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## The Challenge to be True to Psychotherapy: The Learnings From the Studies on Efficacy and Effectiveness of Humanistic Psychotherapies

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### ABSTRACT

Despite an ongoing debate, there is solid data proving both the effectiveness and efficacy of humanistic-experiential psychotherapies. The article reflects on the existing meta-analyses in the field, pointing out different models of research. These meta-analyses show significant pre-post change and equivalent effectiveness of humanistic therapies comparing to other approaches. The article focuses on the challenges that humanistic therapeutic perspective brings to medical model of psychotherapy, randomized-controlled trials studies and how it helps us to deeper our understanding of the process of change in psychotherapy.

### El Desafío de Ser Fiel a la Psicoterapia: los Aprendizajes de los Estudios Sobre la Eficacia y Efectividad de las Psicoterapias Humanistas

### RESUMEN

A pesar de los continuos debates, existen datos sólidos que prueban tanto la efectividad como la eficacia de las psicoterapias humanístico-experienciales. El artículo reflexiona sobre los meta-análisis existentes en el campo, señalando diferentes modelos de investigación. Estos meta-análisis muestran un cambio pre-post significativo y una eficacia equivalente de las terapias humanistas en comparación con otros enfoques. El artículo se centra en los retos que la perspectiva terapéutica humanista aporta al modelo médico de psicoterapia, los estudios de ensayos controlados aleatorizados y cómo nos ayuda a profundizar en nuestra comprensión del proceso de cambio en psicoterapia.

Regardless of the significant contributions of the humanistic approaches to the field of psychotherapy, they are not dominant now. In 1992 Rice and Greenberg pointed out that «During the last two decades... the humanistic psychotherapy approaches have become increasingly separated from mainstream theoretical psychology, especially in North America” (Rice & Greenberg, 1992, p. 214). In the last 30 years this tendency increased, manifesting itself in empirical studies on humanistic approaches being underrepresented in the literature (Elliott et al., 2021) and in reducing the proportion of the specialists identifying themselves with this approach (Wampold & Imel, 2015). For instance, 45 percent of clinical psychologists in North America stated their orientation as cognitive or behavioral, while only 14 percent defined themselves as humanistic, person-centered and interpersonal (Wampold & Imel, 2015).

At the same time, humanistic psychotherapy is deeply incorporated in the modern psychotherapy. For instance, the emphasis on empathy, the equality of a therapist and a client, the importance of therapeutic relationships that originally were characteristics of humanistic psychotherapy shapes the way the service is delivered to the clients (Flückinger et al., 2018; Fraser, 2018). This impact can be also traced in the third wave of cognitive behavioral therapy (CBT) that pays attention to emotions and bodily experience of the clients (Hofmann & Hayes, 2018). Different mindfulness-based approaches, acceptance and compassion psychotherapy invite their clients to learn from their emotional experience and consider acceptance and validation of clients’ experience as crucial ingredient of therapeutic changes (Žvelc & Žvelc, 2020). Thus, many forms of psychotherapy, including cognitive-behavioral approaches, are rapidly assimilating the centrality of attending emotions and many other aspects of humanistic psychotherapy.

Paradoxically, this tendency to rely on the principles of humanistic psychotherapy coincides with underestimation of its efficacy and effectiveness (Wampold & Imel, 2015; Elliott et al., 2021). The aim of this article is to reflect on the studies of the outcomes of humanistic and non-humanistic psychotherapies, to analyze the underlying models of psychotherapy and to focus on how it may inform future research and practice. A brief overview of the current status of researches on humanistic psychotherapy is presented in the first section. The second section summarizes existing meta-analyses, while the third part addresses how studies on humanistic and non-humanistic psychotherapy can expand dominant view of psychotherapy.

### Research on Humanistic Psychotherapy: A Brief Overview

Modern psychotherapy exists as research-informed practice, being officially proclaimed evidence-based by APA in 2006 (Wampold & Imel, 2015). Taking into account criticism of the lack of empirical investigations, in the last 20 years the studies on humanistic approaches have expanded significantly (Elliott et al., 2021; Wampold & Imel, 2015). At the same time, the majority of them didn’t affect official guidelines and health care recommendations. Even now, it is not uncommon to describe humanistic psychotherapies as ineffective or less effective than other approaches, although it contradicts to the existing body of research (Areán & Chmura Kraemer, 2013).

