A Conqueror by Stealth: Introduction to the Special Issue on Humanism, Existentialism, and Psychotherapy Integration

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In the last few decades, the existential-humanistic tradition in psychology—also known as *the third force*—has taken over the field of clinical psychology. It did so quietly, almost unassumingly, without resorting to monumental political arrangements ("empires") or bombarding psychologists with decisive messages about the approaches superiority. Evidence as to this "conquest by stealth" abound, and some are noted in this introduction. The purpose of this special issue is to appraise the link between The third force and the psychotherapy integration movement. Five articles touching on the links between humanistic-existential psychotherapy and, either other forms of therapy or explicitly integrative treatment modalities are published. A commentary by Barry Wolf addresses these articles and the potential for an additional impact of the humanistic-existential tradition on psychotherapy integration.

Keywords: psychotherapy integration, humanism, existentialism

Like a Ninja, dressed by the shades of the natural environment, the humanistic-existential movement has infiltrated not only the fortress of clinical psychology, but also mainstream academic psychology in general and has assumed a quiet, albeit steadfast, control. Thus, basic assumptions, values, and therapeutic guidelines traditionally identified with what is known as the third force (Bugental, 1964), constituting an alternative to Freudian psychoanalysis and Skinnerian behaviorism, are now seamlessly incorporated into mainstream psychotherapy (Schneider & Längle, 2012).

Take, for instance, psychoanalytic/psychodynamic psychotherapy. This approach to treatment, with its mechanistic, drive-based view of the human mind, has long been replaced by a "relational" experience-near approach that highlights indeterminism, which, with its interplay between multiplicity and authenticity and the centrality of the future in the human psyche, including future goals and plans, is a focus at the present moment (e.g., Bolas, 1989; Mitchell,

1988; Shahar, 2010, 2011; Stolorow, 2012; Stolorow & Atwood, 1992; Strenger, 2002, 2011; Summers, 2003). Similarly, the third wave cognitive-behavioral therapy approach staunchly relies on the very same postulatesparticularly on attuning to the present while working toward the future-in its recent evidence-based therapeutic versions, aimed at alleviating a wide variety of symptoms and problems (Hayes, 2012a, 2012b). Family systems- and culture-based therapies, with their focus on holism, social justice, and individual empowerment, have been subjected to the soft, albeit persistent, humanistic-existential persuasions (Comas-Diaz, 2012; Satir, 1978; Wark, Thomas, & Peterson, 2001). Of course, the humanistic-existential movement has given the field some priceless, "purified" experiential therapeutic modalities, which have been shown, empirically and compellingly, to ddress multiple symptoms and syndromes (e.g., emotion focus therapy; see Greenberg & Watson, 2006). Additionally, in the field of clinical assessment, which was once considered incompatible with the humanistic-existential focus on holism and freedom, the third force has been making important strides (Fischer, 1994; Lopez & Snyder, 2003; Shahar & Davidson, 2009; Shahar & Porcerelli, 2006), showing that rather than objectifying clients, the rigor and structure of assessment might actually open vistas to the un-

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derstanding of individuality, intersubjectivity, and human strengths.

Arguably, these heartening developments within psychotherapy and clinical assessment are predicated on the formidable impact of humanistic-existential psychology on empirical/ academic psychology (for a review, see Shahar, 2015). This impact spans psychology's various scientific realms, including biological, cognitive-developmental, social, and personality psychology. To illustrate, Rogers, Maslow, and May's (Maslow, 1968; May, 1958; Rogers, 1963) emphases on authenticity and realness are substantiated by cross-disciplinary research attesting to the importance of authenticity to mental and physical health (Bargh, McKenna, Fitzsimons, 2002; Deci & Ryan, 2012; Kenrick, Griskevicius, Neuberg, & Schaller, 2010). The centrality of future goals and plans to cognition, personality, and behavior has been shown in neuroscientific and psychological science (Seligman, Railton, Baumeister, & Sripada, 2013); fear of death (mortality salience) has been shown to activate self-esteem regulation (Solomon, Greenberg, & Pyszczynski, 2004); and intersubjectivity (e.g., Maslow's B-Love) has found a home in the brain via "mirror neurons" (Iacoboni, 2008).

