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Person-centered and experiential therapies work: a review of the research on counselling, psychotherapy and related practices

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BOOK REVIEWS

Person-centered and experiential therapies work: a review of the research on counselling, psychotherapy and related practices, edited by M. Cooper, J.C. Watson and D. Hölldampf, Ross-on-Wye, PCCS Books, 2010, 272 pp., £22.00 (paperback), ISBN 9781906254254

Reviewed by Peter Pearce, Head of Person Centred Department and Stephen Goss, Principal Lecturer DPpsych (Professional Studies) programme, both of Metanoia Institute, Middlesex University, London, UK. Email: peter.pearce@metanoia.ac.uk; stephengoss@gmail.com

The title of this book makes a bold assertion: ‘Person-centered and experiential therapies work’. Eighteen authors, all leading experts in their fields, review the available evidence to support this assertion across a range of sectors and person-centred and experiential (PCE) research tools and methods. They also highlight key areas of the evidence base that need to be developed to create more coherent and effective research for the future.

This is an important book, which succeeds in making complex topics accessible and clear, although inevitably a book that is more likely to be returned to many times as a resource to be tapped rather than one to be read cover to cover. Whilst a short review cannot fully honour the dedication and commitment of every contributor, each is certainly worthy of specific recognition for the considerable achievement that this book represents. All chapters introduce the topic and the evolution of PCE approaches in their particular field. Each chapter critically reviews the available evidence in detail and provides clear, brief conclusions before pointing to areas where further work is required.

The first three chapters address the effectiveness of PCE with, respectively, individual adults, young people, and beyond therapy in education, parenting and management. Chapter 4 reviews qualitative evidence on outcomes, while chapters 5 and 6 review the effectiveness of PCE processes. Chapters 7–9 review a range of PCE-related tools and research methods before the final chapter sets out to identify key priorities for further research.

As the editors identify, increasingly ‘only those therapies that are considered to be of proven efficacy and financial benefit are endorsed or supported by public funding’ (p. i), so this is a much needed review. The editors cite how, in the UK for instance, PCE therapies have been all but removed from lists of empirically supported therapies. However, this lack of recognition of PCE therapies is currently being challenged through the development and delivery of the first wave of training nationally for Counselling for Depression (CfD), a NICE (National Institute for

Health and Clinical Excellence) approved, empirically supported form of therapy for depression to be delivered across a range of UK Department of Health IAPT (Improving Access to Psychological Services) sites. CfD is underpinned by person-centred/experiential theory and practice. This development represents an important breakthrough as IAPT money has, up until now, been spent almost entirely on Cognitive Behavioural Therapy (CBT). The information collated in Cooper et al.'s text has been crucial in clawing back legitimacy for PCE therapies for depression in the UK.

The first chapter, by Elliott and Freire, undertakes the formidable task of reviewing meta-analyses of the effectiveness of PCE, charting their developing sophistication as, for example, they control for researcher allegiance or introduce equivalence analyses to compare effect size for PCE with other therapies. The authors detail how the 2001 and 2004 meta-analyses found equivalence between the outcomes of PCE therapies and those of CBT. Preliminary conclusions of the latest, 2008, version, which used a much larger sample of more than 180 outcome studies, show:

- PCE therapies are associated with large pre-post client change;
- clients' large post-therapy gains are maintained over early and late follow ups;
- clients in PCE therapies show large gains relative to clients who receive no therapy;
- PCE therapies might be trivially worse than CBT (though this is not found if studies using watered down, non-*bona fide* PCE therapy are removed).

This is information that, in this political and economic climate, we should all be able to quote or at least know where to go to quote from.

Chapter 2, by Hölldampf, Behr and Crawford, provides a useful description of the history and development internationally of PCE therapies with children (including play and filial therapy). It details the evidence and specific issues for PCE in this context and concludes that there is strong evidence for the effectiveness of PCE with children and adolescents. Across varied issues PCE therapy is consistently better than no treatment and, interestingly, most benefit can be seen in responses to children with anxiety symptoms resulting from adjustment problems to specific life events, traumatic stress or anxiety disorders, all often assumed to be areas of CBT dominance.

In chapter 3, Cornelius-White and Motschnig-Pitrik explore the significant empirical literature on applying PCE beyond psychotherapy and counselling in learner-centred education, humanistic parent training and human relations management – a massive undertaking involving approximately 500 studies. The chapter details strong evidence for the effectiveness of the PCE paradigm in both teacher–student facilitative relationships and in parenting. PCE education appears effective for all ages of formal schooling, in a variety of countries and settings, including technology-enhanced learning environments. PCE parenting appears effective for all ages of children, with different applications showing greater effects for some ages than others.

Timulak and Creaner, in chapter 4, consider qualitative meta-analyses of outcome studies. In other words, they explore clients' descriptions of what therapy actually brought to their life, rather than detailing changes on psychometric measures. They report some expected and some surprising results. Changed view

of self, mastery of symptoms, appreciating experiences of self, and enjoyment of interpersonal interaction with others were all reported as important outcomes of PCE therapy – the latter result reminding us of this important aspect of Rogers' original theory. Less anticipated results include clients appreciating vulnerability as an important outcome of therapy, highlighting an issue for the current evidence based climate that emphasises specific symptom relief and change very early in therapy, and might usefully highlight to broader psychotherapy research that a good outcome might superficially or initially appear as 'defeat'.