One of the few exceptions is emotionally focused therapy (EFT) that is recognized and recommended as an evidence-based couple therapy (Johnson et al., 1999). Both its efficacy and effectiveness has been demonstrated for the broad range of difficulties, including depression, posttraumatic stress disorder, sexual dissatisfaction (Beasley & Ager, 2019; Johnson et al., 1999; Spengler et al., 2024; Wiebe & Johnson, 2016). There is a growing body of research on EFT for individuals that demonstrates that this method is effective for relationship issues, for instance, for emotional injuries (e.g., Greenberg et al., 2010) and unresolved abuse survivor issues (Paivio & Pascual-Leone, 2010; Paivio et al., 2010).

The research of the process of change in EFT brought solid evidence for many theoretical assumptions of humanistic psychotherapy. Particularly, it supported the centrality of emotions and the importance of validation of one’s subjective experience for problem solving, the lifelong need to form significant connections with others and the understanding that personal growth happens in the context of intimate relationships (Johnson & Boisvert, 2002; Greenberg, 2019). For instance, many studies documented the efficacy and effectiveness of the validation of the emotions of the clients for promoting forgiveness after relational injuries, such as infidelity (Greenberg, et al. 2010; Woldarsky & Greenberg, 2014, 2015). EFT also offers important example of how to express the complexity and creativity of therapeutic process in the interventions and the procedures that then can be examined. Some of these findings are discussed below in the section about the learnings from humanistic psychotherapy.

Although some researchers advocate lack of the efficacy of humanistic psychotherapy, the majority of authors recognizes its «absolute» efficacy (measured as pre-post change, without comparison with other treatments) and effectiveness. Thus, the real threat to humanistic psychotherapy now is associated with the question of relative efficacy and effectiveness, and its overall underrepresentation in the guidelines, manuals and meta-analyses (Elliott, 2002, Elliott et al., 2021). Some important findings from the meta-analyses on humanistic psychotherapy are discussed in the next section.

### Meta-analyses on Humanistic Psychotherapy

The field of research on psychotherapy was revolutionized by meta-analyses (Areán & Chmura Kraemer, 2013; Wampold & Imel, 2015). Study on one sample cannot be considered as a proof of neither efficacy nor effectiveness, and collecting and analysing data from various researches allows to overcome this limitation. Some findings from recent meta-analyses conducted on humanistic psychotherapy are described below. Based on the idea of Ferguson, the minimal effect of practical significance used in this article is  $d \geq 0,41$  (Ferguson, 2009)

In one of the first meta-analyses on humanistic psychotherapy Elliott (2002) reviewed 86 studies, including 31 controlled studies with waiting list or no-treatment conditions, and 41 comparative treatment studies. Particularly, he analysed findings on client-centered therapy, “non-directive” therapy, process-experiential therapy, EFT and Gestalt therapy.

Taking into account the criticism of the design (Cuijpers et al., 2012) and more recent studies, Elliott et al., 2021 published

another meta-analysis. He analysed 91 studies of the effectiveness and efficacy of humanistic or experiential psychotherapies (HEP) conducted between 2009 and 2018. It's worth mentioning the diversity of cultures, populations, and presented clients' problems investigated in this meta-analysis. Studies on person-centered therapy, EFT, focusing-oriented, motivational interviewing, Gestalt therapy and some other versions were reviewed.

In general, the results of this meta-analysis replicated many findings from the meta-analysis conducted in 2001 and are shortly described in Table 1. Thus, clients in HEPs demonstrated better change than participants who received no treatment. It supports the point about the "absolute" efficacy of HEP, measured as pre-post change. Based on comparative treatment effectiveness and efficacy studies Elliott concluded clinical equivalence of humanistic and non-humanistic therapies. Once again, the proof for superiority of CBT wasn't found (as indicated in the Table 1, the confidence interval includes 0).

