

# Psychotherapy for personal growth? A multicultural and multitheoretical exploration

Katie Aafjes-van Doorn<sup>1</sup>  | Cristian Garay<sup>2</sup> | Ignacio Etchebarne<sup>3</sup> |  
Céline Kamsteeg<sup>4</sup> | Andrés Roussos<sup>3</sup> 

<sup>1</sup>Ferkauf Graduate School of Psychology,  
Yeshiva University, Bronx, New York

<sup>2</sup>Facultad de Psicología, Universidad de Buenos  
Aires, Buenos Aires, Argentina

<sup>3</sup>Facultad de Psicología, Universidad de  
Belgrano, Buenos Aires, Argentina

<sup>4</sup>Faculty of Social Sciences, Utrecht University,  
Utrecht, The Netherlands

## Correspondence

Katie Aafjes-van Doorn, Ferkauf Graduate  
School of Psychology, Yeshiva University,  
Rouso Building, 1165 Morris Park Avenue,  
Bronx, NY 10461.

Email: [katie.aafjes@yu.edu](mailto:katie.aafjes@yu.edu)

## Abstract

**Objective:** This paper reports on a focus-group discussion of four expert psychotherapy researchers facilitated at an international conference from the Society of Psychotherapy Research. A discussion was facilitated to explore their perspectives on psychotherapy practices of personal growth (intentionally working towards a strengthened sense of autonomy, mastery, and self-acceptance) in different countries (United States, Canada, Argentina, and Chile) and different modalities (psychoanalysis, humanistic therapy, and cognitive behavioral therapy).

**Methods:** Following the conference, the audio recording of this discussion was transcribed and analyzed using consensual qualitative research methods. Results. Six domains were identified; definition of personal growth, mental health care systems, psychotherapy practice, psychotherapy research, client and therapist characteristics, and social stigma.

**Results:** Six domains were identified; definition of personal growth, mental health care systems, psychotherapy practice, psychotherapy research, client and therapist characteristics, and social stigma.

**Conclusion:** Future research examining the cost-effectiveness and benefits of psychotherapy for personal growth is warranted. Building on the six domains, specific

future research projects on the evidence-based practice of psychotherapy for personal growth are suggested.

#### KEYWORDS

international, personal growth, psychotherapy, qualitative

## 1 | DEFINITION AND APPLICATION OF PERSONAL GROWTH IN PSYCHOTHERAPY

Some people come to therapy not because they feel a pressing need to resolve a particular problem, but because they want to explore their psychology in a way that will contribute to their personal growth. Personal growth involves the intentional process of striving for congruency and truthfulness with one's personal goals and values to gain a strengthened sense of autonomy, mastery, and self-acceptance (Hazlett-Stevens, 2018). This is not just comforting in and of itself but is also deemed important for the prevention of more severe psychological distress later and for reducing vulnerability to relapse (Salvi, 2017). Self-efficacy theory holds that people who are most prepared to deal with change throughout the life span are those with the best capacity for personal growth and change (Bandura, 2019). Moreover, seeking to develop one's personal growth potential is often considered to be a sign of optimal functioning (Lee, Ybarra, Gonzalez, & Ellsworth, 2018), and is generally associated with higher psychological well-being (Robitschek, Yang, Villalba, & Shigemoto, 2019). Arguably, learning the process of personal growth is an important goal of psychotherapy: in this way, clients can transfer this process to all aspects of their lives (Robitschek et al., 2019).

Many psychotherapists, regardless of theoretical or clinical framework, emphasize psychotherapy for personal growth as a means for their own personal-professional development and self-care. It is very common for psychotherapists to embark on their own therapy for personal growth (Bennett-Levy, 2019) and experience improvements in self-awareness, self-esteem, relationships, and therapeutic effectiveness (Wilson, Weatherhead, & Davies, 2015). Thus, given its relevance to psychotherapy change and psychotherapists' own personal therapies, it seems warranted to explore the practice of psychotherapy for personal growth in more detail.

### 1.1 | Psychotherapy modalities

Many psychotherapy models explicitly recognize the value of promoting personal growth in the service of improving clients' quality of life. In psychoanalysis, the therapeutic process is part of the life process of reaching life goals, implying continuous personal growth (e.g., Lev, 2016). Moreover, many contemporary psychoanalysts focus on the client's resilience from previous trauma, positive object-relations, building on strengths, capitalizing on moments when the client is not caught up in the cyclical patterns, and has no impaired reflective capacity or is not behaving defensively (e.g., Wachtel, 2017). Its goals often emphasize insight into interpersonal patterns rather than behavioral change per se (Marble, Høglend, & Ulberg, 2018). Thus, successful psychoanalysis is expected to lead to personal growth, and outcomes with respect to "symptom recovery" are not necessarily assessed (Shahar, 2019). The concept of personal growth, however, is not unique to the psychoanalytic practice.

The view that people should strive for self-improvement is also shared by therapists from other orientations, such as person-centered humanistic or cognitive behavioral therapies (CBT). Arguably, humanist therapeutic approaches have provided the most fully realized theory regarding human growth tendencies. Under its multifaceted umbrella, a host of different humanistic models of psychotherapy have been developed that are foundational for the fostering of client self-exploration and personal growth in counseling and psychotherapy,

including existential-integrative psychotherapy (Schneider, 2016). Person-centered therapy, now considered a founding work in the humanistic school of psychotherapies, is considered to enhance both therapist's and clients' personal growth and posits that the qualities of the therapists and the therapeutic relationship are the most powerful tools to enhance clients' personal growth (Cheng, 2019). This means that pain and negative life experiences may be the necessary ingredients to motivate humans to strive towards personal growth by turning negative issues into positive life learning which can deepen meaning, values, and happiness.

