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Introduction

This book is addressed to psychotherapists, counsellors, clinical and counselling psychologists and therapy trainees who are puzzled or troubled about the present status of the psychotherapy profession. I hope it may also be a source of stimulation for those who have not given the matter much thought, since I think that the issues at stake are fundamental for anyone who is engaged in psychotherapy. These issues can be briefly summarized in the following way.

People who come to therapy are troubled and often vulnerable. A responsible therapist needs to have reasonable confidence that what they do (or how they are) in their sessions with a client will be helpful to the client, or at the very least not harmful. In short, the therapist needs to ‘know what they are doing’. Such ‘reasonable confidence’ in what they are doing has traditionally been grounded in the theory of human nature and of psychological disturbance to which the therapist subscribes, as well as in their clinical experience of the kind of procedures that seem to work.

Until recently, the empirical evidence for the effectiveness of psychotherapy was slight. The psychologist Hans Eysenck famously maintained that although clients in psychoanalysis (and other ‘talking therapies’) do significantly improve over a period of years, this improvement is no greater than that which occurs through ‘spontaneous remission’ of symptoms. If that were so, of course, it would be very hard to justify the effort and expense of psychotherapy at all. The results of psychotherapy outcome research in the last 30 years have dissolved that potential crisis for the psychotherapy profession, but they have also precipitated a different kind of crisis. For, while psychotherapy has been shown to be very effective, no significant evidence has been found for one school of therapy being more effective than any other. Yet the schools are in many ways very different, being grounded in different theories of human nature, as well as sometimes having distinctive values.

This finding is disturbing because it makes it difficult for a therapist, or trainee, to make a reasoned decision on which school of therapy to be associated with. A therapist, if they are to ‘know what they are doing’, needs to have some theoretical grounding. It might possibly be said that all that is required is a list of therapeutic techniques that have been shown to be effective; one could then simply use these techniques without knowing why they work. Such an eclectic and purely pragmatic approach might be a last resort for psychotherapy, but it seems very unsatisfactory. There are many therapeutic procedures that seem to be effective, and a therapist with no understanding...
of why they work can make only a random selection. Further, if a procedure wasn’t helpful in a particular case, the therapist would have no background understanding of why it was unhelpful in that case, or how it might reasonably be modified, or what might be a better approach with that client. A therapist with a battery of available techniques but no understanding of them cannot be said to ‘know what they are doing’. They cannot be seen as a professional in the field of psychotherapy.

The traditional theories of psychotherapy, psychodynamic, cognitive-behavioural, person-centred and so on, have up to now been seen as providing the kind of understanding that allows psychotherapy to be more than just a set of pragmatic techniques. They provide the therapist with a firm grounding for their practice, something that is enormously important in a field where clients’ happiness, and even on occasion their lives, depend on the therapist’s knowledge of what they are doing. Therapists need to have confidence in what they are doing, but to base one’s practice in one’s own personal confidence, without having any reasoned basis for it, seems unprofessional and even unethical. For example, in assessing therapists for professional registration, the British Association for Counselling and Psychotherapy (BACP) has always insisted that the applicant must show how their practice derives from their theoretical position. Someone who cannot do this will not be professionally accredited. What the BACP has never been able to do, however, is to require that the theoretical position of the applicant should itself be a sound position. That would require professional consensus over what psychotherapy involves and why it is effective. Such a consensus would involve an agreed rationale or generally accepted theoretical background for psychotherapy, in terms of which it could be assessed whether a particular approach should be accredited. Current attempts to establish ‘empirically supported treatments’ (ESTs) (Wampold 2001, pp. 18–19) for particular client difficulties do not go far in this direction. They simply assess particular procedures by comparing their effectiveness with ‘control groups’. Leaving aside the empirical and conceptual difficulties involved in setting up appropriate controls, this approach to the validation of psychotherapy would mean that the hundreds of currently available psychotherapy procedures would each need to be investigated, whether or not they have any real plausibility. Without a broadly accepted theoretical background for the profession, it is not possible to make effective judgements of plausibility; from a purely empirical standpoint, almost anything is possible.

Regarding the justification of therapeutic practice, the situation of accrediting bodies such as the BACP is little different from that of therapists, trainees and indeed clients. The results of psychotherapy outcome research give none of these groups any reason to trust in one therapy approach rather than in any other. Yet therapists, trainees and clients need to have trust in the approach they select. This, if not obvious anyway, is confirmed by research that shows that therapy carried out by people who don’t actually believe in the principles of what they are doing is much less effective than that carried out by ‘believers’. (This situation can arise, for example, where one kind of approach is being compared with another, using the same therapist in both cases.) It is also well
established that *clients* need to be able to trust in the therapy that is offered to them, if it is to be effective.

