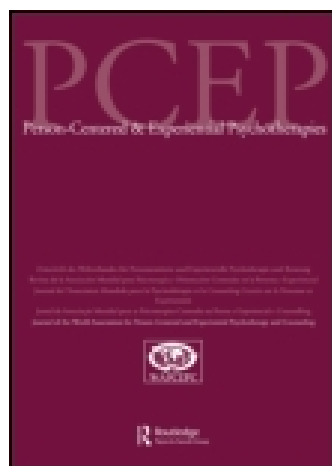


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Person-Centered and Experiential Therapies Work. A Review of the Research on Counseling, Psychotherapy and Related Practices

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REVIEW

Person-Centered and Experiential Therapies Work. A Review of the Research on Counseling, Psychotherapy and Related Practices, Mick Cooper, Jeanne C. Watson and Dagmar Hölldampf (Eds.), Ross-on-Wye, UK, PCCS Books, 2010, 272 pp., £19.00 (paperback), ISBN 978-190625-425-4

This book is the result of the hard work of the PCE Task Force, inspired by a meeting of researchers, practitioners and students at the 8th Conference of the World Association for Person-Centered and Experiential Psychotherapy and Counseling, held in Norwich, UK, in 2008. The mission of the Task Force was to “review the evidence base for PCE practice, to disseminate the results of this investigation, and also to identify key areas in which the evidence base for PCE practice needs to be developed” (p. ii).

The editors, contributors and publisher are to be commended for their commitment and dedication to getting this excellent, varied collection of original papers together in time for its launch at the 9th WAPCEPC conference in Rome, 2010.

As the editors highlight in the Preface, although there is a vast and growing body of evidence to support a wide range of PCE practices, therapists often find themselves confronted with a lack of acknowledgement, or sometimes downright dismissal, of the evidence for the effectiveness of the PCE therapies, which are therefore seen to fail the criteria for empirically supported therapies. This book aims to draw together a wealth of research findings and to present it in an accessible manner, so that PCE therapists will be more empowered to present the facts about the effectiveness of their work and feel encouraged and stimulated to take the PCE research agenda forward (p. i).

This is not a book about “how to do research”; it requires a degree of understanding about the language of research, methodology and design, but it is written in an accessible inviting style. There is a brief glossary of research terminology, but this reviewer, who is no expert on research, had no difficulty understanding the technical aspects of the papers. The contributors are all actively involved in research and their commitment and enthusiasm are evident. They show how important research is – not to use defensively to prove the superiority of PCE over other approaches, but to show the value and effectiveness of the approach, to show that it is alive and how it has meaning and value for clients. Readers will find a wealth of references that may support them in their own research and writing, and the discussions and conclusions at the end of the chapters provide useful suggestions and encouragement for further studies.

The 10 chapters of the book cover a wide range of topics, and although it is not formally divided into sections, there are some distinct themes grouped together. The first four chapters present meta-analyses of both quantitative and qualitative studies on the effectiveness and outcome of PCE therapies with general client groups and with children, and an overview of the effectiveness of the PCE paradigm in

non-therapy-oriented contexts (management, education, and parenting). Readers looking for material to support their efforts to present the evidence base for PCE therapy will feel encouraged to read the good news: “Clients use our therapies to make large changes in themselves; these changes are maintained over time and are much larger than our clients would have experienced without therapy. . . . [They] show as much change as clients seen in other therapies” (p. 12). This finding is supported by the analysis of the effectiveness of PCE therapies with children and adolescents, not only in terms of reduction of symptoms but also in relation to general improvement in day-to-day functioning and relationships (p. 35).