Among the HEPs, the clients who received EFT and person-centered psychotherapy showed better results, while the participants treated by supportive-nondirective approaches demonstrated less positive changes. It is in line with many studies that show that mutual agreement on the goals between the client and the psychotherapist leads to better outcomes (Wampold & Imel, 2015).

Among different difficulties presented by the clients, HEP was associated with better outcomes in the treatment of difficulties in relationships, self-damaging activities, coping with chronic medical conditions, and psychosis. In contrast to the previous meta-analysis, the data on the treatment of depression was more controversial. At the same time in another meta-analysis (Duffy et al., 2024), comparative efficacy of humanistic treatment of depression appeared comparable to non-HEP at post-treatment, but not at follow-up. Taking into account that the confidence interval includes 0, it can be concluded that HEP treatment of depression is equally effective as other approaches. Based on the Elliott findings, clients in HEP demonstrated less progress with anxiety, especially the participants who were in nondirective therapies. The versions of HEP that offer more guidance to clients, for instance EFT, have demonstrated better results with this type of difficulties (Elliott et al., 2021).

A number of meta-analyses on EFT was also published (Beasley & Ager, 2019; Johnson et al., 1999; Spengler et al., 2024). In particular, the efficacy and effectiveness of this approach for couple therapy was demonstrated (Beasley & Ager, 2019; Johnson et al., 1999; Spengler et al., 2024; Wiebe & Johnson, 2016), settling it among the evidence-based treatments for couples. The meta-analysis of 20 studies shows that 70% of couples benefit to the extent that marital distress symptoms disappear at the end of the treatment (Spengler et al., 2024). Another meta-analysis conducted on randomized controlled trials (Beasley & Ager, 2019) supports that EFT increases marital satisfaction, and these effects are stable on time. Thus, this approach is proved not only to reduce symptoms, but to improve the quality of life and significant relationships of the clients. It was also demonstrated that EFT for individuals was effective for relationship issues (Elliott et al., 2013).

These findings are especially important as they support some key assumptions of the humanistic approach in general. EFT

emphasizes the centrality of therapeutic alliance, considering the acceptance and validation of clients' experience as an important element of change in psychotherapy and searching for therapeutic opportunities not only to overcome symptoms but to increase the clients' sense of agency (Johnsons & Boisvert, 2001).

This review of the meta-analyses reveals that humanistic psychotherapies persistently demonstrate their absolute and relative efficacy and effectiveness, but in general, except for EFT, fail to find its way to mainstream handbooks, manuals and recommendations on psychotherapy. Some reasons for that and potential benefits for creating best practices of research on psychotherapy are presented in the next session.

**Table 1**  
*Results of Meta-analyses of Effectiveness of Humanistic Therapy*

Publication	Effect size, CI	Number of studies, brief description of question
Elliott et al., 2021	$g=0.73$ [0.62, 0.83]	Pre-post change based on 97 studies of HEP
	$g=0.88$ [0.55, 1.20]	Controlled efficacy studies on HEP versus non-treatment groups, 21 studies
	$g=-0.07$ [-0.21, 0.07]	HEP versus other therapies, 56 randomized controlled trials
Johnson et al., 1999	$(d^+)=1.31$ , ( $Z = 6.42$ ; $p < .001$ )	Pre-post change, based on 4 controlled studies
Beasley & Ager, 2019	$g=2.09$ [0.04, 4.14]	Pre-post change, based on 9 controlled studies
Spengler et al., 2024	$d=0.93$ [0.75, 1.12]	Controlled efficacy studies, quasi-experimental studies
	$d=0.44$ [0.03, 0.85]	Pre-post change, based on 20 studies
	$d=0.86$ [0.56, 1.15]	Controlled efficacy studies, quasi-experimental studies on EFT versus other treatments, based on 20 studies
Duffy et al., 2024	$g = 0.41$ [0.18, 0.65]	Controlled efficacy studies on HEP versus TAU for depression, 17 studies
	$g = 0.14$ [-0.30, 0.58]	Pre-post treatment
		Controlled efficacy studies on HEP versus TAU for depression, 17 studies
		Follow-up

### The Learnings From the Studies on Humanistic Therapies

This section analyzes the data described above and reflects on how it informs us both about the process and the research on psychotherapy.