A further consequence of the current situation relates to the statutory regulation of psychotherapy. Given that there is considerable public demand for therapy, that those seeking therapy are in some ways vulnerable and that few of them have any knowledge of what exactly therapy involves, it is understandable that governments should feel a responsibility to provide at least some guidance on what counts as genuine psychotherapy. It seems reasonable to suggest that not just anyone should be able to advertise psychotherapeutic services but that the term ‘psychotherapist’ should be reserved for properly qualified practitioners. But who is to decide what counts as a ‘properly qualified practitioner’? Established governmental bodies have little understanding of what is involved in psychotherapy; so it is reasonable for governments to turn to the professional bodies. What do they consider to be an appropriate training for psychotherapists? What body of theory does a trainee psychotherapist need to master? But here governments run into the problem that the professional bodies find it difficult to agree on what constitutes an appropriate training. What seems appropriate to the psychoanalysts seems quite inappropriate to cognitive-behavioural therapy (CBT) practitioners, and vice versa. In Britain, the disagreements between the different groups of therapists led the government of the time to place the issue in the hands of the Health Professions Council, in spite of its lack of knowledge of psychotherapy. Then, as it happened, there was an election, and the new government elected in 2010 dropped the plans for statutory regulation. In some other European countries (but not all), statutory regulation has been enforced, but in a seemingly arbitrary way. Austrian legislation recognizes 16 different methods of individual psychotherapy, Germany four (behaviour therapy, psychoanalysis, ‘methods based on depth psychology’ and client-centred therapy), Sweden three (analytic therapy, behaviour therapy and cognitive therapy) and Finland two (psychoanalytically oriented therapy and cognitive therapy) (Austrian Health Institute 2003).\(^1\)

There is then something of a crisis in the contemporary psychotherapy profession. At the heart of the difficulty is the fact that belief and trust in the principles of a therapeutic approach are psychologically, ethically and professionally necessary for therapists. On the other hand, given that all the approaches are equally effective, there are no convincing grounds for selecting one approach over any other. The choice, it seems, can only be a personal one. But that places therapists and trainees in an uncomfortable position. One can select an approach simply because it feels congenial, but once one is committed to that approach, one will find that it orients one’s thinking in ways that are fundamentally incompatible with other approaches. Becoming a psychodynamic therapist commits one to thinking in terms of the unconscious, so that a CBT approach, for example, will seem superficial. Given the research evidence, one must reluctantly concede that CBT can be effective, but this will seem an anomaly which one would like to forget about. From a psychodynamic point of view, CBT is grounded in an account of human nature
and of psychological difficulties that is just wrong. Insofar as CBT can’t just be ignored, the question of why it gets the results it does will at best be something that needs to be investigated. (It might, for example, be argued that CBT can have a superficial impact on the symptoms of disturbance, but that it doesn’t engage with the underlying unconscious conflicts.) The more solidly and professionally grounded one is in the psychodynamic approach, the less accepting one can be of approaches whose theories conflict with one’s own deeply held views. On the other hand, if one opens oneself to the possibility that another view might after all be true, then to that extent one undermines the principles which sustain one’s own work.

For any pair of approaches the same situation arises. If you are a person-centred therapist, you believe in the basic principles of person-centred therapy. You also know from the research findings that person-centred therapy is effective. So what is the problem? It is that down the street from your office works a fully accredited behavioural therapist. From your perspective what they are doing is theoretically all wrong, although somehow it seems to be effective. What should your attitude be to someone who ‘does it all wrong’? Should they even be an accredited therapist? And then further down the street is a bio-energetics practitioner who also gets good results. They are ‘accredited’ by some bio-energetics institute, but does that really count as accreditation? And then at the end of the street is a popular and charismatic astrological counsellor who also uses crystal healing. People report to you how effective this therapist is. What do you say? That they really shouldn’t be mixing crystal healing with astrological work?