Instead of viewing clients through the lens of pathology or deficits, humanistic therapists understand them from the stance of thwarted potential and truncated development and emphasize their strengths (Angus, Watson, Elliott, Schneider, & Timulak, 2015). Humanistic therapists value the experience of personal growth throughout the life span (Flora, 2019), which means that clients are viewed as possessing a growth tendency, which is regarded as an ever-present developmental tendency that forms the basis of therapeutic change (Bland & DeRobertis, 2017).

Moreover, a focus on personal growth can also be identified in second and third wave CBT approaches. For example, the motivational interviewing theory posits that people are oriented toward growth and change and that it is the therapist's task to elicit this inherent change in each person (see Magill et al., 2014). Many integrative therapies, such as Acceptance and Commitment Therapy (Dindo, Van Liew, & Arch, 2017), Compassion Focused Therapy (Gilbert & Kirby, 2019), and Dialectical Behavioral Therapy (Linehan & Wilks, 2015) include interventions orientated towards personal growth. Cayoun (2014), for example, has framed personal growth within the framework of mindfulness-integrated CBT as a kind of "wholesome craving" that, when triggered, it generates interest in healthy change processes such as wanting to become wiser, to learn skills that produce and maintain well-being and good relations.

## 1.2 | Empirical status

Psychotherapy for personal growth has been relatively under-researched. Empirical studies that have been conducted on related client characteristics, such as clients' orientation towards change, planfulness and intentional behavior pretreatment (Personal Growth Initiative; Freitas, de, Damásio, Tobo, Kamei, & Koller, 2016) highlight the potential for psychotherapy for personal growth in decreasing vulnerability for mental disorders. Clients' tendency towards personal growth has, for example, been associated with improved levels of well-being, resilience, self-efficacy, self-compassion, life satisfaction, self-esteem, and reduced levels of negative affect, stress, perceived stigma, anxiety, and depression (e.g., Robitschek et al., 2019). Psychotherapy researchers have also highlighted the potential usefulness of personal growth in working with people who have experienced stressful and traumatic events (Karagiorgou, Evans, & Cullen, 2018), or who want to develop the skills needed to have a productive and fulfilling life. Active and intentional engagement in the process of personal growth has shown to increase across the therapeutic process and has a positive effect on later distress, even when earlier levels of distress are taken into account (Weigold et al., 2018). Moreover, personal growth-related goals are often easier to attain in psychotherapy (i.e., yielded better goal-outcome relationships) than symptom-related goals (Hazlett-Stevens, 2018). Although relevant, these studies did not examine the efficacy of psychotherapy for personal growth.

Psychotherapy for personal growth is not usually considered mainstream, rarely described in evidence-based practice guidelines (informed by publications on short-term disorder-specific treatments) and thus generally not covered by insurances. This relative lack of structural guidance leaves psychotherapists with limited support as to how to help clients achieve personal growth. This means that psychotherapists who provide psychotherapy for personal growth may have to meet the specific needs of their clients without sufficient training and without the guidance of scientific literature to support or ground their clinical practice (e.g., Fernández-Álvarez, Consoli, & Gómez, 2016). Given this current shortage of empirical evidence on psychotherapy for personal growth, it is important to identify clinically relevant areas for future research.

### 1.3 | Aims

This paper reports on a focus-group discussion that took place at the 46th International Meeting of the Society for Psychotherapy Research in Philadelphia on June 25th, 2015. The structured discussion was organized by (Author # 3) and (Team director) to address the topic of "Psychotherapy for Personal Growth" from a multicultural perspective. Building on this discussion, the current paper aims to highlight cultural and theoretical differences in the use of psychotherapy for personal growth. This exploratory study was envisioned to increase awareness and provide a rich understanding of the clinical practice of psychotherapy for personal growth, as a starting point for identifying future research studies, which may ultimately contribute to the evidence base for psychotherapy for personal growth. More specifically, the study attempts to shed light on the practice of psychotherapy for personal growth, in different treatment modalities, as it is viewed by seasoned psychotherapy research experts from South and North America. Our aims were twofold: (a) To identify clinically relevant issues in the current practice of psychotherapy for personal growth, from the perspectives of South and North American experts and (b) to consider the applicability of psychotherapy for personal growth in different treatment models, specifically reflecting on the experts' perspectives of cognitive behavioral therapy, humanistic therapy, and psychoanalysis.

## 2 | METHODS

### 2.1 | Expert discussants

Four seasoned therapists and psychotherapy researchers from South and North America participated in a structured panel discussion during the international conference of the Society for Psychotherapy Research in Philadelphia in 2016. (Discussant # 1), a male CBT therapist and psychotherapy researcher from Philadelphia, with 38 years of clinical experience; (Discussant # 2), a female humanistic therapist (i.e., Emotion Focused Therapy) and psychotherapy researcher, from Toronto, Canada, with 27 years of clinical experience; (Discussant # 3), a male CBT therapist and psychotherapy researcher from Buenos Aires, Argentina, with 17 years of clinical experience, and (Discussant # 4), a male psychoanalytic therapist and psychotherapy researcher from Santiago, Chile, with 35 years of clinical experience.