Chapters 5–7, exploring qualitative research and the relationship of process to outcome, are perhaps the most accessible chapters. They are essential reading for anyone wanting to deepen their understanding of the therapy process. The first, by Bohart and Tallman, masterfully explores clients' role as active self-healers, including a fascinating exploration of evidence for the human capacity for self-healing, spontaneous recovery, placebo effects, resilience, post-traumatic growth and the corrective effects of self-expression/disclosure.

Watson, Greenberg and Lietaer in chapter 6 accessibly relate process to outcome, reminding us that PCE therapies have more research than any other approach on the process of change, while chapter 7 offers a lucid, if occasionally technical, review by Watson and Watson of measures of self-perception. Both demonstrate the link between PCE theories and good outcomes – a vital link in supporting the PCE view of mechanisms of change. Like the remaining chapters, they will prove invaluable for PCE researchers as well as practitioners.

The following chapter by Freire and Grafanaki examines specific PCE research tools, from the 1950s to exemplars of the most recent developments. The authors question the value of attempting the 'Sisyphian task' (p. 209) of quantifying relationships – in contrast to the acknowledged contribution of quantitative studies to PCE therapies – and call for a reformulation of PCE theory to more thoroughly integrate client and therapist attributes. Wilkins' chapter continues this theme, initially acknowledging the roots of PCE in quantitative studies and their value in influencing policy and funding, but then examining how research might be done 'in a person-centered way' (p. 215) by placing an increasing emphasis on developing subjective understanding, following the pattern of Rogers' own career. It is suggested that multiple approaches may be used alongside one another, although how this might be achieved is not fully explored.

The varied wealth of evidence presented in this book as a whole might, however, be seen as demonstrating that the different ways of investigating whether and how PCE therapy 'works' each carry power of different kinds. It may be that a more complete picture could be offered not only by a reformulation of PCE therapy and research, as Freire and Grafanki suggest, but also by research based on an integration of approaches that goes beyond what is available in this volume.

In the final chapter, the editors identify what they see as the key priorities for future study of PCE approaches and offer some highly practical advice. They include high quality randomised controlled trials alongside qualitative studies and meta-analyses of both, again continuing to seek a diverse range of ways in which PCE practice can be better understood and represented by research and they indicate some encouraging advances. Methodological purism, they note, is now eschewed by numerous leading figures, although this remains inadequately reflected in some key policy areas. This book will put more weight behind efforts to open the door to views of evidence that are more helpful for PCE practice than has been the case so far, but

there remains room for developing just how this might best be done. A view represented repeatedly in this book seems to be of wishing to see positivism ‘render unto Caesar’ what it can (e.g. offering the randomised controlled trials (RCTs) and quantitative meta-analyses demanded by the powers that be for the sake of their influence on policy and funding) while simultaneously preferring a different kind of coin for one’s own purposes (such as the qualitative studies of process that are more valuable to practitioners).

Another limitation may be that many of the chapters rely on versions of PCE theory developed over half a century ago, with too little reference to those authors responsible for the need to develop terms other than ‘Rogerian’ for this modality. Nonetheless, while its consideration is – necessarily – incomplete, this book will remain a vital lifeline for the PCE approach in numerous arenas. It is a landmark text that thoroughly deserves to have a lasting impact.

As well as systematically asserting the demonstrated value of PCE work, this book is also a hugely practical library of theory-compatible resources whose under-valued potential in everyday practice, as well as in research, may ultimately prove as important as their contribution to the PCE evidence base. Such is the wealth of information in this book that it is clear that the evidence base already in existence may have been under-valued and also that there is a bright future for further developing our (and policy makers’) understanding.

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Introduction to counselling survivors of interpersonal trauma, by C. Sanderson, London, Jessica Kingsley Publishers, 2009, 320pp., £22.50 (paperback), ISBN 781843109624

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The stated aim of this book is to provide the reader with a deeper understanding of the nature of interpersonal trauma and to equip the counsellor or therapist with the knowledge and skills necessary to work effectively in this domain. The author defines interpersonal trauma as ‘chronic, multiple and repeated traumatic events committed by someone in a position of trust, or to whom the individual is attached, or upon whom the individual is dependent’ (p. 12). Interpersonal trauma is also theoretically located within attachment relationships, which has significant implications for the therapeutic relationship and therapeutic practice.

Christiane Sanderson develops a link between improvements in the psychological knowledge base related to trauma and an increased awareness of, and reporting of, abuse. She argues that interpersonal abuse represents a betrayal of trust and as such demonstrates particular characteristics that distinguish it from single event trauma. In interpersonal trauma, the perpetrator is often known to the victim, who is often in a dependent relationship with the perpetrator from which they cannot escape.

The book is divided into three parts. Part one is concerned with informing the reader as to the nature of interpersonal trauma, its dynamics, impact and long-term