This book will be concerned initially with two possible responses to the current situation. One is to argue that the effectiveness of each of the therapies rests neither on their particular theories nor on their practices. Rather, it is something like a placebo effect: what therapy really depends on is a good relationship with the therapist, the client’s belief that the procedure will be effective and perhaps also the client’s belief that the procedure does have a well-grounded rationale (for what is being done in therapy must make sense to the client). However, what the procedure is, and whether it really has any rationale, simply doesn’t matter. According to this sort of view, the theories of therapy, or the rationales for the procedures, at best function as ‘healing fictions’. They are, none of them, true. The opposite kind of approach is to say that far from none of the theories being true, they are all true. This move requires some sympathy with postmodern thought, according to which there is no single reality, but multiple, ‘socially constructed’ realities. From such a perspective, a psychological problem could be at the same time the result of incongruence of self-concept with organismic experiencing, a manifestation of unconscious conflict, the result of unfortunate conditioning contingencies and the effect of negative automatic thoughts.

I will argue that neither of these responses is satisfactory, and the rest of the book is then devoted to finding another way through. A reader of an early version of the book asked whether it is a book about theory or about practice. The answer is that it is in the end about practice, but more specifically about how
practice can reasonably be justified. I will argue that the current theories don’t provide adequate justification for their practices and I develop a way of thinking about therapy that is not dependent on the theories. In doing so, I develop an understanding of therapy that might itself be called a ‘theory’, although it does not move very far from ‘common-sense’ ways of thinking about psychological difficulties. This new way of thinking about therapy allows much of the current practice of therapy to remain as it is, though it also leads to some suggestions for change. This is consistent with the fact that much current practice is remarkably effective – ‘If ain’t broke, don’t fix it!’ The difference, which I believe to be an important one, is that this new way of thinking provides us with a crucial background understanding of what therapy is and why it works. Without that, as I have suggested above, therapists cannot have reasonable trust in what they do, and that is a necessary requirement for good practice.

The origins of the book

It may be helpful to say briefly how I came to write this book. My own training was initially in person-centred therapy, a school of therapy that today incorporates several different ‘tribes’ or sub-schools (Sanders 2012). I specialized in the tribe known as ‘focusing-oriented therapy’, deriving from the work of Rogers’ younger colleague Eugene Gendlin, and over many years I have been closely involved in this approach. I taught on a postgraduate counselling training course at the University of East Anglia, UK, and gradually introduced focusing-specific elements into that course. Later I set up specifically focusing-oriented training courses in England and in China and wrote two books (Purton 2004, 2007) on that kind of therapy. I still think that it is a form of therapy that is rather neglected, and it has sometimes seemed to me to contain at least the seeds of a solution to the problem of how the schools of therapy can be integrated.

So far as procedures are concerned, the focusing-oriented view is that pretty much any procedure can be used so long as clients themselves experience that procedure as being helpful; the important thing is for the therapist always to check back with the client’s experience of the procedure. Regarding the different theories, Gendlin’s view is in a way similar to that found in postmodern philosophy, that is, there can be multiple theories and multiple truths, none of which is the truth. In practice the therapist can use whichever theory works best in illuminating the difficulties of a particular client.

However, Gendlin, who is himself a philosopher as well as a therapist, holds that there has to be something to which the theories are answerable; it is not that any old theory will do, so long as it appeals to both the therapist and the client. This ‘something’ is what he calls the client’s experiencing. A client’s ‘experiencing’ is their immediate awareness, especially of their situation or problem. They may express or articulate their experiencing in a variety of ways, such as ‘I feel flat’, or ‘It is a sort of heavy feeling’. The therapist may then bring a range of theoretical notions into relationship with the client’s experiencing, for example through considering that the client may be burdened by
conditions of worth, or trapped in automatic thoughts, or be working through their Oedipus complex. In Gendlin’s terms, these are all ways of symbolizing the client’s experiencing; they all provide linguistic, conceptual forms for the experiencing, but the experiencing in its fullness goes beyond concepts and language, even though, as Gendlin puts it, experiencing responds differently to different ways of articulating it.

The notion of a form of experiencing that lies beyond concepts is central to Gendlin’s approach, and this notion can seem to provide a basis for understanding how there can be many theories, yet also something beyond the theories, to which they are answerable. After I encountered focusing-oriented therapy, I became intrigued by the philosophy which lies behind it. I was myself trained as a philosopher before moving into the field of therapy, and I set about reading all that Gendlin had written on the philosophy behind focusing-oriented therapy. I also incorporated some of this philosophical framework into my own writings on therapy. However, after ten or 12 years of this involvement, I began to have doubts about whether Gendlin’s notion of ‘experiencing’ can really do the job it is designed to do.

Some fairly extensive discussions with Gendlin, by email and phone, helped me to clarify my thinking, but perhaps because of the differences in our philosophical backgrounds (his in phenomenology, and mine in ‘ordinary-language philosophy’), we encountered fundamental disagreements. These were disagreements about how one should conceptualize the practice of focusing-oriented psychotherapy, not about the practice itself. I suspect, in fact, that many of Gendlin’s insights into psychotherapeutic practice can in fact be reformulated in a way that does not use his notion of ‘experiencing’.