A focus-group design was used to reflect diversity in perspectives among the discussants (Pearson & Vossler, 2016), enabling an explanation of why certain phenomena may persist in different settings (Mishra, 2016). Discussants build on the responses of others, stimulating debate, thereby producing a unique type of data that reveals discussants' insights about an issue that is beyond what may be contributed by a single discussant alone (Colucci, 2008).

All discussants first presented their views on two personal growth-case vignettes and the practice of psychotherapy for personal growth, after which there was a 50-min open discussion among all expert discussants and audience members. The moderator's verbatim introduction of the structured discussion, the two case vignettes, and the full transcript of the focus-group discussion are available on request from the corresponding author.<sup>1</sup> It should be noted that the discussants merely expressed their professional expert opinions, describing the way they experience practice in their country or modality. These expert discussants did not necessarily represent the views of their entire country, the continent or chosen modality.

Identification of the main domains (i.e., themes) on personal growth followed the systematic sequence of procedures outlined in the Consensual Qualitative Research manual (Hill, 2015), a method widely used in psychotherapy research (Timulak & Elliott, 2019). The coding procedures involving three judges and an auditor

<sup>1</sup>katie.aafjes@yu.edu.

were previously reported by Etchebarne, Garay, and Aafjes-van Doorn (2016). The three judges reached consensus on a final list of six domains represented in the panel discussion: (a) definition of psychotherapy for personal growth; (b) mental health care system; (c) psychotherapy practice; (d) psychotherapy research; (e) client and therapist characteristics, and (f) social stigma and representation.

### 3 | RESULTS

The qualitative analyses of the focus discussion resulted in the identification of six domains. See Table 1 for an overview of the domains and related example core ideas.

#### 3.1 | Domain 1: Definition of psychotherapy for personal growth

Therapists from Canada, USA, Argentina, and Chile conceptualized psychotherapy similarly, in that psychotherapy is meant to improve clients' functioning. Specifically, in the Canadian context, psychotherapy was described as a facilitator of "normal change." From the Chilean perspective, psychotherapy may be used to construct a

**TABLE 1** List of domains and example core ideas

1. Definition of psychotherapy for personal growth	Providing good ideas and plans for healthy people who are struggling Psychotherapy to construct a self-identity in cultural context and help with life planning Therapy as personal development could possibly prevent mental illness later on
2. Mental health care system	The mental health care system differs in different countries, depending on the context of treatment demand, payment, and treatment evaluations In Argentina, government offers mandatory health coverage of lesser quality and is under-used: client and therapists prefer private practice settings In the USA, providing diagnoses and treatment services are based on funding, rather than client needs
3. Psychotherapy practice	What Argentinians label as "personal growth" could be considered adjustment disorder in the USA Medicalization of psychological disorders has had a negative impact because people with a mild diagnosis cannot get access to treatment CBT for personal growth could be relabeled as cognitive style coaching
4. Psychotherapy research	Outcome research on psychotherapy is scarce in Argentina In the USA, provision of psychotherapy outcome research is related to funding of insurance companies
5. Client and therapist characteristics	In Argentina, clients use psychotherapy not only for mental health treatment but also for personal growth. Clients are referred by friends and family In the USA, clients seek treatment mostly when they experience severe pathology that needs fixing
6. Social stigma and representation	In Argentina, psychological treatments are popular and socially accepted In the USA, there is still stigmatization of psychotherapy

Abbreviation: CBT, cognitive behavioral therapy.

self-identity in cultural context, to construct a meaning-making narrative about a client's life, as well as to help with life planning. Although clients' development of personal growth could possibly prevent mental illness later on, either by face-to face psychotherapy or open access internet learning tools, in the USA, support in the context of personal growth might not be labeled as psychotherapy. The discussants agreed that there should be different terms for professionals to reflect the process of change from being a client's therapist to being their mentor or coach.

Personal growth was deemed most explicit by the therapists from psychoanalytic and humanistic backgrounds. The humanistic expert from Canada, for example, described personal growth as seeking help for ordinary life crises and seeing that as an opportunity for growth. This would facilitate core natural changes, which, working from a humanistic perspective, is not strange at all. The CBT expert from the USA argued that CBT is not necessarily limited to recovering clients from a mental disorder, but could also be seen as a vehicle for personal growth, mentioning that this could be called something like cognitive behavioral style coaching. Thus, psychotherapy for personal growth seems to have been blended most naturally into humanistic and psychoanalytic contexts, but can potentially be integrated into various modalities.

