# ‘Person-Centred Therapy - a Cognitive, Behavioural therapy’

a two-day workshop looking at theory, practice, and politics of therapy with Keith Tudor

Review by Simon Spence for PCT Scotland

20th/21st June 2009, Edinburgh

**Introduction**

This workshop was an attempt by the well-known and respected practitioner, trainer, and theorist of Person-Centred Therapy (PCT) and wider humanistic approaches, Keith Tudor, to address the place of cognition and behaviour in Person Centred theory. He also aimed to link this with our practice, and to examine links between PCT and the current cultural and political dominance of Cognitive-Behavioural Therapy (CBT) in the world of ‘psychological therapies’. An important aspect of this was to identify more fully the cognitive and behavioural elements of the work in PCT and how perhaps we articulate this in different ways, whilst perhaps actually doing similar things to CBT therapists. At the same time, we also looked at how very different the philosophical bases of the two approaches are and how, consequently, it may be important also to identify when we are in fact attempting to do quite different things.

The point was made by one participant that CBT seems to have become the best publicly known ‘brand name’ when people think of ‘talking cures’, and that sometimes when CBT is referred to, people can actually mean counselling/psychotherapy more generally, as when someone who asks for ‘a Hoover’ most often means a machine that will pick up dirt rather than a specific manufacturer’s product. Additionally it was also suggested that, just as many people who describe their practice as ‘Person-Centred’ would not be recognised as such by organisations such as PCT Scotland or BAPCA, so ‘CBT’ can be a label used by an extremely large and often contradictory variety of practitioners.

We would do well, as ethical and reflective practitioners, to be wary of making sweeping statements about other approaches, just as we would hope others would respect the intricacies and nuances of the Person-Centred and Experiential approaches.

The workshop included theoretical input, individual and small group exercises, as well as whole group discussion.

**PCT as a cognitive and behavioural therapy.**

Keith gave us a number of activities to reflect on how we behave, how we feel about our behaviour and our thoughts, how we think about both our feelings and behaviour, how we think about our thinking, and how all these inform and stimulate our behaviour. He referred

to the holistic, organismic nature of the theory underlying the development of early PCT theory from the 1940s, referring particularly to Roger's writings in the 1950s and early 1960s during which cognition and behaviour were referred to as fundamental aspects of experience, alongside the affective. Keith drew attention to the oft forgotten emphasis Rogers placed on our *experience* and not, as some may still believe, only or primarily on our feelings.

We looked more at this holistic way of conceiving ourselves and others, and how easy it can be, given the limitations of language, to refer to 'parts' of ourselves in ways which can result in our losing sight of the complexity of the *whole* person, and forgetting that I am always an interaction between my thinking, my feeling, and my doing, even if I perhaps cannot focus on them all at the same time This also brought up the question of how we might also include spiritual aspects of experience, and whether these are subsumed under the other three.

Keith spoke of the riches to be found in Rogers' writing about behaviour and in particular drew attention to early formulations of his theory of personality and behaviour where his 'propositions' speaks of behaviour in terms of being the goal-oriented attempt of the organism to satisfy its needs as experienced, in the experiential field as it is perceived. He also spoke of Rogers' view of emotion as something that accompanies and, in general, facilitates such goal-oriented behaviour, and that the best vantage point for understanding these being of course the internal frame of reference of the individual in question.

Speaking of cognitive experiencing, Keith again looked at Rogers' earlier theoretical writing and to how at ease this appears to be with concepts of cognition, personal-constructs, self-concepts, and intentionality. At the time of Rogers' well-known late 1950s 'Wisconsin Project', some of his colleagues and associates were (apparently comfortably) using terms such as *experiential reorganisation*, *cognitive*, or *cognitive-affective reprocessing*.

This kind of language now can seem quite alien and possibly unappealing to many practitioners working from Person-Centred or Experiential perspectives. Nonetheless, Keith made the point that Person Centred theory has, from its beginnings, had important and subsequently influential things to say explicitly about cognition and behaviour. We might be doing ourselves a favour if we start rediscovering them and speaking about them more often, more clearly, and without embarrassment as if to do so is somehow 'not Person-Centred'.

**Some distinctive features of Person-Centred therapy**

Keith looked at the question of what it may be that makes PCT substantially different from CBT (and other therapies), as distinct to being simply a different language to describe essentially the same thing. He referred to the founding principles of the World Association

for Person-Centered and Experiential Psychotherapy and Counselling (WAPCEPC) and talked of three central propositions of PCT:

- That the approach is based on the understanding that living organisms (including human beings) tend to maintain, enhance, and reproduce themselves; they tend towards their actualisation. The approach therefore simply does not fit a medical model of human experience but is necessarily a *growth* model.
- That in PCT the therapist's task is to support the clients' inherent directionality. (Note that this is not exactly the same as being non-directive, but is certainly supported by principled non-directivity.)
- That *together* the therapist and client *co-create* conditions that facilitate growth. PCT is a non-linear and relational therapy dependent on the facilitative environment offered and created.