Although humanistic psychotherapy up-to-date sometimes is described as ineffective or less effective than other approaches (Elliott et al., 2021), as has been shown in the previous section, there is solid evidence that HEP is effective and equivalent to other approaches. Thus, the more important challenge now is that it is dismissed from the mainstream literature (Elliott et al., 2021; Wampold & Imel, 2015). Partly it's due to the existing pressure towards standardization and brief psychotherapy and the medical model of psychotherapy (Wampold & Imel, 2015). Humanistic psychotherapy doesn't fit well with this model, can make visible it's limitations and offer new directions to both

practice and investigate psychotherapy. To support this statement, a brief overview of the medical model, research on therapeutic relationship, and the goals of psychotherapy are described below.

*Medical model.* The dominant model to understand and to investigate psychotherapy was derived from the medicine and follows the rules developed in that field. According to this model, psychotherapy should elaborate specific treatments that are effective for each particular clinical disorder and, ideally, can be delivered to any client by any competent therapist adherent to the procedure. Thus, the aim of the psychotherapy is to address a disorder and to reduce or to remove symptoms by specific ingredients of the treatment (Wampold & Imel, 2015).

Testing “specific ingredients” hypothesis is particularly difficult in psychotherapy. Unlike medicine, where change is associated with biochemical influence and thus can be distinguish from psychological placebo effects, in psychotherapy both specific and common factors are psychological. For instance, a series of studies on CBT didn’t support the mechanism of change and “specific ingredients” of the treatment for depression suggested by the theory (Imber et al., 1990; Jacobson et al., 1996). Despite many sophisticated designs, specific effects of different approaches receive little empirical evidence. For instance, according to the meta-analysis conducted by Oei and Free (1995), despite the predicted specific factors of therapeutic influence, both cognitive therapy and non-cognitive therapies for depression are associated with the changes of cognitions of the clients. Another comparison of different treatments for depression (CBT, interpersonal psychotherapy, psychopharmacological treatment and clinical management) neither revealed that each approach led to specific results predicted by the model (Imber et al., 1990).

Thereby, the findings do not detect that the process of change in psychotherapy is due to the specific ingredients of treatments identified by the theories. On the contrary, the data continues to confirm the alternative to medical model, *the model of common factors*. Many comparative studies and meta-analyses inform us about the equivalence of the outcomes of different approaches to psychotherapy, favoring the ones that are structured, intended to set therapeutic goals and to actively involve the clients into their achievement (Elliott, 2002, 2021; Flückiger et al., 2013; Weismann, 2006).

*Therapeutic relationships.* Medical model also contradicts existing research on the role of the therapeutic relationship and the client’s contribution to the therapy outcomes. In general, in the medical model the therapist’s and the client’s variables are considered less important than the effect of the treatment, although recently they are gaining more significance in the research on moderators and mediators of treatment (Areán & Chmura Kraemer, 2013).

Although many studies demonstrate that the variabilities among therapists have larger effect on the outcomes of psychotherapy than the differences among treatments (Laska, et al., 2013), the medical model does not focus on the relational skills of the therapists, rather prioritizing their fidelity to the approach and its precise implementation. Interesting enough, little empirical evidence supports that adherence of therapists to a specific protocol and their competence in following the procedures relate to better results of psychotherapy (Barber et al.,

2008; Boswell et al., 2013). Based on empirical findings, instead of “adherence” to a protocol, a more precise concept to describe the importance of the fidelity of the therapist to the method is therapist “*allegiance*”. The extent to which the specialists believe in the effectiveness of their approach and share the understanding of human nature and of psychological problems offered by the method, correlates more with the outcomes of the treatment than the adherence to a specific protocol (Wampold & Imel, 2015). Likewise, one the factors that influence the effectiveness of the treatment is the clients’ beliefs in the rationale offered by an approach and it’s compatibility with their worldview (Norcross, 2011). This data supports the importance of congruence described in humanistic psychotherapy. If a therapist is congruent in delivering the method, and the client also can be congruent with the treatment, the psychotherapy leads to better results.