### 3.2 | Domain 2: Mental health care system

In Argentina, psychotherapy (including psychotherapy for personal growth) is covered by basic insurance; the therapist from Argentina stated that 30 sessions of psychotherapy per year are covered by mandatory health coverage. However, the services with mandatory health coverage are usually perceived as being of lesser quality and are under-utilized, according to this therapist. Thus, clients and therapists generally prefer private practice settings. Furthermore, there appears to be little funding for psychotherapy research in Argentina, meaning that practice generally is not evidence-based. In the USA, treatment services are mostly based on governmental or charity funding, with private treatment only available for a privileged minority. According to the therapist from the USA, general practitioners (GPs) generally either prescribe medication or refer to a psychologist. A diagnosis is necessary to be reimbursed for treatment, and resources are limited. It follows that in the USA psychotherapy for personal growth is generally not reimbursed by insurers and therefore less common. Similarly, the Canadian government only funds psychiatrists, but not psychologists—and provision of psychotherapy is limited to short-term evidence-based psychotherapy that can demonstrate client recovery. According to the North American psychotherapy experts, the function of psychotherapy appears restricted to the recovery of mental disorders as few people can afford ongoing treatments out of their own pocket. The discussant from Argentina considered psychotherapy to be rather popular with little stigma attached and was less concerned with research evidence. In contrast, the therapists from the USA and Canada stated that psychotherapy for personal growth appears to be relatively uncommon. The discussants explained that most clients will only be able to receive help when they present with difficulties that can be labeled as “illness” or “disorder,” and therapeutic contact would normally cease once this has been “cured.” Thus, variations in local mental health care systems, generate a different starting point across countries for clients seeking psychotherapy for personal growth.

### 3.3 | Domain 3: Psychotherapy practice

The expert psychotherapists noted several differences in the ways they each practice psychotherapy for personal growth. According to the psychoanalytic therapists from Chile and Argentina, the most commonly practiced, deep-rooted and widely disseminated modality is psychoanalysis, specifically Lacanian psychoanalysis. Psychotherapy practice in Argentina and Chile seems less concerned with “evidence-based treatments,” and “evidence-based practice.” Clients in Argentina do not seem to expect or seek out psychotherapies that are backed

by research evidence. When clients are looking for a psychotherapist, they tend to rely on recommendations from friends and family. Although psychotherapy, when not reimbursed, is seen as expensive, it appears to be valued in the community. The benefits of psychotherapy appear to be widely accepted and openly discussed by celebrity clients. There are many psychologists in Argentina, most of which are psychoanalysts, but according to the Argentinian CBT therapist, the popularity of short-term therapy and CBT has been growing more recently. He reported that CBT is provided to people with diagnosed disorders, but also for the personal growth of people without a diagnosis. The other CBT therapist (from the USA), on the other hand, suggested that clients seeking psychotherapy for personal growth would need a diagnosis of “adjustment disorder” to ensure reimbursement of services in the USA. He explained that the American medical model has resulted in people with mild problems not getting access to psychotherapy services. This was confirmed by the humanistic expert from Canada, who reported that in Canada most clients tend to be treated for severe mental health diagnoses only. Thus, according to the therapists from the USA and Canada, the current setting in their countries does not appear to be built for the practice of psychotherapy for personal growth. In contrast, in the USA and Canada, most services only offer short-term manualized evidence-based treatments. The discussants explained that, given its short-term manualized nature and disorder-specific focus on reducing symptoms below the diagnostic cutoffs, CBT treatments offered in the USA and Canada are not usually focused on achieving personal growth.

In Argentina, psychoanalysis and CBT appear to be available to people with and without diagnosed disorders; indicating its potential to be used for personal growth. Similarly, the humanistic therapist explained that humanistic therapy is likely to be well-suited for enhancing personal growth, as it aims to provide an empathic experience that generates growth. When the symptoms have lifted, humanistic therapy targets the development of a sense of self. The CBT and psychoanalytic therapists (from Argentina and Chile) reported that psychotherapy for personal growth is not only widely accepted, but also transcend therapists' clinical and theoretical framework. In the same way, the notion of personal growth is also present in South American textbooks and clinical writings on CBT (e.g., Korman, Viotti, & Garay, 2015), and client-centered or existential/humanistic approaches (e.g., Angus et al., 2015). All in all, this suggests that the availability of psychotherapy for personal growth might be more related to the set-up of local mental health services, than to the psychotherapy modality that is practiced.

### 3.4 | Domain 4: Psychotherapy research

According to the Argentinian therapists (CBT and psychoanalysis) outcome research is deemed relatively unimportant in Argentina. Lacanian therapists, for example, believe psychotherapy is subjective and its efficacy cannot be measured. In contrast, according to the American therapist (CBT), psychotherapy research evidence is linked with funding from insurance companies and is a requirement for training and clinical practice guidelines, crucial for the dissemination of psychotherapy. To be able to provide psychotherapy for personal growth on an international level, there is a need for building its research base, although this might not (yet) be the case in Argentina.

### 3.5 | Domain 5: Client and therapist characteristics

Based on the discussion among the invited experts, the differences in clients and therapists were more obvious between countries rather than between therapeutic orientations. The discussants suggested that in Argentina, people may seek support when needed, either for a few sessions of CBT for mild symptoms, or longer-term “real therapy” treatments. The psychoanalytic therapist (Argentina), for example, indicated that his parents encouraged him to see a therapist when he did not know what he was going to study. Moreover, the clients in Argentina consider psychotherapy in short-term government-funded services to be inferior to private practice. According to the American therapist, clients in the USA may also prefer longer treatments, however, they usually only have

access to short-term interventions. They need a referral from a GP and generally seek treatment only when they experience severe pathology that impedes daily functioning and needs to be “cured.” From the discussion, it transpired that personal therapy for therapists is the norm in Argentina, whereas therapists in the USA and Canada usually have not been in psychotherapy themselves. None of the experts reported on receiving training in psychotherapy for personal growth specifically.

