. Some examples of these include improved quality of social relationships, satisfaction with therapy, increased life satisfaction, and adopting a more fulfilling life path. In this section, we first discuss the extant literature on the outcomes of humanistic counseling, and then we discuss the implications of the nature of these outcomes for selecting and using appropriate research methods.

### *A Good Counseling Relationship and Related Counseling Outcomes*

The therapeutic relationship is commonly regarded as the most important factor in humanistic counseling approaches (e.g., Bohart & Watson, 2011; Horvath, Del Re, Flückiger, & Symonds, 2011; C. R. Rogers, 1957, 1961). To date, most research on the quality of counseling relationships has been quantitative. Assessing the effectiveness of specific counseling processes with regard to promoting specific outcomes enhances our ability to provide informed consent to clients, which is essential for providing people with



responsive counseling. Quantitative counseling outcome research also provides essential information to counselor educators, who are preparing their students to become people-responsive counselors in a variety of professional settings.

Results from a meta-analytic study of 190 independent alliance–outcome relations indicated a “moderate but highly reliable” (Horvath et al., 2011, p. 47) association between alliance and counseling outcomes. Specific dimensions of a good counseling relationship (C. R. Rogers, 1957, 1961) have also been empirically associated with positive counseling outcomes. In one such study, counselor empathy was demonstrated to be related to reduced symptoms of depression (D. D. Burns & Nolen-Hoeksema, 1992), as well as client and therapist ratings of the amount of posttherapy change (Hamilton, 2000). Positive regard/affirmation has been found to be positively associated with a reduction in symptoms of severe mental illness (Sells, Davidson, Jewell, Falzer, & Rowe, 2006) and a reduction in symptoms of depression (Zuroff & Blatt, 2006). Congruence/genuineness has been found to be positively associated with clients’ global assessment of functioning scores (Fuertes et al., 2007; Rothman, 2007) and client assessments of the quality of the counseling relationship (Marmarosh et al., 2009; Rothman, 2007). Finally, client–counselor goal consensus and collaboration have been found to be positively linked to positive outcomes such as global assessment of functioning (Caspar, Grossmann, Unmüssig, & Schramm, 2005; Yovel & Safren, 2007), reduced symptoms of depression (Caspar et al., 2005; Cowan et al., 2008; Zane et al., 2005), and stages of change readiness (Brocato & Wagner, 2008).

In addition to the importance of a good client–counselor relationship, humanistic approaches to counseling include other principles that are important to consider in discussing relevant outcomes (Raskin et al., 2008). First of all, it is necessary for counselors to understand and value clients’ subjective experiences. Second, humanistic counselors honor the client’s intrinsic sense of purpose when developing target counseling goals. It logically follows that an important client outcome in humanistic counseling is client satisfaction. Several studies have demonstrated that the quality of the counseling relationship or related facilitative conditions are positively related to client satisfaction with therapy (Bredel et al., 2004; Dearing et al., 2005; Graf et al., 2008). In these studies, client satisfaction is an example of a client outcome given that assessments were based upon the subjective reports of the clients.

### *Improved Social Relationships and Emotional Regulation*

During the process of counseling, good interpersonal and communication skills are modeled by the counselor and experienced in the context of the counseling relationship (Bohart & Watson, 2011). The client learns to respect the feelings and opinions of others and the importance of listening

to understand others in a relationship. Clients benefit from internalization of the client–counselor relationship. The internalization of the counseling relationship is expected to generalize to other relationships outside of counseling (Bohart & Watson, 2011) and represents a significant client outcome. This positive association between a good counseling relationship and interpersonal functioning has been confirmed by numerous studies (e.g., Andreoli et al., 1993; Hays, 1994; Muran et al., 2009).

Also related to internalization of the counseling relationship and the provision of counselor empathy are additional client outcomes such as client acquisition of self-empathy and the ability to view one's circumstances and goals from others' perspectives. As a result, the client becomes more capable of recognizing, naming, and effectively modulating her or his emotions and levels of arousal (Bohart & Watson, 2011). Evidence of this positive outcome comes from studies demonstrating a positive association between a good counseling relationship and decreased levels of depression (N. Rogers, Lubman, & Allen, 2008; Strauss et al., 2006; Van et al., 2008), as well as decreased levels of client anxiety (B. D. McLeod & Weisz, 2005; Piper, Boroto, Joyce, McCallum, & Azim, 1995).

