# The Future of Humanism: Cultivating the Humanities' Impulse in Mental Health Culture

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## SYNOPSIS

**In this article I argue that the future of humanism is dependent upon the cultivation of the humanities' impulse in mental health culture. Certain orientations to helping can be categorized as humanities approaches because their focus is on human meaning systems. The dominant medical model, in contrast, purposefully eschews human meaning systems. Unfortunately, humanities approaches are generally disconnected from each other, which weakens their ability to impact mental health culture. Humanism will have a bright future if it is conjoined with other humanities-based orientations. This would create a powerful, unified humanities response to the technical approaches that currently dominate the helping professions**

In the following article I argue that humanism should be considered a manifestation of the humanities' impulse in mental health culture. I further maintain that cultivating the humanities' impulse is the key to the future of humanism.

I am pleased and honored to have been invited to share my thoughts on the future of Humanistic Psychology. I have given this topic a great deal of thought over the past couple of decades, so I appreciate the opportunity to consolidate my ideas into a succinct essay. In short, I believe that the future of humanism is dependent upon the ability of helping professionals to cultivate the humanities' impulse in mental health culture. To understand what I mean by this, I provide a brief history of humanism below.

### Brief History of Humanism

The humanistic revolution in psychology echoed many of the themes present in Renaissance humanism, which emerged centuries before (Davidson, 2000). Rather than understanding human beings as pawns of God or as scientific specimens, Renaissance humanists endeavored to appreciate people on their own terms (Tarnas, 1991). Analogously, the mid-20th century psychological humanists revolted against the reductionist image of human beings proffered by psychoanalysis and behaviorism, which were the dominant treatment orientations at the time (DeCarvalho, 1990). According to the psychological humanists, human experiences (e.g. love, anxiety, aesthetic awe) should not be reduced to psychic parts or stimulus responses contingencies,

but could only be adequately understood holistically, as unique elements of the human condition (Matson, 1971).

There are potentially many ways to conceptualize the changes in mental health culture that the pioneering psychological humanists hoped to achieve. For various reasons (which I elaborate below), I prefer to think of Rogers (1957), Maslow (1968) and their colleagues as advocating for a mental health culture based on the humanities (Hansen, in press). Indeed, the psychological humanists argued that the humanities (e.g. history, literature, philosophy), not science, should serve as the intellectual foundation for the helping professions (Fishman, 1999). This is a sensible proposition because the fundamental data of both the humanities and the helping professions is human meaning systems.

Naturally, as an outgrowth of their conceptual emphasis on unreduced human experience, the psychological humanists viewed the therapeutic relationship as the central area of concern in the helping encounter (Rogers, 1957). Rogers (1957), for instance, theorized that the establishment and maintenance of certain relational conditions is all that is needed for successful client outcomes. Indeed, decades of outcome research has consistently verified the humanistic premise that the therapeutic relationship, not specific techniques, is the most important variable in treatment outcomes (Wampold, 2001).

Why, then, given the tremendous amount of research that supports humanistic conceptualizations of the helping

situation, has humanism been suppressed in contemporary mental health culture?  To ask this question another way, why has the humanities' emphasis in the helping professions, which is known to be the conceptual path to positive outcomes, been replaced by a supposedly scientific emphasis on techniques, which has been consistently shown to contribute little to treatment outcomes?

The answers to these questions are complex, and a full exploration of them is beyond the scope of this essay. However, Elkins (2009), in his outstanding book, offered insightful opinions about the fall of humanism that are worth reviewing. Humanistic Psychology, Elkins argued, empowered clients, a move that threatened the established power base of mental health professionals. Humanism made helping client-centered instead of expert-centered. Mental health professionals, hoping to re-establish their power, reacted against this egalitarian view of the therapeutic relationship. As a result, the helping professions became increasingly scientific and medicalized, thereby fortifying the supposed expertise of practitioners and diminishing the power of clients. Contemporarily, the humanities' vision of the founding humanists has been buried under a scientific, technical, and medicalized view of the therapeutic encounter (Hansen, 2009).

### Humanities' Impulse in Contemporary Mental Health Culture

The humanities' impulse (which emphasizes human meaning systems over techniques) has been an omnipresent force throughout the history of mental health (Hansen, 2009; in press). However, the manifestation of this impulse has varied, depending on the era in which it arose. During the mid-twentieth century, the humanities' impulse gave rise to psychological humanism. Although humanism has been suppressed in modern times, the humanities' impulse continues to be an important force in contemporary mental health culture. Arguably, this contemporary humanities' impulse has taken the form of the postmodernist movement.