Another confirmation of one of the assumptions of humanistic therapy is associated with research on therapeutic relationships. Many studies have demonstrated that *therapeutic alliance* and the therapists’ capacity to form it are associated with better outcomes of the treatments (Del Re et al, 2012; Flückiger et al., 2013, 2018). Although researches define therapeutic alliance differently, usually it includes mutual agreement on the therapeutic goals and tasks, as well as the bond between the therapist and the client (Bordin, 1979). It is often characterized as emphatic and purposeful relationship, focused on the reduction of the symptoms and increasing the well-being of the clients (Elliott & Greenberg, 2002; Norcross, 2011). Some authors consider the therapist allegiance to the approach (Wampold & Imel, 2015) as a part of therapeutic alliance. Thus, it is in line with centrality of human relationships for human development proclaimed by humanistic psychotherapy.

Interesting learnings come also from the research on EFT. This approach not only considers fostering intimate connections as a therapeutic factor, but stresses that attending and validating emotions is crucial to promote therapeutic changes (Johnson & Boisvert, 2002; Johnson et al., 1999; Paivio et al., 2010). Particularly, the findings on forgiveness of infidelity provide evidence that validation of the emotions are associated with building trust and overcoming relational injuries in couples (Greenberg, et al. 2010; Woldarsky & Greenberg, 2014, 2015). Thus, it serves as empirical base for the importance of attending, authentic acceptance and validation of emotions for fostering behavioural changes, as predicted by humanistic psychotherapies (Erskine et al., 2022).

*Goal of psychotherapy.* Another important issue with medical model is the understanding of the goal of psychotherapy. Usually, the health is considered as the absence of disorders, so the cure is reduction or removal of the symptoms (Areán & Chmura Kraemer, 2013; Wampold & Imel, 2015). Thus, the effective treatment should specifically address the illness and be readily manualized. It provides a very limited view on the goal and potency of psychotherapy. Health is not an absence of symptoms but rather the presence of freedom, possibility and well-being. At the same time, the studies elaborated within medical model measure reduction of specific symptoms rather than well-being and quality of life (Levitt et al., 2005). It doesn’t correspond to the need of the clients, who want not only to overcome particular symptoms but rather to address the variety of concerns, including



relational issues, overall level of stress, and to improve the quality of their lives. In that respect, the goal of humanistic psychotherapies (Erskine, 2010) - the development of subjective agency, positive functioning, intimate relationships, self-actualization – is overlooked by the medical model but is in line with the needs of the clients.

Therapy has to encompass more than the alleviation of symptoms and finding remedies for dysfunction. It involves a second level of change (Watzlawick et al., 1974) in which the elements in a system are reorganized so that the whole system is transformed and oriented toward health and growth. (Johnson & Boisvert, 2002, p. 310)

Partly the scientific status of HEP was questioned because it's high abstract constructs being hard to operationalize. It was not until recently when the development of self-determination theory and positive psychology has finally permitted us to measure and study these concepts derived from phenomenological experience. Now dependent variables could include more of positive personality resources such as mindfulness, self-compassion, resilience (Snyder et al., 2021). Making bridges with different theories that proves the centrality of experience and human emotions in change process can also make humanistic psychotherapy more visible and evidence-based. For instance, the dual-process approach (Evans & Stanovich, 2013). corresponds to many assumptions of HEP, offering a body of research on how experiencing precedes and shapes reflective thinking and decision making.