In Gendlin’s view, it is important to turn one’s attention to one’s ‘experiencing’ in a way that is not very different from the practice of the earliest school of modern psychology – that of the introspectionists. Yet introspectionism never worked out as a viable approach to psychology, being superseded by behaviourism and subsequently by cognitive psychology. I reflected on the fact that the theories of these later schools, together with the less academic tradition of psychoanalysis, have all been severely criticized (often of course by adherents of other schools), and that none of them has established itself as the theory of psychology, any more than any of the theories of therapy has established itself as the theory. I also reflected on how different this is from the situation in sciences such as physics (my first degree was in that subject) and biology, where in spite of significant differences of opinion at the growing points of the science, there is an extensive and well-established body of knowledge (such as relativity theory, or the theory of evolution) that is not controversial.

In the case of the existing theories of therapy, I have come to think that there is little prospect of any of them becoming established as the theory, a view shared I think by many therapists. The current trend seems to be in the direction of an eclecticism of techniques and a pluralism of theories, but that brings us back to the question of whether there are then alternative realities, or whether there is just one reality – but a reality beyond language and
concepts. Both these suggestions are intriguing philosophical ideas, but they seem far from the everyday concerns of clients and service providers, who understandably want to engage in a form of therapy that is well grounded in some established body of knowledge. That seems crucial to the question of whether there can be a genuine profession of psychotherapy at all.

The theme of this book is that of how therapeutic practice can be grounded. It may be suggested that a grounding will one day be found in some philosophical system, such as Gendlin’s system, or existentialism, or postmodernism, but I am sceptical about this, if only because such philosophical positions are at least as controversial as the theories of therapy themselves. What I have come to think is that we may be able to find a grounding, not in any philosophical system, but in something that is so close to us that it tends to elude our notice, and that is our everyday understanding of human nature and personal troubles. I will suggest that it is this, and not ‘experiencing’, to which our theories are answerable.

My thinking about this has its own philosophical roots in the philosophy of Wittgenstein and, to a lesser extent, the writings of ‘ordinary language philosophers’ such as John Austin and Alan White. I have been particularly influenced by Wittgenstein, but in this book I am not concerned with the details of Wittgenstein’s philosophy. Wittgenstein himself denied that he had any philosophical thesis to advance, so it is doubtful whether he even counts as a philosopher in the traditional sense. He might instead be called an ‘anti-philosopher’. Rather than proposing a new philosophical system, he recommended a particular sort of practice: that of reflecting on how words are actually used. The philosopher Rupert Read (2012, p. 200) puts it like this: ‘Ordinary language offers only [...] a call to us to return to ourselves, to be honest, to ask ourselves whether we are really on balance willing and wanting to use such and such a word in such and such a way.’ One consequence is that this book, which is strongly influenced by Wittgenstein, does not require the reader to be familiar with Wittgenstein’s philosophy, or indeed with any philosophy. It is not a study of Wittgenstein’s thought but an application of it.

I think, with Wittgenstein, that many of the problems surrounding the nature of psychology and psychotherapy are rooted in conceptual confusion – in thinking that our language works in one way when in fact it works quite differently. As we will see in the course of the book, the actual use of words, and hence their ordinary meanings, is often different from the ways that psychologists and traditional philosophers try to use them. This can result in a lot of confusion, and the task of the Wittgensteinian ‘philosopher’ is not to propose new theories but patiently to work on how a particular kind of confusion has arisen. The outcome may then be that the problem is not so much solved as dissolved; it no longer arises. Such a way of looking at things is hardly possible to justify in general terms; it can only be demonstrated in practice through seeing what the confusions are, how they arise and how they can be sorted out. This means that the confusions within the different theories need to be sorted out in a case-by-case way; so the first part of the book is largely devoted to criticisms of some of the major schools of psychotherapy. I have limited the
discussion to consideration of individual therapy; family and couple therapy raise issues that are beyond the scope of this book. There are, of course, many schools of individual therapy apart from those that are discussed here; indeed, it is said that today there are something like 400 schools of therapy. For reasons of space I cannot consider here more than six or seven approaches, and must apologize to the reader who finds that their preferred school is not included. On the other hand, I hope that anyone who comes to appreciate the kind of thing that is awry in the schools I do consider will be able themselves to apply the principles of criticism that I have described to any other school of therapy.

