

Person-centred practice at the difficult edge, edited by Peter Pearce and Lisbeth Sommerbeck, Ross-on-Wye, PCCS Books, 2014, 234 pp., £22.51 (paperback), ISBN-13: 978-1906254698

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This book heralds a timely return of person-centred therapy to what it does best: direct, compassionate engagement at ground level with clients through a suspension of prejudices (including the diagnostic indexing of mental distress presented in the DSM-5) that obstruct a genuine therapeutic encounter. It is particularly welcome at a time when mainstream person-centred theory is seemingly undergoing a conservative turn which risks bending this historically transformative approach into one that is increasingly obsequious to the status quo and the dictates of the market.

The contributions, extensive in scope, assembled by respected and well-known person-centred practitioners Pearce and Sommerbeck boldly tackle the widely-held belief that person-centred therapy is unsuitable for clinical work outside the *worried-well* spectrum—a belief convincingly disputed here by most writers. The editors have put together several interesting offerings with the aim of providing a more compassionate alternative for supporting people at the difficult edge: that is, those conventionally seen as outside therapeutic reach, including those affected by autism, psychosis, dementia, trauma, sexual abuse and brain damage.

Divided into three sections—1) Practice, 2) Conceptualisations, and 3) Research—the book presents inspiring and often moving accounts of practice with adolescents (Pearce & Sewell), clients with learning disabilities and sufferers of sexual abuse (in two unassumingly formidable chapters by Jan Hawkins), clients with autistic process (Rutten), and those affected by dementia (Lipinska). The reader will become acquainted with *Pre-Therapy*, the pioneering work of the late, great Prouty, and with its further articulations and creative developments in chapters penned by Van Werde, Peters, and Traynor. The practitioner of any orientation will benefit from discovering the important notions of *fragile, dissociative and psychotic process* put forward by Margaret Warner, an author who has for some years proposed compelling alternatives to how we may recognize and respond to acute mental distress. Hers are “descriptions of some common client experiences rather than diagnostic categories” (p. 122). Inspired by psychoanalytic thinking (Bowlby’s attachment theory, Kohut’s work with narcissistic patients and Schore’s later neuro-psychoanalytic research), she provides a valuable if controversial addition to Rogers’s theory of personality.

“When we are working with people from different cultural contexts than our own”, Jan Hawkins writes in her chapter on clients with learning disabilities, “we need to develop an understanding of the norms and expectations, accepted behaviours, traditions and also learn a different language” (p. 29). This is crucial in our communication with people who are not *neurotypical* (the term used by autistic people to describe non-autistic people) and do not share a *theory of mind*, that is, a way to “recognize and understand thoughts, beliefs, desires and intentions of other people in order to make sense of their behaviour and predict what they are going to do next” (p. 28). As practitioners, Hawkins suggests, we would benefit from giving up the idea of results and end-products and focus almost exclusively on *process*.

The book authenticates these various attempts at reformulating a more humane way of working with an often medicalised and pathologised section of the public. As such, the general impression is of work in progress. The reader will find inspiration, information and fragmentary enunciations, yet much has to be done still in order to translate the valuable groundwork into a corresponding theoretical frame, and create new concepts that represent more adequately this innovative ethos. In spite of the important new methodologies of Pre-Therapy, Fragile Process and the more recent “Tenuous Contact” (an interesting if tentative new formulation advocated by Pearce & Sewell, reflecting 10 years of counselling secondary school students), the ominous influence of decades of “psychopathological” doctrines still lingers. At present there is no coherent philosophy of mental distress at the “difficult edge”. In its absence, it is natural for received psychological notions to be summoned back in, thus potentially undoing the significant work accomplished in practice.

This is fairly evident in a chapter on post-traumatic stress disorder (PTSD) and *post-traumatic growth*, where Murphy and Joseph perform the difficult balancing act of striving to appeal to a person-centred readership (through repeated pledges of non-directivity) whilst presenting matter-of-factly the DSM-5’s definition of PTSD without even a cursory comment on the DSM-5 itself, its context, its politics and its philosophy—which are all deeply at variance with person-centred philosophy as I understand it. Person-centred therapy may well possess the tools and the ontological clout to work with difficult client groups, yet we still need to clarify what kind of integration we have in mind. In the case of trauma, the traumatized person’s exposure to ontological insecurity can be read as an instance of breakdown potentially leading to breakthrough—an analysis to be considered *alongside* the necessary and important reparative work. In restricting the rationale of our intervention to reparative work only, aiming to restore in difficult clients a normally abnormal state, we may help recoup reason in a sea of unreason. In fact without daring a broader understanding and conceptualisation of what work at the difficult edge entails, we

will end up producing a humanistic version of “sticking-plaster” alongside the more fashionable ones currently on offer.

By and large, the person-centred fundamental ethos is well represented in this book and gives one hope of what can be achieved. “My perspective on autistic process rejects medicalisation” (p. 74), Anja Rutten writes in her excellent chapter on autistic process, before clarifying that she supports a model of disability that is socially contextualised: people with autistic process experience discrimination, she states, hence “it would be a mistake to see counselling as the answer if this is society’s only response to distress caused by social injustice” (p. 75). Given Rutten’s (and Hawkins’s) stance on autism, it is nevertheless puzzling to see them both quote approvingly Baron-Cohen (pp. 28, 29, 39, 77, 85), an autism researcher whose definition of *mind blindness* has been mercilessly and brilliantly disputed by writers of the neurodiversity movement. They see his formulation as deeply human-centred and his perspective as neurotypically-centred. Rather than being non-empathic, as Baron-Cohen believes, the equal level of attention a person with autistic process pays to human *and* non-human aspects of the environment can be understood as a way to be alive to the multiple textures of reality.

Hawkins’s and Rutten’s examples are both indicative of a general trend in the book and representative perhaps of significant sections of the person-centred community: genuine and humane engagement with clients paired with the adoption of pre-existing and culturally dominant theoretical markers that at closer scrutiny appear to be at variance with the practitioner’s ethos. New practices need new metaphors; in the process, the very meaning of psychotherapy may be altered. Some useful pointers are given by Van Werde who discusses and amplifies the meaning of *contact*, the first of Rogers’s necessary and sufficient conditions for therapeutic change. When working with clients considered unsuited for therapy (in his case people recovering from psychotic experience), “we do not do psychotherapy in the strict sense in these meetings”, he writes, “but we do work to strengthen affective contact” (pp. 64-65). He combines the latter with exercises in anchoring: “the efforts ... to strengthen contact with reality and support communication” (ibid). Yet the overriding importance of *affective contact* is self-evident, and a useful lesson, I believe, for any of us working with the so-called worried well. The primacy of affect over the customary predominance afforded to the cognitive dimension could potentially mean that, for example, a neurotypical therapist may learn from a client with autistic process, an ontologically secure therapist may learn from an ontologically insecure client. In adjusting our empathic attunement to our clients, we may be prompted to re-evaluate our taken-for-granted place in the world. As Alfred Adler admirably put it, and quoted here by Hawkins (p. 30): “We need ... to see with the eyes of another, to hear with the ears of another, to feel with the heart of another”.