5. HUMANISTIC APPROACHES

5.1 EXISTENTIAL: VICTOR FRANKL was an Austrian neurologist and psychiatrist as well as a Holocaust survivor. Frankl was the founder of logotherapy, which is a form of existential analysis, the "Third Viennese School of Psychotherapy". His best-selling book *Man’s Search for Meaning* (published under a different title in 1959: *From Death-Camp to Existentialism*, and originally published in 1946 as *Trotzdem Ja Zum Leben Sagen: Ein Psychologe erlebt das Konzentrationslager*, meaning *Nevertheless, Say "Yes" to Life: A Psychologist Experiences the Concentration Camp*) chronicles his experiences as a concentration camp inmate, which led him to discover the importance of finding meaning in all forms of existence, even the most sordid ones, and thus, a reason to continue living. Frankl became one of the key figures in existential therapy and a prominent source of inspiration for humanistic psychologists.

Frankl was born in Vienna into a Jewish family of civil servants (*Beamtenfamilie*). His interest in psychology surfaced early. For the final exam (*Matura*) in *Gymnasium*, he wrote a paper on the psychology of philosophical thinking. After graduation from *Gymnasium* in 1923, he studied medicine at the University of Vienna and later specialized in neurology and psychiatry, concentrating on the topics of depression and suicide. His early development was influenced by his contacts with Sigmund Freud and Alfred Adler, although he would later diverge from their teachings.

**Physician, therapist**

During part of 1924 he became the president of the *Sozialistische Mittelschüler Österreich*, a Social Democratic youth movement for high school students throughout Austria.

Between 1928 and 1930, while still a medical student, he organized and offered a special program to counsel high school students free of charge. The program involved the participation of psychologists such as Charlotte Bühler, and it paid special attention to students at the time when they received their report cards. In 1931, not a single Viennese student committed suicide. The success of this program grabbed the attention of the likes of Wilhelm Reich who invited him to Berlin.

From 1933 to 1937, Viktor Frankl completed his residency in neurology and psychiatry at the Steinhof Psychiatric Hospital in Vienna. He was responsible for the so-called *Selbstmörderpavillon*, or "suicide pavilion". Here, he treated more than 30,000 women who had suicidal tendencies. In 1937, he established an
independent private practice in neurology and psychiatry at Alser Strasse 32/12 in Vienna.

Beginning with the Nazi takeover of Austria in 1938, he was prohibited from treating "Aryan" patients due to his Jewish identity. In 1940 he started working at the Rothschild Hospital, where he headed its neurological department. This hospital was the only one in Vienna to which Jews were still admitted. His medical opinions saved several patients from being euthanised via the Nazi euthanasia program. In December 1941 he married Tilly Grosser.

Being a former student of Freud, Viktor Frankl has a psycholanalytical orientation, however, he was influenced by the writing of existential philosophers like Heidegger, Scheler, and Jaspers. Frankl begin to develop his own existential philosophy and therapeutic technique. To avoid confusion with Bingswanger's existential analysis, Frankl coined the term logotherapy. According to Frankl, Logotherapy proceeds from the spiritual, while existential analysis proceeds toward the spiritual.

Frankl believes that even under the extreme physical and psychological stress of the concentration camp man can preserve his spiritual freedom of independence of mind. He can decide what shall become of him mentally and spiritually. It is this spiritual freedom that cannot be taken away. Furthermore, according to Frankl, if there is meaning to life there is also meaning to suffering, since suffering, like death, is an inescapable part of life.

**The Nature of the Person**
The individual is a unity consisting of three aspects: the body, the mind, and the spiritual. The first two are closely related and together form the psychophysicum through the teaching of Freud, Adler, and Jung we have a working understanding of the mind and body, but have neglected the spiritual side of human dimension. Logotherapy focus on this third dimension, the spiritual man.

Spirituality is the chief attribute of the individual, and from it derives conscience, love, and aesthetic conscience. The second characteristics of human existence is freedom. Being human, is being able to decide. Man is free to decide what he will be in the next instant. Freedom means freedom on three levels: the instant, the inherited disposition, and the environment. True, human being are influence by all these factors, but they are free to accept or reject and to take a stand toward these conditions.
Man does not simply exist, he decides what his existence will be. Since man can rise above biological, psychological, and sociological conditions, on which predictions are based, they are individually unpredictable. The third factor of individual existence is responsibility. The individual's freedom is not only freedom from but freedom to something, and this according to Frankl, is the individual's responsibilities. Logotherapy tries to make the client fully aware of his/her own responsibilities; they must decide for what, to what or to whom, they understand to be responsible.

5.2 CLIENT-CENTERED: CARL RODGERS Client-centered therapy, also known as person-centered therapy, is a non-directive form of talk therapy that was developed by humanist psychologist Carl Rogers during the 1940s and 1950s. Today, it is one of the most widely used approaches in psychotherapy.

The History of Client-Centered Therapy

Carl Rogers was one of the most influential psychologists of the 20th-century. He was a humanist thinker and believed that people are fundamentally good. He also believed that people have an actualizing tendency, or a desire to fulfill their potential and become the best people they can be.

Rogers initially started out calling his technique non-directive therapy. While his goal was to be as non-directive as possible, he eventually realized that therapists guide clients even in subtle ways. He also found that clients often do look to their therapists for some type of guidance or direction. Eventually, the technique came to be known as client-centered therapy. Today, Rogers' approach to therapy is often referred to by either of these two names, but it is also frequently known simply as Rogerian therapy.

It is also important to note that Rogers was deliberate in his use of the term client rather than patient. He believed that the term patient implied that the individual was sick and seeking a cure from a therapist. By using the term client instead, Rogers emphasized the importance of the individual in seeking assistance, controlling their destiny and overcoming their difficulties. Self-direction plays a vital part of client-centered therapy.