The book need not necessarily be read in the existing order of chapters. In Part I, after the first three chapters, which provide a general orientation, the reader may like to look next at criticisms that are made of one or two approaches that are of especial interest. Some sections of later chapters do rely on material in earlier ones, but at least the earlier sections of Chapters 4–8 can stand on their own.

Part I is concerned with criticism of the various theories, and this criticism typically takes the form of (a) consideration of whether the practice of the particular theory can be understood in a common-sense way that does not require any reference to the theory in which the practice is supposed to be grounded; (b) discussion of ways in which the theory is confused or incoherent; and (c) discussion of ways in which commitment to the theory (not the practice) can be positively harmful. The discussions of the ways in which the theories are conceptually tangled up can at times be rather complicated, but this is unavoidable, because the confusions themselves are complex. Wittgenstein (1967, §452) once wrote, ‘Philosophy unties knots in our thinking; hence its results must be simple, but philosophizing has to be as complicated as the knots it unties.’

Part II presents my suggested way through the difficulties that have emerged. Readers whose primary interest is in practice rather than theory may prefer to begin with this part. The main aim of Part I is to eliminate the theories, but readers who were never much impressed by the theories will not necessarily want to know what exactly is wrong with them. In Part II, I bring together the ‘common-sense cores’ of the various approaches, in a way that provides an integrative understanding of psychotherapy practice. This could itself be seen as a ‘theory’, but it is one that does not stray far from our ordinary ways of thinking about personal troubles.

Note

1. There is the added complication that in some countries a distinction is made between ‘psychotherapy’ and ‘counselling’. In Britain, during the debate over statutory regulation, all attempts to reach agreement on what is involved in this distinction failed. It is easily agreed that there is a difference between ‘psychotherapists’ and other professionals (or volunteers) who employ ‘counselling skills’ either as workplace counsellors or in the context of other professional activities (McLeod 2009, pp. 9–11). But professionals who prefer not to be called ‘psychotherapists’
can distinguish between ‘counselling’ and ‘counselling skills’ in much the same way as the others distinguish between ‘psychotherapy’ and ‘counselling’. In some countries the term ‘psychotherapist’ is associated with a training in clinical psychology, but that seems to be just a surreptitious way of restricting the term ‘psychotherapy’ to the kinds of approach, especially cognitive-behavioural approaches, that predominate in a clinical psychology training. (It may be worth noting that the term ‘counselling’ was initially introduced by Carl Rogers simply because the medical profession of the time was not prepared to have the term ‘psychotherapist’ used by practitioners who were not medically trained. Its use did not imply any difference from ‘psychotherapy’ but was a purely political move.)
CHAPTER 1

The Effectiveness of Psychotherapy

The world of psychotherapy has changed dramatically in the last 40 years. In the early 1970s it was characterized by a fairly limited range of therapies, such as psychoanalytic, behavioural, humanistic and early forms of cognitive therapy. These schools of therapy saw themselves as in many ways opposed to one another, both in terms of their underlying beliefs about the nature of psychological problems and their preferred ways of responding to such problems. At that time there was no consensus about whether *any* of the approaches were effective; Hans Eysenck, in the 1950s and 1960s, had argued that the rate of success of psychotherapy was no greater than the rate of ‘spontaneous remission’. This suggestion led to many studies of the effectiveness of psychotherapy, but the results were initially conflicting; some studies concluded that psychotherapy was effective, but others concluded that it was not. The situation began to change in the late 1970s, with the publication of the first meta-analysis of psychotherapy outcomes by Mary Smith and Gene Glass (Smith & Glass 1977). Meta-analysis, a technique now widely used in many fields, is a statistical method that re-assesses the conflicting findings of previous studies and leads to an overall judgement of which findings are reliable. The meta-analysis of Smith and Glass found that psychotherapy was remarkably effective, and although some criticisms were made of this analysis, and of other early meta-analyses of effectiveness, there is by now almost universal acceptance among psychotherapy researchers that therapy is indeed effective (Wampold 2001; Cooper 2008).

During the same time period psychotherapy research has also established that the *relative* effectiveness of different kinds of therapy is about equal. Here and there studies have suggested that one form of therapy is more effective than another, but these apparent differences have usually disappeared when the factor of ‘therapist allegiance’ is taken into account, that is, when the analysis takes into account whether the investigators themselves had allegiance to one of the approaches being compared (Wampold 2001). The established equivalence of therapeutic approaches has come to be known as the ‘Dodo-bird’ finding, after the story in Alice in Wonderland in which, following a race, the
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