### *Readiness for Change*

Another common research outcome in humanistic counseling is an increase in client readiness for change, which is an integral concept in motivational interviewing (MI; Miller & Rollnick, 2013), an integrative counseling approach combining client-centered and cognitive-behavioral therapies (CBTs). The client-centered component is primarily reflected in the type of relationship provided by MI practitioners (i.e., collaborative, empathic, egalitarian) and is referred to as the spirit of MI (as opposed to the cognitive-behavioral components known as the technical aspects). Several studies have demonstrated that a significant portion of the effectiveness of MI for modifying maladaptive behaviors is attributable to the spirit of MI (Boardman, Catley, Grobe, Little, & Ahluwalia, 2006; Borsari & Carey, 2005; Moyers et al., 2005). The Stages of Change Model (DiClemente & Prochaska, 1998) is an integral component of MI and is used to conceptualize client readiness for the more goal-oriented stages of preparation and action. A sense of readiness is necessary to undertake goals such as cessation of smoking, reduction of alcohol consumption, and adoption of healthier eating habits. Thus, an additional outcome of humanistic counseling is that the client experiences an enhanced sense of readiness for making desired changes (Brocato & Wagner, 2008). Two additional outcomes appear to be particularly important for promoting client readiness for change: (a) enhanced intrinsic motivation for change and (b) enhanced sense of self-efficacy with regard to making a desired change. Several studies indicate that MI is an effective means of enhancing clients' levels of intrinsic motivation (DiClemente, Nidecker, & Bellack, 2008; Graeber, Moyers, Griffith, Guajardo, & Tonigan, 2003; Mar-

tino, Carroll, Kostas, Perkins, & Rounsaville, 2002). There is also limited evidence for the positive effect of a good counseling relationship on client self-efficacy (J. W. Burns & Evon, 2007; Ilgen, Tiet, Finney, & Moos, 2006), and evidence of the beneficial effects of MI in promoting client self-efficacy (Chariyeva et al., 2013).

### *Increased Client Awareness and Use of Strengths*

As a result of receiving positive regard and affirmations from a humanistic counselor, clients are expected to gain awareness of and intentionally apply their strengths to problems they encounter in the future (Bohart & Watson, 2011; Smith, 2006). Clients learn to reframe former problems in terms of the strengths they acquired while coping with adversity and, as a result, become more capable of relying upon these internal strengths. These acknowledged strengths are incorporated into a reintegrated and more adaptive self-concept that places more emphasis upon strengths and less emphasis on weaknesses, prior traumatic experiences, or feelings of vulnerability. Several studies have documented the effectiveness of this type of strength-based self-concept reintegration for clients who experienced trauma as a result of sexual assault (Bonanno, 2005; Feinauer, Middleton, & Hilton, 2003; Tedeschi & Calhoun, 2004; Tedeschi & Kilmer, 2005). The study by Tedeschi and Kilmer (2005) takes a qualitative approach and describes client outcomes related to healthy developmental trajectories for actual clients engaged in strength-based therapy.

### *Personal Growth and Self-Actualization*

Humanistic counselors commonly refer to the removal of blocks to growth and self-actualization as a significant counseling outcome (e.g., Bohart & Watson, 2011, Bugental, 1997; C. R. Rogers, 1961). Low sense of self-efficacy, low levels of intrinsic motivation, and emotional difficulties such as anxiety and depression are all noteworthy examples of potential blocks to self-actualization. Once these blocks are removed, or at least significantly reduced, clients feel freer to try out new behaviors and to persist in the face of setbacks. For example, a client with increased self-efficacy is more likely to persist in the face of a challenge and learn the important life lesson that he or she can make progress even when confronted with a serious obstacle (Bohart & Watson, 2011). Existential-humanistic (E-H) and Gestalt therapies are examples of humanistic approaches that promote client outcomes such as the individual's ability to venture into unfamiliar territory and respond more spontaneously and adaptively in the face of challenges (Bohart & Watson, 2011; Bugental, 2008; Schneider, 2011). Along these same lines, empirical studies have demonstrated that a good counseling relationship was positively associated with clients' personal growth (Hays, 1994; Hervé et al., 2008), and others have shown that a good counseling relationship was

associated with enhanced global functioning or life satisfaction (Biscoglio, 2005; Krupnick et al., 1994; Marziali, 1984). E-H counselors expect clients to adopt a new outlook that includes self-reflection and living in a manner that entails actively exercising their freedom of choice and selecting a uniquely adaptive life path (Schneider, 2011). Clear evidence of humanistic counseling's positive influence on client outcomes comes from qualitative studies indicating that those E-H clients who described their counseling as successful adopt such a new outlook and select an adaptive life path (Bohart & Tallman, 1999; Walsh & McElwain, 2002).