These are some distinctive features of the approach which have profound bearing on how we practice, how we think about our practice, and how we can engage with other approaches.

**Important current research issues**

Keith referred to a number of recent and established research findings about which he has written in his chapter in a recent book of 'constructive dialogue' with CBT (House and Loewenthal 2009). He referred to the ongoing issue in research of the 'disease and drug metaphor' and its appropriateness or otherwise in counselling and psychotherapy research (ie, the idea that our work can be reduced to specific 'interventions' tailored to specific 'conditions' which can be isolated and methodically studied in randomised controlled trials (RCTs) to discover a clear cause and effect of 'cure' and thereby discover the best 'treatment') This has clearly been and remains a helpful and ethically responsible approach in medical research but it is highly questionable to impose its relevance, let alone it's dominance, upon non-medical activities. NICE guidelines in England and Wales (and the early indications suggest some similarity in the development of SIGN in Scotland) appear to uncritically accept RCTs as the 'Gold Standard' of reliable research not only for drugs and medical interventions but for psychological services also.

Keith's response appeared to be realistic but resilient. This *is* the current political reality, but rather than become defensive and reactive, it may be more helpful (and less stressful!) to remain as clear headed as we can and stand our ground, confident that whilst the science does indeed support current developments it <u>also</u> strongly supports other ways of thinking and working. The simplifications and generalisations of NICE (and SIGN) guidelines are not, he suggests, wrong - merely of severely limited relevance (and therefore of equally limited help) to the reality of non-medical situations.

**How to confidently 'stand our ground'?**

Keith's encouragement seemed based on the message of the subtitle of Mick Cooper's (Cooper M. 1998) book on research findings – the facts *are* friendly. He outlined similar points to those made at the Norwich PCE2008 Conference of the WAPCECP; that the current trend in developing psychological services is based on a flawed reading of research findings, giving inappropriate weight to RCTs, and making the logical error of accepting that a greater quantity of CBT studies in some way proves its superiority. It may be useful to continue to argue this point which is essentially one of the philosophy and/or politics of science.

However, we should also perhaps remember two things. First, that even if we reluctantly accept the government's current thinking about hierarchies of research validity, PCT *still* comes out rather well. RCTs (the government's top-rated way of researching!) that have been carried out to look at PCT find that it is as effective as other therapy approaches, including CBT. If that is *still* not enough, the government's 'second choice' level of evidence, the 'meta-analysis' (the studies of –often RCT – studies), also compares PCT very favourably to other approaches. In addition to this, the government *does* accept the validity of other research methods (albeit with rather less enthusiasm) and these too give substantial evidence for the effectiveness of PCT.

Second, it is worth being constructively critical of what is being claimed (by policy makers and others – and here it may be of relevance that one of CBT's best known and most vocal advocates, Lord Layard, is not a therapist but an economist) that the research shows about CBT. Here, the same recent book (House and Loewenthal 2009) makes fascinating points, often put forward by CBT practitioners and theorists, suggesting that the current 'pro-CBT' climate is resulting in inaccurate reading of research and to an unfortunate exaggeration of the claims for CBT's effectiveness in a number of areas. I hope that we PCT practitioners and theorists would also experience some discomfort if the Government suddenly 'discovered' PCT and it became widely viewed as *the* best way to respond to human affliction to the exclusion of other approaches! I hope we would retain some humility about our very real limitations. This is not at all to question the value of CBT as such, but to assert that its value does not negate the value of other evidence-based approaches such as PCT.

*And do not be fooled; being left off a NICE or SIGN list of approval is not the same as not being evidence-based*. Next time someone tries to tell you that PCT is not an 'evidence-based' therapy, try asking them exactly what evidence they are taking into account (or not) to make their judgement! In this regard Dave Mearns' recent paper on the politics of science (Mearns 2009) makes some highly relevant points.

To put it briefly, Person-Centred and Experiential approaches do not fit into the currently favoured research methodology. They are based on a different understanding of the nature scientific knowledge (and incidentally one which may actually be more in tune with the developments of scientific thought of the past decades– see Gleick (1987) and Kriz (2005)).

However, even in the situation as it is and on the evidence as it is, we can be confident that the worth of PCT (and other non-CBT approaches) - though clear - is currently significantly understated, and the worth of CBT - also clear – appears to be somewhat overstated.