### 3.6 | Domain 6: Social stigma and representation

It seems that with regard to stigma, the differences are more pronounced between countries rather than between therapeutic orientation. According to one of the Argentinian experts, psychological treatments appear popular and socially accepted, at least in urban areas. He further explained that it is common to hear artists, soccer players, and even politicians admitting that they are in treatment. Being in therapy is seen as taking good care of yourself. He also reported that it is common for parents in Argentina to pay for their children's psychotherapy, illustrating the value that people place on getting psychological help. Furthermore, he reported that friends and family tend to encourage people to seek psychological support for personal growth, rather than interventions from a medical doctor. He also noted, however, that these statements mainly applied to residents of the urban area of Buenos Aires; and that he expected stigma to be more common outside the metropolitan areas.

In the USA, the medical model, with an increased focus on diagnosing disorders, seems to increase stigma. An example mentioned by the American therapist described how adults are being judged for seeking psychotherapy and that children who receive psychotherapy are not accepted into good schools. As a consequence, people tend to wait with seeking treatment until they experience a crisis, and see psychotherapy as a tool to fix a mental disorder, rather than as a vehicle for personal growth.

## 4 | DISCUSSION

Building on expert knowledge from clinician-researchers from different countries and theoretical modalities, we aimed to identify clinical issues in the area of psychotherapy for personal growth, that may be addressed in future research. To explore the practice of psychotherapy for personal growth in different cultural contexts and therapeutic modalities, we invited expert psychotherapy researchers from Chile, Argentina, USA, and Canada with different therapeutic backgrounds (CBT, humanistic therapy, and psychoanalysis) to participate in a discussion panel at an international psychotherapy conference. By reporting on this conference discussion panel in a published paper, we aimed to reach a broader group of researchers and clinicians beyond the conference panel attendants, and facilitate a continued discussion around psychotherapy for personal growth among clinicians. Furthermore, especially given the current lack of research, we aimed to generate momentum among psychotherapy researchers across the globe and inspire them to study psychotherapy for personal growth, as it is practiced currently, and the ways it could be improved in the future.

### 4.1 | Future developments

Building on the six domains that were identified through the consensual qualitative analyses of the panel discussion (i.e., definition of personal growth, mental health care systems, psychotherapy practice, psychotherapy research, client and therapist characteristics, and social stigma), several future research projects can be identified. First, the current lack of consensus on the scope and definition of personal growth, discussed in the first domain, means that the field of psychotherapy research would benefit from a comprehensive review of its current evidence-base,



considering different personal growth concepts, and cultural and theoretical differences. This conceptual clarity could also help to identify relevant existing research on related client characteristics, and therapeutic outcomes (e.g., Freitas et al., 2016).

The second identified domain referred to the context of treatment services, insurance reimbursements, and government funding. Future research should examine whether financial investments (increased reimbursement and government funding) in psychotherapy for personal growth results in higher levels of experienced mental health in the population and lower levels of service costs in the longer-term.

From domain three, it follows that psychotherapy for personal growth might be an effective addition to traditional treatment, as a way to prevent more severe psychological distress later and for reducing vulnerability to relapse (Salvi, 2017). It is also possible that psychotherapy for personal growth has an educational value, in that it could potentially increase individuals' reflective functioning, which is a known moderator of emotional suffering and effective treatment (Fonagy, Luyten, & Bateman, 2015). Moreover, recent research suggests that personal growth is malleable and that it could potentially be an appropriate target for psychotherapy (Danitz, Orsillo, Beard, & Björgvinsson, 2018). Personal growth could thus function as a mechanism of action underlying a broad array of psychotherapy approaches. Longitudinal research in this area is needed to determine if a change in personal growth precedes a change in psychological functioning. Furthermore, given that "an ounce of prevention is worth a pound of a cure" (Scott, Thomas, & Erskine, 2019, p. 1), especially for children and adolescents (Shatkin, 2019), it is imperative to examine the potential benefits of psychotherapy for personal growth throughout the life span. Longitudinal research should examine at what point in a person's life (e.g., adolescence, starting a family, and retirement) psychotherapy for personal growth is (most) effective.

As highlighted in domain four, empirical research on personal growth has been extremely limited thus far. This is surprising, given that learning the process of personal growth might help clients transfer these skills to all aspects of their lives (Robitschek et al., 2019), and could thus be viewed as an important goal of psychotherapy. It remains to be seen if psychotherapy for personal growth would be more widely accepted among psychotherapists and clients if it is backed by empirical findings. Future research might elucidate if there is a therapy modality that is best suited to personal growth, or if various modalities generate similar personal growth outcomes (i.e., the dodo bird verdict). Moreover, targeting personal growth variables over the course of treatment may help clients to view the therapy process as more than just a reduction of symptoms, but also as a way to emphasize values and enhance their quality of life. For example, acceptance-based behavioral therapies, that target aspects of personal growth, have recently been shown to be effective at addressing a broad array of psychological problems such as anxiety, depression, and substance use (e.g., Schoenleber & Gratz, 2018). Thus, a deeper understanding of personal growth may inform the refinement of current evidence-based practices and eventually enhance the treatment of a broad range of psychopathology. This might be especially important, because personal growth-related goals are often easier to attain in psychotherapy (i.e., yielded better goal-outcome relationships) than symptom-related goals (Hazlett-Stevens, 2018).