The gold standard of research proposed by medical model also raises some questions and calls for creating alternatives. Derived from medicine, randomized controlled trials (RCT) are considered as the highest quality design of research on psychotherapy (Areán & Chmura Kraemer, 2013; Elliott, 2013; Wampold & Imel, 2015). Despite its widespread use, this approach has a number of limitations. Among others, it is the impossibility to make double blinded studies, as the therapists and the clients are aware of the type of the treatment provided. As has already been mentioned above, to distinguish among specific ingredients of the treatment and 'placebo' provided by common factors is also problematic. Randomized controlled trials rely on rather vague diagnostic categories which are often also comorbid. Partially it is overcome by the RCT conducted in naturalistic settings, but taking into account that the same client can receive more than one diagnosis, there is a need for transdiagnostic design of the studies on psychotherapy. Finally, RCT pays little attention to therapists, clients and therapeutic relationship variables that contradicts existing body on research.

These limitations make it necessary to imply alternatives to medical model and RCTs. One of the widely used alternatives is the research on the process of change (Fraser, 2018; Hofmann & Hayes, 2018), originated in the model of levels of abstractions of psychotherapy (Goldfried, 1980). According to this theory, all approaches share some principles of change that serve as common factors in the outcomes of the treatments. This focus on evidence-based process of change helps to conduct transdiagnostic studies that are at the same time more sensitive to relational skills of the therapists, activity of the clients and the quality of therapeutic

relationships. Instead of searching for specific protocols to each disorder, the process of change paradigm is centered on the common mechanisms that facilitate achievement of desirable therapeutic goals. For instance, this model is used to justify Mindfulness- and compassion-oriented integrative psychotherapy as an evidence-based humanistic approach (Žvelc & Žvelc, 2020). It describes meta-processes of change such as present moment awareness and compassion, as well as the processes of change associated with the main dimensions of human experience (interpersonal, cognitive, affective, physiological, behavioral, spiritual, and systemic/contextual).

*Process of change paradigm* fits better the findings of equivalence of the outcomes of different approaches to treatment and the complexity of the outcomes of psychotherapy. For instance, it explains and predicts that the results of the treatment will not be limited to the ones related to specific ingredients of the approach but will affect different aspects of the clients functioning. Although the data on specific ingredients discussed above (Imber et al., 1990; Jacobson et al., 1996) contradict with medical model, it is in line with the process of change paradigm.

To summarize, the fact that humanistic psychotherapies are dismissed from the mainstream of the literature and official guides for psychotherapy is partly due to the dominance of medical model of psychotherapy. This model, despite many advantages, doesn't correspond to the understanding of the psychotherapy elaborated in humanistic approaches. Particularly, it stresses the importance of specific protocols rather than therapeutic relationships, therapists' and clients' genuine involvement in the achievement of desirable therapeutic goals. Many limitations of medical model were discussed in the section, as well as one of the alternatives to the model – the process of change paradigm. The latter fits better the understanding of aims, the mechanisms and the outcomes of humanistic psychotherapy. At the same time, EFT provides a convincing example of how the complexity and the basic assumptions of humanistic psychotherapy can find the way to evidence-based status. Thus, both promoting the alternatives to medical model and following it can be beneficial in terms of humanistic psychotherapies being represented in mainstream research.

## Conclusions

In up-to-date literature there is a solid body of research supporting both efficacy and effectiveness of humanistic psychotherapy. The challenge is to make it more visible by the mainstream guides and manuals for treatments. It can be done by conducting research within medical model and within its alternative, the process of change paradigm.

Many empirical findings that contradict the dominant medical model are in line with humanistic psychotherapy's assumptions. Particularly, they call to pay more attention to the quality of relationships, activities of both therapists and clients, to consider growth, expanded sense of agency and improvement of the quality of life as legitim goals of psychotherapy. Data supporting the equivalence of the outcomes of different approaches to psychotherapy invites to be more open to the mechanism of changes and to create theories that can explain these findings. The solid base accumulated in both studies on humanistic

psychotherapies and non-humanistic approaches demonstrate the importance of therapeutic alliance, empathy, attending and validation of emotions in promoting significant outcomes. As many years ago, the humanistic approach provides diversity to the field of psychotherapy and helps to gain ambitious goals for the treatment that correspond to the needs of the clients.

### Conflict of Interest

The author has no conflict of interest to disclose.

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