It is a wonder that such a conquest of the field has been conducted so quietly, without resorting to vast political organizations, such as the psychoanalytic institutes or the towering cognitivebehavioral associations spearheading academic clinician psychology. Neither is the third force bombarding clinicians and consumers with decisive messages about the movement's superiority with respect to other approaches. On the contrary, it settles, quite explicitly, with being an approach among others, but is also a single perspective that may assist some clinicians under certain circumstances, particularly ones that exemplify the tragic and dramatic nature of the human situation (Yalom, 1980). Some philosophers or intellectual historians might argue that herein lies the formidable impact of the humanistic-existential movement: Seeking to capture no one, it impacts virtually everyone.

Yet, being neither philosophers nor intellectual historians, we will settle with paying tribute to the humanistic-existential perspective by linking it to the psychotherapy integration movement. Specifically, this special issue features five articles that touch upon the links between humanistic/existential psychotherapy and, either other forms of therapy or explicitly integrative treatment modalities. In the first article, Frank Masterpasqu (2016) discusses the convergence between three major psychotherapy schools: cognitive-behavioral, psychodynamic, and humanistic psychology. According to the author, despite the disagreement between these approaches concerning the mechanism leading to change in therapy, the three share a deep understanding of the importance of decreasing individuals' personal distress. The author demonstrates his main argument by describing the resemblance between third generation, mindfulness-based cognitive-behavioral therapies, relational and mentalization-based therapies, and humanistic psychology. After addressing these points, Masterpasqu's article culminates with his humanistic-based call to consider transcendent aspects of the self.

In the second article, Robin Grumet and Marilyn Fitzpatrick (2016) focus on the nature and treatment of social anxiety disorder (SAD). They describe barriers to patients' responses to cognitive-behavioral therapy (CBT), an evidence-based treatment for SAD. Specifically, the authors emphasize clients' difficulties in engaging in anxiety-inducing exposure interventions, and they suggest incorporating values clarification work from an acceptance and commitment therapy perspective into CBT treatments for SAD. According to the authors, a focus on internal values might strengthen motivation for treatment, particularly the willingness to engage in the challenging exposure work.

In the third article, Rochelle Major, William Whelton, and Carlton Duff (2016) discuss the relevance of terror management theory (TMT; e.g., understanding how people function in the world while being aware of their inevitable death) to clinical psychology in general and, in particular, to psychotherapy integration. The authors suggest (a) that death anxiety should be addressed directly in treatment, (b) connecting to a higher meaning as a buffer against death anxiety, (c) that exposure techniques might be used with death-related thoughts, and (d) using the therapeutic relationship as a buffer against death anxiety.

In the fourth article, Alina Sotskova, Tyler Carey, and Brian Mak (2016) offer an integration of existential and cognitive-behavioral therapies. According to the authors, this sort of integration should expand the number of interventions available to therapists and provide a theoretical framework that balances two crucial therapeutic components: acceptance and change. The authors suggest that the first step for carrying out this integration is applying Goldfried's model of assimilative integration, which they demonstrate in a variety of clinical issues, such as avoidance behaviors and identity diffusion.

In the fifth article of this special issue, Kirk Schneider, who is one of the contemporary leaders of the humanistic-existential movement, introduces his approach to existential therapy: Existential—integrative (EI) psychotherapy. Derived from the works of May and Bugental, EI combines a variety of therapeutic modalities within an overall existential framework. Schneider argues that implementing existentialhumanistic principles to mainstream psychotherapy approaches, optimizes, and increases these therapies' effectiveness.

Concluding this special issue, Wolfe (2016), who is one of the leaders of the psychotherapy integration movement, gives a commentary, wherein he highlights the strengths and limitations of each integrative approach suggested in the five articles of this special issue.

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