Domain five suggested that psychotherapists from different local areas might conceptualize psychotherapy for personal growth differently. Future research would need to establish if the reported expert opinions are generalizable to therapists in North America, South America, and Canada, respectively. Also, it is unclear if the specific city locations of the four discussants are representative of the current clinical practice in other more suburban areas of these countries. Therefore, it may be argued that our findings mainly reflect psychotherapy for personal growth in Buenos Aires, Philadelphia, Toronto, and Santiago, and may not be generalizable to South and North America more generally. Other client characteristics, such as age, education, orientation towards change, planfulness, and intentional behavior pretreatment (Personal Growth Initiative; Freitas et al., 2016) might be considered as possible moderators of personal growth outcomes.

Furthermore, as discussed in Domain six, the possible bidirectional relationship between psychotherapy for personal growth and social stigma deserves more research attention. Cross-cultural research could, for example, elucidate if the levels of mental health problems experienced by people in Buenos Aires, where psychotherapy for

the purpose of personal growth is common, differ from the levels of mental health problems reported by people in a large North American city where psychotherapy is mainly focused on treating mental illness diagnoses. It could be argued that in countries with high levels of mental health stigma, the need for personal growth of the “worried well” is reflected by the popularity of accessible resources related to positive psychology (e.g., Park & Chen, 2016), and self-improvement (e.g., self-help books or online sites and smartphone apps) and by the vast number of unlicensed professionals who apply psychotherapy techniques (e.g., life-coaches, career-coaches, and spiritual leaders; Jarosz, 2016). Therefore, it will be important to explore new directions for the application of psychotherapy for personal growth, such as online therapies and new integrative treatment models (e.g. Fernández-Álvarez et al., 2016). Also, psychotherapists themselves, who embark on their own therapy for personal growth (Bennett-Levy, 2019) and experience improvements in self-awareness, self-esteem, relationships, and therapeutic effectiveness (Wilson et al., 2015) might be well placed to promote the benefits of psychotherapy for personal growth and help remove the stigma.

## 4.2 | Limitations

The current qualitative study has various limitations that should be noted. First, the four discussants did not mention any ethical concerns that might be uniquely relevant to psychotherapy for personal growth. For example, it might be important to examine the possible dangers and questionable efficacy of therapists practicing psychotherapy for personal growth without the support of training, practice guidelines, or empirical evidence, as well as the ethics of imposing a mandate of psychotherapy for personal growth on trainees (McMahon, 2018).

Moreover, a drawback of using a focus-group discussion rather than a structured interview format was that not all discussants contributed equally. This resulted in substantially more descriptions related to the USA and Argentina, than to Canada and Chile, and more speaking time taken up by experts who represented the CBT and psychoanalytic perspectives than the expert representing the humanistic view point. This difference was not only reflected in relatively shorter segments of transcripts about the Canadian and Chilean mental health context and the humanistic approaches, but also in the minimal emphasis on this in our qualitative analyses.

Furthermore, although multicultural aspects were addressed in several parts of this study design and analysis, we did not explore the context of the discussants beyond their country and their preferred treatment modality. All discussants were middle-class and highly educated. Three of them were Caucasian and one Latino. While this apparent lack of diversity might reflect the field of psychotherapy research more generally, with a sample of only four experts, it is unclear how much their personal backgrounds could have played a role in their perspectives on personal growth. To increase the external validity of these exploratory findings, further research is needed on the role of personal growth in treatments with diverse client groups, therapists, and a wider variety of psychotherapy modalities. Future research on personal growth in relation to treatment outcome is warranted to provide more specific clinical implications for practice and therapist training. This might include explicit therapist training courses on how to conduct psychotherapy for clients without a mental health diagnosis, the application of outcome measures related to personal growth, and clear clinical guidelines for psychotherapists on effective practices for personal growth.

## 5 | CONCLUSION

As the rich and stimulating panel discussion attests, psychotherapy for personal growth is clinically relevant to therapists and clients around the globe and could potentially be applied within the existing therapy modalities of CBT, humanistic therapy, and psychoanalysis. It is hoped that this dialog among experts, who were senior therapists as well as empiricists, provides new perspectives on the possibility of psychotherapy for personal growth and will stimulate further interest as the research on personal growth in psychotherapy continues to evolve.

## ACKNOWLEDGMENT

We would like to thank Drs. Robert DeRubeis, Lynne Angus, Guillermo de la Parra, and Guido Korman for their invaluable contributions to this project.