Where quantitative studies normally define outcome in terms of symptom reduction – and are therefore often considered to be reductionist and not really compatible with the PCE paradigm, qualitative studies attempt to define and measure outcome in terms of the client’s subjective experience. Timulak and Creaner’s meta-analysis of qualitative studies presents us with “some expected and some surprising findings” (p. 82). Reported positive experiences such as healthier emotional processing and a greater sense of resilience and empowerment can be recognized as being in line with the original conceptualization of therapeutic process and outcome in PCE therapies. A surprise was to find clients’ appreciation of “vulnerability” as a positive outcome of therapy, where in symptom reduction research it would likely be classified as a negative symptom. Their important conclusion is that “impacts [of PCE therapies] are broad, differentiated and go well beyond what is probably understood as successful outcome of psychological or other mental health intervention in mainstream mental health care. It seems that clear symptom reduction is only one part of it” (pp. 87–88).

The next two chapters focus on what is known about how PCE therapies work, looking at the client as active self-healer and at the relationship between process and outcome. Bohart and Tallman build on their previous work when they “explore the research base for the hypothesis that clients (and persons in general) have capacities for self-healing and self-righting, and that it is they who play the most important role in generating change in psychotherapy” (p. 95). What is particularly interesting is that they consider evidence from all approaches to psychotherapy, and then look at the implications of their findings for PCE therapy. Their conclusion – and they acknowledge that it may be a controversial one for some PCE therapists – is that the research evidence supports the case for integrative person-centered practice, based on trust in the self-organizing wisdom of the client. Such trust in the client frees the therapist to engage with them in a unique and collaborative relationship where the client plays an active part in making the therapy work.

The other chapter in this section acknowledges client’s agency as one of three “pillars” of PCE therapies and defines as the two other pillars the quality of the relationship and the role of the client’s experiencing process. Many studies in psychotherapy research over the past 50 years have supported the importance of the therapeutic relationship across therapeutic orientations, while more recent studies have examined the role emotional awareness and arousal, cognitive processing and meaning making have for therapy outcome. Emotion-focused-therapy-oriented practitioners in particular will appreciate the call for further research into the change process and its relationship with specific task interventions by the therapist.

The final part of the book is dedicated to a review of studies of some of the core concepts in PCE theory: explorations of client incongruence and affect regulation, and an overview of research instruments to measure the relationship conditions.

In this section we also find a review of research methodologies that are closely aligned with PCE epistemology. These final chapters illustrate how much more there is to be explored and understood about the therapy process, the therapy relationship, and about the importance of the client's experience of the relationship and of their own process of change. Important too are the reflections on methodological challenges – the impact of researcher bias, the difficulties with qualitative methodologies, the need to develop instruments that do justice to clients' and therapists' lived experience of the therapeutic relationship and the process of change, and that support the development of therapeutic practice.

In the final chapter the editors draw together themes from the various contributions and make recommendations for future research in the PCE therapies. This was a disappointing conclusion to the book. The complex findings and conclusions of the preceding chapters of the book are acknowledged and discussed and recommendations for the direction of future research are made, with particular emphasis on the importance of developing more randomized controlled trial (RCT)-based studies. The philosophical/theoretical challenges of this kind of research for PCE therapies are briefly acknowledged, but the reader is asked to weigh up the pragmatic need for survival of the approach against the desire for epistemological purism (p. 241). This seemed a poor and simplistic conclusion to the articulate, thoughtful and scholarly explorations and reflections of the contributing authors. What is lacking in this editorial conclusion is any kind of analysis of the socio-political context of psychotherapy research. Training in research should also include training in political awareness so that researchers can reflect critically on the ethical and political implications of their projects and on the reasons why our good outcomes are persistently ignored and dismissed.

I concur with the editors' conclusion that we need to develop and stimulate research, that we need to develop tools and methodologies that are consistent with the fundamental values and principles of the PCE, but that we also need to work on understanding and speaking the language of colleagues from other orientations and disciplines. The challenge for the PCE is to produce good quality research that carries credibility and genuinely supports the development of good practice, client choice and empowerment without "selling out" the principles of the approach by concentrating on symptoms, symptom relief and the economically driven social control agenda of funders, health providers and insurers.

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