### *Promoting Client Wellness*

When one considers the aforementioned outcomes, including increased self-acceptance and congruence, improved social functioning, enhanced emotional regulation, increased global functioning, and an enhanced self-actualizing tendency, it is readily apparent that humanistic counselors take a holistic and strength-based approach to promoting their clients' growth and development. Thus, it should come as no surprise that the wellness movement is closely allied with humanistic counseling (Scholl et al., 2012). Models of wellness tend to embrace client outcomes that are holistic and strength based. For example, the Indivisible Self model of wellness (Sweeney & Myers, 2001) identifies five primary dimensions to guide counselors in their efforts to promote holistic client wellness: (a) the Creative Self (i.e., thinking, emotions, control, work, and positive humor); (b) the Coping Self (i.e., leisure, stress management, self-worth, and realistic beliefs); (c) the Social Self (i.e., friendship and love); (d) the Essential Self (i.e., spirituality, gender identity, cultural identity, and self-care); and (e) the Physical Self (i.e., exercise and nutrition). Accordingly, humanistic counselors have become increasingly interested in promoting client wellness during the past decade (Constantine & Sue, 2006; Day-Vines & Holcomb-McCoy, 2007; Myers, Madathil, & Tingle, 2005).

## RESEARCH METHODS FOR HUMANISTIC PROCESS AND OUTCOMES

The symbiotic relationship between process and outcomes in humanistic counseling poses a particular challenge to the execution of intervention research. In the humanistic approach to research, the researcher seeks to maintain a focus on the person of the participant, the person of the counselor, and the relationship between the two. Yet, research requires the identification of independent and dependent variables, that is, components to be studied. The nature of research language itself may be difficult for humanistic counselors. Referral to persons, characteristics of persons, or relationships as variables reduces the person focus of humanistic principles. The conflict between humanistic counseling and the culture of research

can be formidable. The humanistic researcher's goal is to design studies that minimize mechanistic ways of observing and assessing people while maximizing the experience of the person of the participant. Decision making regarding the use of quantitative or qualitative approaches, process or outcome focus, and variables of interest is influenced by a researcher's humanistic philosophy. Additionally, humanistic research considers the impact of research on future clients, counselors, and therapeutic relationships. Although some humanistic researchers have rejected the use of quantitative methods because of the complicated nature of person-based research, there is room for both quantitative and qualitative approaches in the exploration of humanistic process and outcomes.

### *Quantitative Process and Outcome Research*

Counseling outcome research typically values the use of randomized controlled trials (RCTs), regarded as the gold standard of counseling research. RCTs include at least one randomly assigned experimental group, a comparison or control group, a measurable outcome variable, quantitative analysis, and a host of internal validity checks to ensure the generalizability of results. The focus of RCTs is on outcome, not process. Humanistic researchers have been slow to embrace the use of RCTs and many have raised significant objections to RCTs because they may be reductive and dehumanizing (Elliott & Freire, 2010). RCTs require the grouping of individuals and aggregation of individual data, which necessarily reduces the ability of the researcher to study the individual person. Well-regarded RCTs also require the use of treatment manuals with integrity checks to deliver experimental counseling methods, ensuring that each participant is "receiving" the exact same type of counseling. The lack of focus on the individual person as participant and the delivery of a one-size-fits-all type of counseling runs counter to the basic philosophy of the humanistic approach. Additionally, the disregard of process observation or assessment is inconsistent with humanistic ways of working.