Much like psychoanalyst Sigmund Freud, Rogers believed that the therapeutic relationship could lead to insights and lasting changes in a client. While Freud
focused on offering interpretations of what he believed were the unconscious conflicts that led to a client's troubles, Rogers believed that the therapist should remain non-directive. That is to say, the therapist should not direct the client, should not pass judgments on the client's feelings and should not offer suggestions or solutions. Instead, the client should be the one in control.

Client-centered therapy, also known as person-centered therapy, is a non-directive form of talk therapy that was developed by humanist psychologist Carl Rogers during the 1940s and 1950s. Today, it is one of the most widely used approaches in psychotherapy.

The History of Client-Centered Therapy

Carl Rogers was one of the most influential psychologists of the 20th-century. He was a humanist thinker and believed that people are fundamentally good. He also believed that people have an actualizing tendency, or a desire to fulfill their potential and become the best people they can be.

Rogers initially started out calling his technique non-directive therapy. While his goal was to be as non-directive as possible, he eventually realized that therapists guide clients even in subtle ways. He also found that clients often do look to their therapists for some type of guidance or direction. Eventually, the technique came to be known as client-centered therapy. Today, Rogers' approach to therapy is often referred to by either of these two names, but it is also frequently known simply as Rogerian therapy.

It is also important to note that Rogers was deliberate in his use of the term client rather than patient. He believed that the term patient implied that the individual was sick and seeking a cure from a therapist. By using the term client instead, Rogers emphasized the importance of the individual in seeking assistance, controlling their destiny and overcoming their difficulties. Self-direction plays a vital part of client-centered therapy.

Much like psychoanalyst Sigmund Freud, Rogers believed that the therapeutic relationship could lead to insights and lasting changes in a client. While Freud focused on offering interpretations of what he believed were the unconscious conflicts that led to a client's troubles, Rogers believed that the therapist should remain non-directive. That is to say, the therapist should not direct the client,
should not pass judgments on the client's feelings and should not offer suggestions or solutions. Instead, the client should be the one in control.

**Empathetic Understanding:**
The therapist needs to be reflective, acting as a mirror of the client's feelings, thoughts. The goal of this is to allow the client to gain a clearer understanding of their own inner thought, perceptions and emotions.

By exhibiting these three characteristics, therapists can help clients grow psychologically, become more self-aware and change their behavior via self-direction. In this type of environment, a client feels safe and free from judgment. Rogers believed that this type of atmosphere allows clients to develop a healthier view of the world and a less distorted view of themselves.

**Client-Centered Therapy in Popular Culture**

Actor Bob Newhart portrayed a therapist who utilized client-centered therapy on *The Bob Newhart Show* which aired from 1972 to 1978.

**How Effective Is Client-Centered Therapy?**

Several large-scale studies have shown that the three qualities that Rogers emphasized, genuineness, unconditional positive regard and empathetic understanding, are all beneficial. However, some studies have found that these factors alone are not necessarily enough to promote lasting change in clients.

---

**5.3 GESTALT THERAP: FRITZ**

Friedrich (Frederick) Salomon Perls (July 8, 1893 – March 14, 1970), better known as Fritz Perls, was a noted German-born psychiatrist and psychotherapist. Perls coined the term 'Gestalt therapy' to identify the form of psychotherapy that he developed with his wife, Laura Perls, in the 1940s and 1950s. Perls became associated with the Esalen Institute in 1964, and he lived there until 1969. His approach to psychotherapy is related to, but not identical to, Gestalt psychology, and it is different from Gestalt Theoretical Psychotherapy.

The core of the Gestalt Therapy process is enhanced awareness of sensation, perception, bodily feelings, emotion, and behavior, in the present
moment. Relationship is emphasized, along with contact between the self, its environment, and the other.

Perls has been widely cited outside the realm of psychotherapy for a quotation often described as the "Gestalt prayer".

I do my thing and you do your thing.
I am not in this world to live up to your expectations, and you are not in this world to live up to mine.
You are you, and I am I, and if by chance we find each other, it's beautiful.
If not, it can't be helped.

There are two bedrock assertions at the heart of gestalt therapy. Whereas other schools of psychology focus on the hidden, imagined or unknown, gestalt therapy focuses at what we have before us – the present moment – what is most visceral and real. And secondly: no man is an island. All people are interconnected. To understand ourselves, we must realize our connection with all that surrounds us. Known as "present state" and "relational theory" respectively, these principles of gestalt therapy inform us that a person is the product of one's environment and social relations.

Individuals solve problems by engaging in "self-regulation", which allows navigating through the opportunities for growth and development that are permitted by the external environment.
The hallmark of psychological health is the ability to self-regulate in the process of compensating for life's changes. The healthy individual perceives the mind and body as a harmonious whole.

**Gestalt therapy core principles**

Here and Now

Gestalt therapy proposes that we stay grounded in the present and what is real. Instead of assuming or imagining the unknown, we must concentrate on facts, emotions, and feelings as they really are. By separating fact from interpretation, the client can pinpoint the underlying patterns and issues. This is the impetus for positive change.
Wholeness and Integration

"Wholeness" is the state of bridging the mind and body, viewing them as a harmonious whole. "Integration" is how the mind and body combine and how the individual fits in to the surrounding environment. A lack of wholeness and integration is a common issue in patients seeking therapy. **Gestalt therapy** helps them to approach themselves as whole people who are well integrated into their surroundings.

Awareness

Awareness is another goal state for the healthy individual, who thanks to awareness can self-regulate in their environment. Awareness can be lost in two ways: by unhealthy preoccupation with past or future events, or by self-critique, which causes a distorted perspective. Low self-image can hurt awareness as well.