

Review of

***A Person-Centered Approach and the Rogerian Tradition:
A Handbook (Paperback)***

**By
Adam Quinn**

**Amazon Company, Create Space, 2015
Paperback, 272 pages \$13 (Amazon)**

**Reviewed by
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The title of this book stimulated me to immediately think that still another rendition and sophomoric deviation of the theory and practice of Carl Rogers was about to be thrust on an already misguided readership. Is this a book about “A Person-Centered Approach” that views Rogers’ theory as comparable to similar approaches? Is this “A Handbook” that suggests a method used to change individuals?

What a surprise! The answer is one resounding “No!” Adam Quinn brings forth an in- depth scholarly inquiry into previous fracturing of Rogers’ postulates. He identifies the method and individuals who have systematically dismissed the massive research evidence supporting Rogers’ postulates from the 1940’s through the 1970’s. He does this in a most interesting and systematic way.

The book starts with a statement of his position and continues with a delineation of his systematic examination of the Rogerian position as related to three major treatments within the therapeutic community. The treatments considered are those of Multicultural Clients, Borderline Personality Disorder, and combat veterans with Posttraumatic Stress Disorder. These three chapters consist of previous publications from 2008, 2011, and 2013 in the Journal of Humanistic Psychology. The author suggests that readers might be likely to see the evolution (or devolution) of his ideas by reading these chapters in reverse order. In short, Chapter 1 offers more reasons and evidence to support his thesis in earlier journal articles.

Adam Quinn succinctly states his position:

First, (a) if a person is to be of help to another, then no treatment planning, agenda setting, techniques, or coaching is necessary; all that is necessary is for the helper to be a genuinely congruent person, with an intention toward unconditional acceptance and understanding, possessing an ability to convey this intention to another. And second, (b) the Rogerian tradition (ca 1940-1975) provided a necessary and sufficient theoretical framework from which a helping professional could offer a growth promoting environment, with near-limitless potential to be of help. (p. 1)

This succinct statement might be kept in mind as Chapters 2 through 4 are reviewed in reverse order as suggested by the author. The chapters also stand alone and can be read in any order.

Chapter 4 discusses the Person-Centered Approach (PCA) to the treatment of combat veterans with Posttraumatic Stress Disorder (PTSD). One specific part identifies the importance of congruence with focus on differentiation between therapeutic congruence, utilitarian congruence and genuine congruence.

Congruence is defined as “the degree to which individuals are aware of their internal, subjective experiencing and how they express this awareness to the environment” (p. 245). Utilitarian congruence is the use of congruence to obtain specific goals, a means to an end, while genuine congruence allows the conditions of unconditional positive regard and empathic understanding to exist as the facilitators of client inner facilitation.

Chapter 3 delves into the Person-Centered Approach for Borderline Personality Disorder (BPD). Research is reviewed from several mainstream modalities that are comparable in their assumptions about developmental trauma, which diminishes client capacity for dealing with experiences. In addition, four specific views of dealing with such trauma are summarized in brief but precise delineation. One of these approaches, dialectical behavior therapy, is examined in relation to differences and similarities with person-centered therapy. Person-centered therapy is summarized and research cited in relation to BPD.

Chapter 2 begins with a review of Multicultural Counseling (MC) competencies as proposed by early advocates and continues with historical and modern MC research trends. The review continues with explorations of the kind and specifics of MC modern research. The chapter includes illustrations of person-centered research as well as noting recent research in the person-centered approach that has implications for MC. The author’s summary paragraph captures the essence of his position:

Ultimately, in the process of becoming one’s own person, or in becoming “their own family”, so to speak, the client may choose the family, and the family may chose its members, but this valuing process lies beyond the scope of the therapist’s

personal and clinical judgments. Rather, this process emerges from within the client. (p. 180)

This conclusion conveys the major thrust of the book and is adeptly explicated in the first chapter.

