As the field of psychotherapy has responded to the need to demonstrate that its theories and methods can stand up to empirical scrutiny, there have accumulated certain unforeseen, and in my opinion, undesirable side effects. One of the more powerful of these side effects, and yet one that is infrequently discussed, is the medicalization of psychotherapy. While it need not be the case, the movement toward the identification of empirically supported and empirically validated psychotherapies has occurred within the context of a "disorders and treatment model" that greatly resembles, if it is not identical to, the model within which physicians are encouraged to practice. Among the many losses that accrue when psychotherapy is conceptualized and practiced within such a framework, one of the most egregious is the abandonment of the idea that psychotherapy can and should be conceived of as an opportunity for personal growth and personal development, or for "self-actualization," independent from the diagnosis and treatment of presumed disorders.

Person-Centered Psychotherapies by David Cain is a powerful corrective to this slide into a quasimedical model for psychotherapy, and it is an even more powerful reminder of the humanistic, growth-oriented approach to psychotherapy that made the profession and the field so attractive to those of us who came of age in the 1960s and 1970s. It is neither a surprise nor an accident that a book that can introduce or remind its readers of the humanistic approach to psychotherapy should be written by a psychotherapist who thinks and practices within the framework of person-centered psychotherapy. As the author illustrates cogently, this model, which is derived from classical client-centered or Rogerian psychotherapy, has been the prototype of the humanistic, growth-oriented perspective for many decades.

Those readers for whom client-centered psychotherapy is a memory from the academic or professional past will be surprised and impressed by the robust and variegated current character of this therapeutic orientation. Those who have kept up to date with developments in this branch of psychotherapy will find in one brief volume a clear and deep summary of the many developments in this field that have led the author to suggest that we think of this approach as comprising many person-centered therapies.

Cain demonstrates convincingly that the particular models that fall under this heading share to greater or lesser degrees certain theoretical assumptions and clinical procedures, while differing considerably with regard to adherence or deviation from what he terms classical client-centered psychotherapy; that is, the approach developed and practiced by Carl Rogers himself. Some of these newer models have integrated concepts and techniques from gestalt therapy, cognitive-behavior therapy, or other therapies. Other new variants emphasize particular aspects of human psychology, such as Gendlin's (1996) focusing psychotherapy.

However, as Cain makes very clear, all person-centered psychotherapies share a deep concern with fostering and enabling the growth of the client, and all therapists of this orientation view the person who comes to therapy as the
agent of change and as possessing within herself or himself all of the necessary elements for enhanced and healthy psychological development and living. These therapies similarly share an emphasis on the creation of a healing and growth-promoting therapeutic relationship within which past interpersonal and intrapersonal anxieties and distortions of experience can be corrected. Bohart and Tallman (1999) have argued, quite convincingly in my opinion, that psychotherapy would be served best by the replacement of the medical model by the model of the "gardener," who does his or her best to provide the plant with the optimal conditions for growth and then gently and gradually adjusts those conditions as the plant's tendencies toward health cause it to grow.

In support of this humanistic perspective on psychological change, Cain cites an exciting, important, and often overlooked aspect of the psychotherapy research literature that points out that client activity and motivation account for 40 percent of the impact of psychotherapy, with the therapeutic relationship accounting for 15 percent. Technical and therapist factors have been demonstrated repeatedly to be responsible for far less therapeutic change. Since Cain also cites research findings about versions of person-centered psychotherapy, specifically emotion-focused therapy (Greenberg & Watson, 2006), that have been empirically validated without adopting the medical model, it is clear that the framework of the person-centered therapies is a viable and important alternative to the traditional and current disease-oriented approach favored by other schools of psychotherapy and by those who encourage a medical model for psychotherapy.

_Person-Centered Psychotherapies_ was published as a companion to the video by the same author (2010) in which he demonstrates his particular version of person-centered psychotherapy with a volunteer client. In addition to a complete but concise introduction to Rogerian and post-Rogerian thinking and practice, it includes an extended explanation of the concepts and methods of his unique brand of psychotherapy.

The book will work very well in setting the context for the video and in providing the viewer with a wealth of information about the history, development, and current status of the general approach to psychotherapy and the specific variant being shown. However, this volume also will be a useful and important addition to the library of any student or practitioner of psychotherapy, regardless of having seen the video or not. It is clearly written, contains many clinical examples that illustrate a number of the specific therapies that are described, and leaves the reader with a new or renewed appreciation for this approach.

References