However, there are methods of approaching RCTs in a way that may be more consistent with humanistic philosophy, or at least tolerable to the humanistic researcher. First, the humanistic researcher will select process and outcome variables that are consistent with the philosophy. Ray, Stulmaker, Lee, and Silverman (2013) provided one example of research that combines a humanistic approach with humanistic variables by exploring the construct of functional impairment as an outcome of interest with child-centered play therapy (CCPT). In their work, Ray et al. theorized that the humanistically based CCPT approach is a suitable match to the outcome variable of impairment because of its focus on the overall functionality of the child, as opposed to restrictive diagnosis or specified symptoms. Van Doesum and Takens (2013) reviewed the possibility of allowing participants to select their own client outcome variables or using process variables to

predict outcomes. Outcome can be linked to the person of the participant by finding methods to include the whole person or integrating what is valuable to the participant as part of the process or outcome measures.

Second, the humanistic researcher needs to be educated about the specifics of RCT methods to find ways to integrate humanistic principles into research. One challenge to conducting experimental studies is the required use of a treatment manual. In traditional research, treatment manuals often define specific steps to counseling that must be followed by the researcher, an aspect of RCTs that is particularly repellant to most humanistic researchers and counselors. However, Chambless and Hollon (1998) described treatment manuals as "broad principles and phases of treatment with examples of interventions consistent with these notions" (p. 11). Not only does this definition allow the humanistic researcher to describe counseling according to theoretical principles and offer specific interventions to describe those principles, but also it allows for freedom in meeting the needs of clients through the humanistic principles outlined in the manual. Treatment manuals can also be used in the developing phases of research, where protocols change depending on the events taking place in counseling. Reimagining treatment manuals is just one method of integrating humanistic philosophy into traditional outcome research.

The humanistic researcher is often concerned with more than the tangible, measurable reward of outcome in research, citing the reduction of the person into a group aggregate score on one or more symptomatic assessment instruments as antithetical to humanistic principles. Another practice to address this challenge to humanistic research is the use of methods to study the effects of moderating and mediating variables in relationship to outcome. Moderators (i.e., characteristics that influence the extent to which change occurs) and mediators (i.e., processes through which change occurs) are both mechanisms from which therapeutic change can be studied (Kazdin & Nock, 2003). The study of moderating and mediating variables in outcome research allows humanistic researchers to account for the person of the client, the person of the counselor, or relationship variables that may change or affect therapeutic outcome. Questions regarding client characteristics that affect the client's motivation in counseling, or aspects of the counseling relationship that affect the client's view of counseling or demonstrable change, can be addressed through the study of moderators and mediators. The exploration of moderating and mediating variables in counseling requires the humanistic researcher to be familiar with advanced forms of research design and analysis to implement proper techniques.

The aforementioned suggestions are just a few ways to help humanistic researchers approach a more traditional view of outcome research. Some might doubt the need for outcome-based quantitative research in humanistic counseling. Previously, we mentioned the secondary focus of humanistic research is the impact on future clients and counseling relationships. Acceptance and support for counseling approaches is currently based in evidence-based

research that focuses on measurable outcomes. Quantitative research on humanistic counseling lags behind more behaviorally based, less relationally focused therapies, most likely because of the inconsistent philosophy between humanism and traditional research methods (Van Doesum & Takens, 2013). Elliott, Greenberg, Watson, Timulak, and Freire (2013) found that humanistic therapies are associated with large pre-post client change, yet CBTs demonstrated a trivial advantage over humanistic therapies. In further exploring the data, Elliott et al. concluded that the CBT advantage was accounted for by humanistically labeled comparison therapies conducted by researchers allied with CBTs. In other words, CBT researchers are including ill-defined and poorly executed imitations of humanistic counseling in their studies and finding CBTs to be superior. Such a finding is substantial motivation for humanistic researchers to find theoretically consistent methods to approach process and outcome research. Elliott and Freire (2012) succinctly concluded, "If we let others define our reality by studying watered-down versions of what we do, we are going to be in trouble" (p. 12).

### *Qualitative Process and Outcome Research*

Qualitative research is a particularly strong match for humanistic counseling because of its focus on the lived experience of its participants. Because counseling is a lived experience of both client and counselor, qualitative approaches to research reflect the counseling experience because it allows for the person of the participant to be heard and understood. The development of qualitative research has led to multiple approaches that can be rigid in philosophy, whereas others suggest the need for a more unifying generic approach to qualitative questions (J. McLeod, 2013). Qualitative research in counseling may concentrate on building theory, confirming theory, content, structure, outcome, or processes. Each of these focal points helps humanistic researchers explore meaningful aspects of counseling.