In order to understand postmodernism, the basic assumptions of modernism must be reviewed. Briefly, modernism presumes that: a) there are singular truths that human beings can objectively apprehend; and b) each person has a self, which is the center of their human agency (Hansen, 2004). Both of these modernist assumptions are present in traditional psychological humanism (Hansen, 2005b). That is, psychological humanism presumes that: a) psychological truths about clients can be apprehended by an empathic therapist; and b) clients have a true self,

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with mental health being equated with fidelity to one's congruent, actualized self (Hansen, 2005b). Postmodernists reject these modernist assumptions about truth and self (Gergen, 1999). For postmodernists, truth and self are human creations that shift and change as a function of the community in which one is currently participating (McNamee, 1996).

A number of innovative approaches to practice and research were formulated as a result of the introduction of postmodernist ideas to mental health culture. For example, solution-focused (deShazer, 1985) and narrative therapies (e.g. White and Epston, 1990) have direct conceptual ties to postmodernism because these therapeutic systems emphasize the creation of new, adaptive meaning systems, rather than the discovery of fixed truths. Qualitative research, as another example of a movement informed by postmodernism, is a method of inquiry that does not presume universal laws, but attempts to understand people in their local environments (Berg, 2004).

The general emphasis of postmodernism, then, at least as it has been applied to the helping encounter, has been on the *creation* of human meaning systems (Hansen, 2006). New meanings are judged by their adaptive utility within the therapeutic relationship, not by their epistemological proximity to a supposed objective truth about clients (Hansen, 2007a). In contrast, psychological humanism, because it remains steeped in modernist assumptions, is epistemically aimed at the accurate, empathic *discovery* of truths about clients (Hansen, 2005b). Psychological humanism, therefore, is a mid-century manifestation of the humanities' impulse that has generally not been philosophically updated to embrace contemporary ideas about truth and self. As I note below, these conceptual divisions among humanities orientations play a role in preventing the humanities' impulse from rising as a strong, unified force in contemporary mental health culture.

## Cultivating the Humanities' Impulse

To review, I have argued that an emphasis on human meaning systems (which I have called the *humanities' impulse*) regularly arises in mental health culture. This humanities' impulse is also regularly suppressed by a technical, medicalized view of human nature. Indeed, mental health history can be read as a continual battle for dominance between humanities' and technical views of the helping encounter (Hansen, 2009). Contemporarily, humanism is suppressed, and technical approaches are dominant (Elkins, 2009).

In this regard, there are strong conceptual

advantages to defining psychological humanism as a particular instance of the humanities' impulse in mental health culture, rather than as an isolated theoretical orientation. Specifically, by making this conceptual move, humanism can be conjoined with, and thereby fortified by, other humanities-based orientations, such as postmodernist approaches. Also, the humanities represent an established disciplinary category that has larger implications for the professional life of helping professionals than a single theoretical orientation, such as humanism. Therefore, there are wider professional implications of adopting a thoroughgoing humanities mindset than there are for simply endorsing humanism as a treatment orientation (Hansen, in press).

From this conceptual vantage point, the future of humanism is dependent upon the ability of helping professionals to cultivate the humanities' impulse in contemporary mental health culture. In order for humanism to re-emerge as a vital helping orientation, this cultivation must occur in several professional realms: a) theoretical, b) empirical, c) practice and d) professional culture.

Theoretically, as mentioned above, humanism continues to be steeped in modernist assumptions (Hansen, 2005b), a situation which keeps humanism theoretically sequestered from other humanities orientations. Arguably, humanism should be brought up to speed with postmodernism, so that movements that emphasize human meaning systems can become a unified humanities force in mental health culture (Hansen, 2005b). For instance, the consolidated self of humanism makes little sense in a postmodern world, wherein selves are continually bombarded by multifarious identity opportunities (Gergen, 1991). Diverse masks of self that adapt to various communal demands should arguably be the new standard for mental health, not the stubborn, unyielding consolidated self of traditional humanism (Gergen, 1995).

The humanistic ideal of therapists finding the truth about their clients also smacks of an outdated modernist view of the helping encounter. In this regard, I have suggested that the traditional humanistic ideal of 'accurate empathic understanding' (Rogers, 1957: 99) be replaced by the concept of 'emotional resonance' (Hansen, 2005b: 10), a phrase that conceptually subtracts the truth ideal inherent in the concept of *accurate* empathic understanding, yet retains the idea that therapists should intervene in ways that are experientially meaningful to clients.