Chapter 1, “*A Person-Centered Approach and the Structure of Scientific Revolutions*”, delves into the meaning and the research of the “Person-Centered Approach.” The chapter consists of more than half the book. The content of this chapter is a tome of inquiry that reveals the history and process that diminished Rogerian postulates through quasi-scientific “allegiance” research by Behavioral and Psychoanalytic authors. Quinn fearlessly mentions the names of the potentates of destruction (e.g. Bergin, Kiesler, Strupp) and identifies the specific method and mode of research deceit. A taste of the author’s discoveries:

Remarkably, throughout the decade-long process of this apparent systematic dismantling of the Rogerian evidence base (ca. 1969 to 1979) these behavioral and psychoanalytic researchers failed to acknowledge their “inattention” to reliably implementing standard replication procedures and, in addition to other sources of bias, these researchers failed to account for substantial threats to the validity and reliability of their reported findings. (Quinn: 19)

Quinn continues with an exhaustive analysis of one-sided reviews of psychotherapy outcome research in the late 1970’s that discredited research on Rogers’ postulates about the conditions necessary and sufficient for therapeutic personality change. He reaches a “conservative conclusion” after reviewing and analyzing four decades (i.e., 1945-1985) of articles and book chapters. Namely:

...the evidence consistently suggests that PCT was effective when provided by PCT therapists and ineffective or insufficient when provided by non-PCT therapists, such as behavior and psychoanalytical therapists. This disparity has been shown to continue into the 21st century (Quinn, 2011: 2013).

This is quite a conservative conclusion in that his examination consists of factors that are not obvious to many readers. The wide swatch of the examination might require most readers to re-read and ponder some of the revelations. A couple of the salient revelations are 1) that there was solid research from 1945 to 1975 that supported the effectiveness of client-centered therapy and the therapeutic conditions postulated by Rogers; 2) that the research shifted to dismissal and denigration of that research starting in the late 1970's; 3) that this dismissal was based upon inaccurate assumptions about the research designs and measurement procedures; 4) that the "allegiance" factor of behavioral and psychoanalytical researchers drove the negative conclusions regarding the early research; 5) that the research reviews after the late 1970's ignored the earlier studies and the reviews were founded on the basis of a few studies that were laden with methodological problems of statistical design. The author goes further with his observation that Rogers' theoretical premises were dismissed by the advent of allegiances opposed to Rogers' conceptualization of the necessary and sufficient conditions. For these critics, psychotherapy demanded more than sufficient conditions. The conclusion that more was needed than the conditions was a decision reached with no substantial empirical evidence.

Quinn extends his analysis of the diminishing of Rogers' theory with historical reference of ideas and individuals associated with Rogers and his works. Herein, he has a section that offers information about Person-Centered Therapy (PCT) and what he designates Person-Centered Therapy –plus (PCT-plus). The PCT-plus are a new wave of therapies that evolved from 1) Gendlin's experiential or focusing oriented therapy; and 2) Rice's and Greenberg's process-experiential and emotion focused therapies. The upshot of new therapist intrusion further proliferated "systematic bias . . . into all aspects of the research endeavor – from hypothesis formation to design; from provision to therapeutic treatment to the choice of statistical analysis" (Quinn: 102). This objective and analytical critique is concluded with a rather chilling conclusion that the literature is laden with bias. He asserts that:

. . . systematic bias is introduced into all aspects of the research endeavor—from hypothesis formation to design; from provision of therapeutic treatment to the choice of statistical

analyses. This procession of allegiance-guided scientific inquiry in psychotherapy is suggested to have been the primary mechanism through which a systematic dismantling of the Rogerian traditions of theory, research, and practice occurred. Moreover, this systematic dismantling, as the description implies, was not by accident but was carried out by a group of social scientists who possessed substantial professional interests in doing so. (Quinn: 102)

However, the author concludes with a positive message. Namely:

. . . the evidence continues to suggest that if a therapist can provide Rogers's facilitative conditions . . . and the client perceives these facilitative methods, then a process is hypothesized to occur, described . . . This process is suggested to be sufficient for facilitating the client's movement toward happiness and symptom-reduction, or, as intuition suggests, toward becoming one's own person. (ibid: 102).

Adam Quinn has opened the door demanding renewed attention to the revolutionary and powerful basic theory of Carl Rogers.

Review of:

Otis Doesn't Scratch

(Paperback)

By Clare Shaw and Tasmin Walker (Illustrator)

PCCS Books (April 14, 2015)

ISBN-10: 1906254567

28 pages \$15.37 (Amazon)

Reviewed by Valerie Wiley

Clare Shaw and Tamsin Walker have created a children's book and a companion informational guide to help children, aged 4-8, parents, friends, professionals and other care-givers understand and talk about self-injury. Shaw is a writer and poet and Walker is an artist. In addition, both are mental health professionals in the U.K. with extensive knowledge, both personal and professional, of self-injury.