Timulak and Creaner (2010) completed a meta-analysis of qualitative outcomes among humanistic therapies, including nine qualitative studies. Findings were grouped into three metacategories of positive outcomes: appreciating experiences of self, appreciating experience of self in relationship with others, and changed view of self/others. Appreciating experiences of self encompassed the ability to be open to, contain, and express emotions; the ability to experience hopefulness and calmness; and more peaceful, stable, and improved general functioning. Appreciating experience of self in relationship with others was marked by feeling supported and respected, as well as enjoyment of interpersonal encounters. Changed view of self/others included self-insight, self-awareness, being more interested in others, and seeing others' perspectives. Notably, the findings from qualitative humanistic research studies are mismatched to the typical outcomes studied in quantitative research, which are usually more specific to symptoms such as depression and anxiety. Humanistic researchers would benefit from

using outcomes of qualitative studies to formulate research questions for quantitative studies, thereby providing evidence of outcomes more theoretically aligned to humanistic principles. Additionally, continued qualitative research guides the understanding of the intricate and complicated processes that occur during humanistic counseling.

### *Mixed Methods*

A combination of qualitative and quantitative methods is the most thorough approach to research and is also the most theoretically aligned with humanistic principles. The exploration of the person in terms of characteristics, rich description, self-observation, other-observation, and demonstrable behaviors is best accomplished through both quantitative and qualitative designs and analyses. When practical, humanistic researchers will want to conduct research with the most holistic lens to encompass the whole person, alone and in relation to others.

One growing methodology in humanistic research is single-case design. Humanistic researchers have long embraced the use of case studies to explore the qualities of humanistic counseling. Single-case design is a quantitatively supported method to explore the experiences and changes of persons in counseling. Beyond the case study, single-case design unites the need for rigorous design with the individual of the person being studied. Although single-case design emerged primarily from behavioral treatments, Ray, Barrio Minton, Schottelkorb, and Brown (2010) promoted the use of single-case methodology for counseling research. Features of single-case design include baseline phase of no treatment, continual assessment, adherence to treatment protocol, and visual or statistical analysis. Because single-case studies are accepted in the identification of evidence-based treatments and because of the focus on the participant as a unique person, single-case design provides a methodology that reflects humanistic principles, as well as a current need for empirically supported counseling.

## CONCLUSION

Earlier in the introduction to this article, a case was made for the appropriateness of reductionistic goals when these goals accurately represent the subjective needs and preferences of clients. Honoring the client's preferences in counseling is more humanistic and people responsive than honoring the principle of holism for the sake of philosophical purity. Similarly, we believe there are limitations to a purely qualitative research approach. Quantitative research methods can represent a people-responsive approach when the findings enhance the ability of humanistic counselors to provide meaningful informed consent to clients, facilitate the client's achievement of self-selected goals, or enhance the ability of counselor educators to ensure that approaches to counselor training and supervision are sound.



Lemberger (2012) asserted, "The value of quantitative methods, when properly enacted, rest not in the means of collection or analysis and, instead, in the interpretation and application of the result" (p. 170). Furthermore, he recommended that the numbers resulting from quantitative research be regarded as imprecise representations of phenomena rather than as objective facts. Quantitative and qualitative results must be interpreted as imprecise so that they can be incorporated into a creative, people-responsive, humanistic counseling process. The primary factor is not whether the method is quantitative or qualitative, but that the research is humanistic and counselors interpret and apply results in a humanistic manner.

In counseling and research practice, there are commonly conflicts between two or more humanistic principles (e.g., holism vs. responding to a client's specific goals). It would be an unfair and unrealistic expectation for humanistic practitioners, including researchers, to be dogmatically humanistic and not stray from any of the central tenets of humanism (Scholl et al., 2012). Consistent with Lemberger (2012), we recommend that humanistic practitioners interpret qualitative or quantitative research results as imprecise representations of reality rather than as absolute truths. Research results interpreted in this manner are malleable and flexible enough to be incorporated into a humanistic counseling process in a manner that is responsive to the client's holistic identity, sense of purpose, preferences, and goals.

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