**So what might we do?**

We clearly do not all need, or even want to formally become academics, but Keith's approach prompts me to ask why we should not all be 'practitioner-researchers' at least in the sense of ceaselessly asking questions about what we and others do, and reflecting critically on the answers that emerge. This can be rewarding *and* uncomfortable; challenging the claims of others but being sufficiently confident and open to respond to valid challenges to our own theory and practice.

Areas we may wish to think about might include:

- Becoming involved in gathering practice based evidence relevant and appropriate to our own work setting in order to advance the idea that theory must emerge from what works with real people in real practice; we too can lay claim to and advance this knowledge.
- Finding out about research, at least to the extent that it becomes personally less alien or scary. Becoming more aware of its value and limitations, its uses and abuses.
- Reminding the research world, or those who refer or defer to it, that Rogers and his colleagues were the first psychologists to attempt the empirical study of counselling/psychotherapy, and not only that but specifically the *relational* aspects of the work, an area becoming more and more a point of research focus. Rogers' insights may represent a wheel in danger of being reinvented.
- Asking questions about the client's role in therapeutic change; what in our work is *not* down to us or our favoured approach?
- Making the point that many studies and meta-studies consistently point to therapeutic equivalence – often known as 'the dodo bird verdict', referring to the character in Lewis Carrol's Alice's *Adventures in Wonderland* who, judging a race, declares that 'Everybody has won and all must have prizes'– that competent, established therapy is unarguably effective, but that it is not the particular modality that makes it so. These conclusions appear to be systematically ignored by policy makers and it may be helpful to do some persistent reminding!
- Getting involved where we can in activities such as PCT Scotland's *Campaign for Real Therapy.*
- Making our voice heard wherever we can constructively contribute in our own situation.

**In conclusion**

I found the workshop stimulating, challenging, serious *and* light-hearted and was enriched by Keith's enthusiasm and knowledge about PCT and the wider therapy world. He facilitated a participative and stimulating group dynamic drawing on the humanity, experience, and knowledge of participants, further adding to the value for the weekend for me. Important to acknowledge too the work of Sylvia Russell in organising the whole event. The venue and general atmosphere were welcoming, comfortable, and peaceful and owe a great deal to her input.

After attending an event such as this I like to ask myself 'What was the point? What difference will it make for me, for my thinking, and for my practice? This time I am left with a much clearer sense of where I stand in the current uncertainty and anxiety surrounding the development of counselling and psychotherapy in the UK. Of central importance for me is a sense of 'improved balance'; I have a greater ability to value different therapeutic approaches, and a greater openness see similarities in what different approaches do (even if the doing can appear very different indeed). However I also have a clearer idea of, and warmer welcome for, differences. This does not mean that what is different is wrong, but it seems important to me to clarify these difference in a way which combines respect, constructive criticism, and humility. I wish to value good practice where ever it is to be found, but also to be questioning and critical when advocates of any one approach (including PCT) make claims which appear either over-inflated, or unjustifiably denigrate of other ways of working.

I wish now to remain as aware as I can to developments as they happen. I want to remain independently critical of government-approved initiatives (whether or not I agree with them). Finally, I want to remain confidently critical and questioning of the marginalisation of Person-Centred and Experiential approaches to counselling, psychotherapy and the human sciences because, given the evidence as I understand it, there is nothing the least bit marginal about either our theory or our practice.

Simon Spence July 2009

**References**

Cooper, M. (2008). *Essential Research Findings in Counselling and Psychotherapy – The Facts are Friendly.* London: Sage Publications

Gleick, J. (1987). *Chaos: Making A New Science* London :Vintage Books

Kriz, J. (2006). *Self-Actualisation* Norderstedt. Herstellung und Verlag: Books on Demand GmbH (Volume re-published in UK, 2008, as *Self-Actualisation: Person-Centred Approach and Systems Theory.* Ross-on-Wye. (PCCS Books)

House, R. & Loewenthal, D. (Eds) (2009) *Against and For CBT: Towards a constructive dialogue?* Hay on Wye: PCCS Books

Rogers, C. R. (1959). A theory of therapy, personality and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), *A Study of a Science: Vol. 3. Formulations of the person and the social context* (pp. 184-256). New York: McGraw-Hill.

Mearns, D. (2009) Article downloaded on 28.06.09 - www.davemearns.com/politics.htm

Sanders, P. & Wilkins, P. (2009 - forthcoming). *First Steps in Practitioner Research: A Guide to Understanding and Doing Research for Helping Practitioners* Ross on Wye: PCCS Books