## ORCID

Katie Aafjes-van Doorn  <http://orcid.org/0000-0003-2584-5897>

Andrés Roussos  <http://orcid.org/0000-0002-5138-9664>

## REFERENCES

- Angus, L., Watson, J. C., Elliott, R., Schneider, K., & Timulak, L. (2015). Humanistic psychotherapy research 1990–2015: From methodological innovation to evidence-supported treatment outcomes and beyond. *Psychotherapy Research, 25*(3), 330–347. <https://doi.org/10.1080/10503307.2014.989290>
- Bandura, A. (2019). Applying theory for human betterment. *Perspectives on Psychological Science, 14*(1), 12–15. <https://doi.org/10.1177/1745691618815165>
- Bennett-Levy, J. (2019). Why therapists should walk the talk: The theoretical and empirical case for personal practice in therapist training and professional development. *Journal of Behavior Therapy and Experimental Psychiatry, 62*, 133–145. <https://doi.org/10.1016/j.jbtep.2018.08.004>
- Bland, A. M., & DeRobertis, E. M. (2017). Maslow's unacknowledged contributions to developmental psychology. *Journal of Humanistic Psychology, 0022167817739732*. <https://doi.org/10.1177/0022167817739732>
- Cayoun, B. A. (2014). *Mindfulness-integrated CBT for well-being and personal growth: Four steps to enhance inner calm, self-confidence and relationships*. Oxford, UK: John Wiley & Sons.
- Cheng, F. K. (2019). The compatibility of person-centred therapy and Buddhist teachings. *International Journal of Integrative Psychotherapy, 9*(0), 1–55. Retrieved from <http://www.integrative-journal.com/index.php/ijip/article/view/133/91>
- Colucci, E. (2008). On the use of focus groups in cross-cultural research. In P. Liamputtong (Ed.), *Doing cross-cultural research: Ethical and methodological perspectives* (34, pp. 233–253). Netherlands: Springer. [https://doi.org/10.1007/978-1-4020-8567-3\\_15](https://doi.org/10.1007/978-1-4020-8567-3_15)
- Danitz, S. B., Orsillo, S. M., Beard, C., & Björqvinnsson, T. (2018). The relationship between personal growth and psychological functioning in individuals treated in a partial hospital setting. *Journal of Clinical Psychology, 74*(10), 1759–1774. <https://doi.org/10.1002/jclp.22627>
- Dindo, L., Van Liew, J. R., & Arch, J. J. (2017). Acceptance and commitment therapy: A transdiagnostic behavioral intervention for mental health and medical conditions. *Neurotherapeutics, 14*(3), 546–553. <https://doi.org/10.1007/s13311-017-0521-3>
- Etchebarne, I., Garay, C., & Aafjes-van Doorn, K. (2016). Psychotherapy for personal growth? A comparison of South and North American practices. *International Psychology Bulletin, 20*(4), 31–38.
- Fernández-Álvarez, H., Consoli, A. J., & Gómez, B. (2016). Integration in psychotherapy: Reasons and challenges. *American Psychologist, 71*(8), 820–830. <https://doi.org/10.1037/amp0000100>
- Flora, K. (2019). Second wave of positive psychology: Beyond the dichotomy of positive and negative and the consequences in the practice of psychotherapy. *Counselling Psychology Quarterly, 1–8*. <https://doi.org/10.1080/09515070.2019.1573165>. advance online publication.
- Fonagy, P., Luyten, P., & Bateman, A. (2015). Translation: Mentalizing as treatment target in borderline personality disorder. *Personality Disorders: Theory, Research, and Treatment, 6*(4), 380–392. <https://doi.org/10.1037/per0000113>
- Freitas, C. P. P., de, Damásio, B. F., Tobo, P. R., Kamei, H. H., & Koller, S. H. (2016). Systematic review about personal growth initiative. *Anales de Psicologia/Annals of Psychology, 32*(3), 770–782. <https://doi.org/10.6018/analesps.32.3.219101>
- Gilbert, P., & Kirby, J. N. (2019). Building an integrative science for psychotherapy for the 21st century: Preface and introduction. *Psychology and Psychotherapy: Theory, Research and Practice, 92*(2), 151–163. <https://doi.org/10.1111/papt.12225>
- Hazlett-Stevens, H. (2018). Mindfulness-based stress reduction in a mental health outpatient setting: Benefits beyond symptom reduction. *Journal of Spirituality in Mental Health, 20*(3), 275–292. <https://doi.org/10.1080/19349637.2017.1413963>
- Hill, C. E. (2015). Consensual qualitative research (CQR): Methods for conducting psychotherapy research. In O. C. G. Gelo, A. Pritz & B. Rieken (Eds.), *Psychotherapy research* (pp. 485–499). Vienna, Austria: Springer.
- Jarosz, J. (2016). What is life coaching? An integrative review of the evidence-based literature. *International Journal of Evidence Based Coaching and Mentoring, 14*(1), 34–56. Retrieved from <https://search.informit.com.au/documentSummary;dn=829786238991490;res=IELBUS>
- Karagiorgou, O., Evans, J. J., & Cullen, B. (2018). Post-traumatic growth in adult survivors of brain injury: A qualitative study of participants completing a pilot trial of brief positive psychotherapy. *Disability and Rehabilitation, 40*(6), 655–659. <https://doi.org/10.1080/09638288.2016.1274337>

