

Question 6: How to Live? Answer: Question everything

Montaigne was a world-class doubter, writing: ‘All that I know is that I know nothing, and I’m not even sure about that’. About himself, he knew even less, marvelling at the ‘assurance and confidence everyone has about himself, whereas there is virtually nothing that I know I know.’ Existential therapists try to practice unknowingness, suspending judgement; embracing tentativeness, etc. We also pride ourselves on our willingness to abandon authority. Montaigne argued that in relationship ‘...nothing certain can be established about one [person] by another, both the judging and the judged being in continual change and motion.’ Nothing is fixed, he argued, least of all our slippery (sometimes lying) self-concept: ‘We only know, I believe, what we know now: “knowing” no more consists in what we once knew then in what we shall know in the future.’ Nietzsche, who detested professional philosophers, finding their abstract systems useless, called Montaigne ‘this freest and mightiest of souls’. Why? Perhaps because Montaigne discovered the ultimate (and only?) truth about existence: ‘Death is indeed the ending of life,’ he wrote, ‘but it is not its objective. Life must be its own objective; its own purpose.’

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Essential Research Findings in Counselling and Psychotherapy

Mick Cooper. (2008). London: Sage.

When I entered my first psychotherapy training in the early 1980’s, I was introduced to the findings of psychotherapy research. I recall a few points which I found of interest e.g. that no theoretical school had been shown to be superior to any other, and that research findings tended to favor the orientation espoused by the researchers. I was also aware of the conclusion of the Sheffield Research Group, that if therapy is to be of benefit this will be evident by session 14. But, by and large, I came to the conclusion that the massive amount of research which had gone into psychotherapy had yielded little of importance to someone like me engaged in long-term relationship-based psychotherapy. A quarter of a century later I was aware that Mick Cooper was espousing the view that not only has psychotherapy research something to teach psychotherapists, but we ourselves should be engaged in such research. So I was eager to read *Essential Research Findings* in order to see whether I needed to revise my earlier opinion.

In many ways, this book is a remarkable achievement. Mick Cooper succeeds admirably in his principle aim of providing ‘a user-friendly introduction to research findings in therapy’, and also in his further aim of writing a book which is ‘accessible to all and oriented towards practice’. He has done a phenomenal job in reviewing vast amounts of material, which he has digested and integrated, in an attempt to answer various

questions which researchers have asked, and he has drawn out the 'implications for practice'. (I am intrigued to find how far these findings actually mirror the wisdom derived from clinical experience.) I am also very impressed with the easy way in which he introduces necessary statistical concepts such as Cohen's d (effect size) and ED 50 (median effective 'dose'). I also like the way in which he encourages thought and debate with his 'Questions for Reflection' at the end of each chapter.

Mick Cooper is a very engaging writer and it's hard not to love this book. At the same time, lingering doubts remain. I regret the fact that, as a graduate of the Advanced Diploma in Existential Psychotherapy, he does not question the philosophical basis of the research which he is reviewing. And such a critique as he does make goes nowhere near far enough for this reviewer. I also feel that he overstates the value of research findings to psychotherapists. Let me begin with this latter criticism:

I agree with Mick Cooper when, in his introductory chapter, he states: 'the value of empirical research findings may be not so much in what they teach therapists but more in the way in which they challenge therapists to reconsider their implicit assumptions and expectations' (p3). But I find his earlier statement that research findings 'can give counsellors and therapists (as well as clients) some very good ideas about where to start from in the absence of other information' very odd. In my own case, I started from what I learned in my training from teachers, supervisors, the clinical literature and my own personal therapy. Reading thousands of research papers, considering the value of their findings by critiquing their methodology, their subject group and their often tangential relevance to the actual circumstances of therapy, and trying to make sense of their often equivocal and contradictory findings, seems to me to be a peculiar way of going about things for either a therapist or a client. And he fails to challenge in any serious way the Cartesian dualism which underpins the bulk of the research literature: he uses terms such as 'empirical', 'evidence-based practice', and 'randomized controlled trials' without questioning the philosophical assumptions behind these terms. He does point out the limits of the so-called scientific method (which is actually an unquestioning acceptance of the tenets of 19th-century science), and he acknowledges that what RCT's measure is inevitably far from the conditions in which an actual therapeutic encounter takes place:

Up to this point most of the findings we have looked at come from highly controlled experimental studies in which closely monitored therapists carry out manualised therapeutic practices with clients who fit neatly into one clearly definitive diagnostic category.

(p24).

But this does not go far enough. Whatever goes on in such trials in which so-called therapists are following a manual is far removed from anything I would recognise as psychotherapy.

As experimental clinical psychologists such as Richard Bentall have shown, psychiatric diagnoses do not meet scientific criteria for either reliability or validity and should be abandoned; moreover they are culture-bound. Further, in the consulting room a therapist meets not a diagnosis or cluster of symptoms but a person with whom s/he seeks to engage in a therapeutic relationship.

In his introductory chapter, Mick Cooper refers to ‘consumers’ of psychotherapy and, as I read on I developed a suspicion that in this text he is bowing to the commodification of therapy – something which I view as antithetical to the whole enterprise of psychotherapy, which I see as being a deeply relational and counter-cultural activity.

In the concluding chapter Mick Cooper states:

For non-CBT practitioners – as well as clients who may benefit from non-CBT therapies – what is urgently needed is randomised controlled trials evaluating the efficacy of non-CBT forms of therapy for particular psychological difficulties... If the dodo-bird verdict is correct, most therapies would be found to be efficacious for most psychological problems, but without such concrete proof such practices are increasingly likely to fall by the wayside.

(p.158)

He goes on to say that, particularly in Healthcare settings, a prioritising of randomised control-trial evidence, and a diagnostic understanding of psychological distress is unlikely to lessen in the foreseeable future.

Here he addresses the dilemma which existentially-oriented and other relationally focussed therapists face: the studies on which funding and governmental and societal recognition are based bear little or no relation to the facilitative and exploratory relationship which we seek to create with our clients; so do we maintain our integrity and become increasingly marginalised? Or do we bow to the demands of ‘the They’ in order to secure funding and recognition?

Overall, I find this a thought-provoking book and, notwithstanding the caveats which I have made, I think it warrants a place on the therapist’s bookshelf, but I do not feel moved to engage in psychotherapy research myself – except of the clinical variety.

References

Bentall, R. & Beck, A. (2004). *Madness Explained: Psychosis and Human Nature*. London: Penguin.

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