The children's book is a 28-page picture book about Ted, who lives with his single mother and his orange tabby-cat, Otis. When Ted notices large purple gashes on his mother's arms, she tells him that Otis scratched her. Ted is puzzled, remembering that he has also seen bruises on his mother's legs, but he yells at the cat who runs away. Ted is so upset about the cat and his mom that he can't concentrate. His teacher notices and asks Ted to stay after class. The tears flow and Ted tells Mr. Worston how worried he is about Otis and his mom. When Ted gets home, his mom says that Mr. Worston called, and she admits that she is hurting herself. This allows Ted to ask questions about why, if she will die, and if self-injury would make Ted feel better—all of which mom answers. She reviews with Ted all the things that can help them feel happier but also says that sometimes people need to be sad. The last page pictures Otis returning through the door flap.

The story serves as a vehicle to provide the information that the authors want to convey: about it not being Ted's fault, that mom loves him and will not die, that there are activities and people they can rely on to help them feel better, that people are not always happy, that mom is not crazy, that it's okay to cry. In the process of serving the message, however, the book feels didactic. The characters function more as mouthpieces than real characters that readers can relate to. One reason for this may be that there is very little dialogue between characters. Most of the conversations are reported after-the-fact by Ted, and that means that neither of the adult characters is heard offering an empathic response to Ted's experience. This distances the reader rather than encouraging identification. Another reason is that the dramatic tension, the "action," is more about the cat than the self-injury. To wit: the last page of the book shows the cat returning home, resolving the tension of the plot.

The illustrations are a combination of photo-shopped images and super-imposed hand drawings. This combination is a bit difficult to make sense of and results in some very dark images. Although the

authors wanted to show that darkness and light are both a part of life, the book's target audience may find the pictures scary.

Other aspects of the story also raise questions. Does the fact that Mum is a single parent unintentionally suggest that single mothers are less able to cope with painful feelings and experiences in the more pro-social ways suggested? Did Mum have to initially lie to Ted? Although adults will understand her shame or desire to protect, to young readers she may seem untrustworthy.

In contrast, the companion guide to *Otis Doesn't Scratch* is an excellent compendium of basic information about self-injury, delivered in a clear and caring way. In a series of short chapters, this 46 page booklet covers: what is self-injury, why do people self-injure, self-injury and suicide, common assumptions about self-injury, self-injury and recovery, responding to self-injury, harm minimization to self, minimizing the harm for others and child-protection, how to talk to children about self-injury, mental health and the emotional impact of self-injury, and a list of resources and references. Shaw intersperses personal extracts from her own experience with self-injury in text boxes throughout the guide. Both the personal comments and the text benefit from her steady and reassuring voice and collegial tone. The authors' knowledge and experience are evident and would likely be extremely reassuring to anyone who self-injures, including parents. For example, in the section debunking the myths about self-injury, they begin by stating, "The fact that someone self-injures tells us that they are having a hard time and may need a little extra kindness or support...It is rarely helpful to assume that we know what is going on for someone." They go on to confront assumptions such as: people who self-injure are attention seeking, manipulative, mentally ill, just copycats, or that their wounds are nothing serious. But the guide is not unduly optimistic. The authors point out the realistic dangers to self and others, briefly outline how to stay safe, and offer specific web links for this and other topics.

The guide, although ostensibly geared to helping parents who self-injure talk with their children about it, seems to lose focus on this specific audience at times and address a more general one. Perhaps their intention is to target older children who might read the guide and not the book, while younger siblings might read only the book. This was somewhat confusing but in no way interferes with the useful information provided.

Ultimately, the question is whether or not mental health practitioners would be well-served in adding the book and guide to their professional libraries. A client-centered therapist might hesitate to use the storybook because Ted's feelings, reactions, behaviors and language describing his experience are not necessarily universal. A child may not even want to use words but would find another means of expressing their experience if left to self-direct. There is, however, a place for the guide if a client requested such material and the therapist felt comfortable recommending it. Despite these several caveats, Shaw and Walker have tackled a topic that is lacking in resources, and so they have not only raised awareness but have also begun to provide information and support to self-injuring parents, children, and those who love them.