- Korman, G. P., Viotti, N., & Garay, C. J. (2015). The origins and professionalization of cognitive psychotherapy in Argentina. *History of Psychology, 18*(2), 205–214. <https://doi.org/10.1037/a0038968>
- Lee, D. S., Ybarra, O., Gonzalez, R., & Ellsworth, P. (2018). I-through-we: How supportive social relationships facilitate personal growth. *Personality and Social Psychology Bulletin, 44*(1), 37–48. <https://doi.org/10.1177/0146167217730371>
- Lev, G. (2016). The question of aims: Psychoanalysis and the changing formulations of the life worth living. *Psychoanalytic Psychology, 33*(2), 312–333. <https://doi.org/10.1037/pap0000025>
- Linehan, M. M., & Wilks, C. R. (2015). The course and evolution of dialectical behavior therapy. *American Journal of Psychotherapy, 69*(2), 97–110. <https://doi.org/10.1176/appi.psychotherapy.2015.69.2.97>
- Magill, M., Gaume, J., Apodaca, T. R., Walthers, J., Mastroleo, N. R., Borsari, B., & Longabaugh, R. (2014). The technical hypothesis of motivational interviewing: A meta-analysis of MI's key causal model. *Journal of Consulting and Clinical Psychology, 82*(6), 973–983. <https://doi.org/10.1037/a0036833>
- Marble, A., Høglend, P., & Ulberg, R. (2018). Recovery and nonrecovery after psychotherapy with transference interpretation: Two case studies. *American Journal of Psychotherapy, 71*(2), 74–86. <https://doi.org/10.1176/appi.psychotherapy.20180014>
- McMahon, A. (2018). Irish clinical and counselling psychologists' experiences and views of mandatory personal therapy during training: A polarisation of ethical concerns. *Clinical Psychology & Psychotherapy, 25*(3), 415–426. <https://doi.org/10.1002/cpp.2176>
- Mishra, L. (2016). Focus group discussion in qualitative research. *Technolearn: An International Journal of Educational Technology, 6*(1), 1–5. <https://doi.org/10.5958/2249-5223.2016.00001.2>
- Park, J., & Chen, R. K. (2016). Positive psychology and hope as means to recovery from mental illness. *Journal of Applied Rehabilitation Counseling, 47*(2), 34–42. <https://search.proquest.com/openview/7cd369079732268d40fa08d22f5d97b98/1?pq-origsite=gscholar&cbl=35933>
- Pearson, D., & Vossler, A. (2016). Methodological issues in focus group research: The example of investigating counsellors' experiences of working with same-sex couples. *Counselling Psychology Review, 31*, 1–23. <http://oro.open.ac.uk/45615/>
- Robitschek, C., Yang, A., Villalba, R., II, & Shigemoto, Y. (2019). Personal growth initiative: A robust and malleable predictor of treatment outcome for depressed partial hospital patients. *Journal of Affective Disorders, 246*, 548–555. <https://doi.org/10.1016/j.jad.2018.12.121>
- Salvi, D. (2017). Primary prevention of depression in adolescents: An introduction to new approaches to promote resilience and personal growth. *Indian Journal of Positive Psychology, 8*(3), 305–308. <https://search.proquest.com/openview/03d753350aa59020824dfc92d7b84831/1?pq-origsite=gscholar&cbl=2032133>
- Schneider, K. J. (2016). Existential-integrative therapy: Foundational implications for integrative practice. *Journal of Psychotherapy Integration, 26*(1), 49–55. <https://doi.org/10.1037/a0039632>
- Schoenleber, M., & Gratz, K. L. (2018). Self-acceptance group therapy: A transdiagnostic, cognitive-behavioral treatment for shame. *Cognitive and Behavioral Practice, 25*(1), 75–86. <https://doi.org/10.1037/a0039632>
- Scott, J. G., Thomas, H. J., & Erskine, H. E. (2019). Improving Australia's population mental health: An ounce of prevention is worth a pound of cure. *Australian & New Zealand Journal of Psychiatry, 53*(5), 470–471. <https://doi.org/10.1177/0004867418814960>
- Shahar, G. (2019). The nature of the beast: Commentary on “Can there be a recovery-oriented diagnostic practice?”. *Journal of Humanistic Psychology, 59*(3), 346–355. <https://doi.org/10.1177/0022167818777653>
- Shatkin, J. P. (2019). Mental health promotion and disease prevention: It's about time. *Journal of the American Academy of Child and Adolescent Psychiatry, 58*(5), 474–477. <https://doi.org/10.1016/j.jaac.2019.01.012>
- Timulak, L., & Elliott, R. (2019). Taking stock of descriptive–interpretative qualitative psychotherapy research: Issues and observations from the front line. *Counselling and Psychotherapy Research, 19*(1), 8–15. <https://doi.org/10.1002/capr.12197>
- Wachtel, P. L. (2017). Attachment theory and clinical practice: A cyclical psychodynamic vantage point. *Psychoanalytic Inquiry, 37*(5), 332–342. <https://doi.org/10.1080/07351690.2017.1322431>
- Weigold, I. K., Boyle, R. A., Weigold, A., Antonucci, S. Z., Mitchell, H. B., & Martin-Wagar, C. A. (2018). Personal growth initiative in the therapeutic process: An exploratory study. *The Counseling Psychologist, 46*(4), 481–504. <https://doi.org/10.1177/0011000018774541>
- Wilson, H., Weatherhead, S. J., & Davies, J. S. (2015). Clinical psychologists' experiences of accessing personal therapy during training: A narrative analysis. *International Journal of Practice-Based Learning in Health and Social Care, 3*, 32–47. <https://doi.org/10.18552/ijpbhlsc.v3i2.238>

**How to cite this article:** Aafjes-van Doorn K, Garay C, Etchebarne I, Kamsteeg C, Roussos A. Psychotherapy for personal growth? A multicultural and multitheoretical exploration. *J. Clin. Psychol.* 2020;76:1255–1266. <https://doi.org/10.1002/jclp.22942>