In turn, therapeutic systems based on postmodernist

assumptions can be significantly enriched by the traditional humanistic focus on the therapeutic relationship (Hansen, 2005b). After all, meanings are not constructed in a vacuum; they require certain relational conditions (which were best articulated by the traditional humanists) to emerge and take hold.

Humanism, then, needs to be theoretically updated so that it can join forces with other manifestations of the humanities' impulse in mental health culture. There is strength in numbers. Humanism stands a much better chance of survival if it is theoretically brought into the fold with other humanities-based orientations. Although there has been work done in this area (e.g. Hansen, 2005b), there is still much to do.

Of course, there are other, more practical actions that can be taken to strengthen the humanities' impulse in contemporary mental health culture. Psychotherapy researchers, for instance, should abandon the failed empirically supported treatment movement, which was designed to discover optimal treatments for particular conditions (Elkins, 2009). The problems with this anti-humanistic movement are too numerous to detail in this essay. Wampold (2001), however, provides some excellent suggestions for alternative research agendas, which, in my estimation, are congruent with a humanities-based conceptualization of the helping encounter.

Practitioners can cultivate the humanities' impulse in mental health culture by carefully considering whether to participate in anti-humanities based realms of practice. For instance, the medical model, with its emphasis on biological reductionism, disorders and techniques, is the antithesis of humanities' ideals (Hansen, 2005a; 2007b). Of course, I am fully aware that the medical model is a reality of contemporary practice, and that practitioners may have difficulty making a living if they do not participate in it. Therefore, I am not advising practitioners to boycott the medical model, only to think critically about the ideological impact of participating in it.

Professionally, the structure of the helping professions has been founded upon a hierarchical model that is reminiscent of technical/scientific professional culture (Hansen, in press). Research knowledge from on high is disseminated to the lowly practitioners below; licensure, approved continuing education credits, and mandated supervision are culturally entrenched components of professional life for helping professionals (at least in the United States). My humanities colleagues (e.g. English and History professors) operate in professional cultures that are far less hierarchical and rule bound. No one tells them

how to think and practice, or the proper way to educate themselves after graduation. Cultivating the humanities' impulse would mean bringing elements of the humanities' professional culture to the helping professions. Some ideas about reconfiguring professional life for helping professionals have been offered (e.g. Hansen, in press; House, 2003), but there is still a good deal of work to be done in this area.

## Conclusions

I have argued that the future of humanism depends upon the ability of helping professionals to cultivate the humanities' impulse (i.e. emphasis on human meaning systems) in mental health culture. Conceptualizing humanism as a manifestation of a larger humanities impulse has at least two conceptual advantages over regarding humanism as an isolated theory: a) humanism can be theoretically conjoined with other humanities-based orientations, thereby creating a powerful and united humanities response (rather than a weak, conceptually disjointed one) to the technical, medical ideologies that currently dominate mental health culture; and b) the humanities, as an organizing construct, is richer and more theoretically inclusive than humanism. Therefore, ideas from the humanities can provide mental health professionals with greater guidance and direction than humanism alone, particularly with regard to professional culture (i.e. mental health professionals can consider adopting elements of long-established humanities' professional cultures). In my opinion, then, humanism has a bright future if theoreticians, researchers and practitioners focus their professional energies on human meaning systems instead of the technical aspects of the helping encounter.

Perhaps, though, there is a better, simpler reason to believe that humanism has a bright future than the ones I have offered. In this regard, I regularly invite my students and supervisees to engage in an introspective task. Specifically, I ask them to recall a time when they felt emotionally burdened, spoke to someone (e.g. a friend, family member, minister, counselor, etc.) about their troubles, and left the conversation feeling renewed. After providing a few minutes of silence, I ask them to tell me what the person to whom they spoke did to help them feel better (as part of the initial instruction, I deliberately tell them not to reveal the nature of their problem to me, just the type of responses that the helper provided). At this point, I would like to invite you, the reader, to take a break from reading, and engage in this introspective task

for a few moments.

I suspect that your responses are very similar to the responses of my students and supervisees. Indeed, over the many years that I have conducted this experiment, there has been almost universal agreement that the helper listened intently with a non-judgmental attitude, tried to see the problem from the individual's point of view, validated the concerns of the individual, and, perhaps, through empathy, gently helped the person to see a side of the issue that she or he had not seen before. No one has ever said that the helper corrected irrational thoughts, told the person that she or he had a particular disorder, or

made a list of goals for the person to accomplish with accompanying strategies and timelines. This, then, is the fundamental reason that humanism has a bright future: Everyone knows that it works. ❺

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