

BOOK REVIEW

Handbook of Experiential Psychotherapy. Leslie S. Greenberg, Jeanne C. Watson and Germain Lietaer, (Eds.). (1998) New York: Guilford Press.

This book has everything that could make it a “winner”: the first author is a leader in psychotherapy research; experiential psychotherapy is a fascinating and important branch of psychotherapy with over 30 years’ foundation; and the notion of a handbook offering updated theory and practical applications is timely and appealing. However, it only partially lives up to its promise.

Experiential psychotherapy, also known as the “third force” (with psychodynamic and cognitive-behavioral, the other main branches of psychotherapy), encompasses Gestalt, client-centered, existential, psychodrama, and humanistic therapies. It is attractive to many clinicians because it emphasizes both the therapeutic relationship and clients’ subjective experiences, along with interventions such as the two-chair technique, reflection, the use of metaphor, focusing, and graded experiments. Much of the original boldness of experiential psychotherapy—its emphasis on potential rather than pathology, its engagement with existential issues such as meaning, freedom, and death, and its enormous respect for clients’ natural potential for change—represent a historical contribution that has widely influenced the practice of psychotherapy. Indeed, one of the highlights of this book is its opening chapter, which provides an overview of experiential psychotherapy and its many forms and changes over time.

Other strengths of the book include a fascinating chapter by Yontef on Dialogic Gestalt Therapy, which is clear and

articulate in its elaboration of techniques. It includes a great deal of clinical dialogue between patient and therapist to illustrate treatment principles, and attempts to apply experiential psychotherapy to psychosomatic, posttraumatic, borderline personality, and depressive disorders, as well as others. The book is well-organized, providing sections on history and theory, foundational processes (e.g., existential, interpersonal, empathic, and other key processes), and differential treatment applications.

Despite these strengths, the book may have limited appeal to a psychotherapy research audience. The few studies mentioned in the book typically lack treatment manuals, control groups, power analysis, random assignment, adherence ratings, description of therapist characteristics, and other key features of solid process/outcome studies. For example, in the chapter on psychosomatic disorders, the subsection “Therapy Outcome” simply states: “The empirical results show that, when compared to control groups, the clients achieve major significant improvements some examples of which were the following: self acceptance increases, the conviction that one is controlled externally lessens . . . the ability to be successful and conduct oneself in society improves” (pp. 321–322). No citations, measures, sample description, data, or statistical testing are offered. Throughout the book, there is mention of the need for more research, but no serious exploration of why it has not yet occurred. Moreover, virtually all the studies are taken as evidence of the efficacy of experiential psychotherapy, with little scientific skepticism in interpretation of results.

The focus of the book is clearly clinical practice rather than research. Yet, on the clinical front, one also might wish it

had been taken further. The application sections do not grapple with some of the major current dilemmas in mental health treatment: how to conduct psychotherapy in the context of managed care and public health (e.g., how can it be applied in the eight sessions typical of many managed care programs?); quality of care (e.g., what makes for excellent versus poor experiential psychotherapists?); and treatment resistance (e.g., what should be done when patients do not respond to treatment?). It does not address whether there are any patients for whom experiential therapy is not recommended. It does not attend to case management issues that beset many mental health populations (e.g., housing, HIV risk, domestic violence problems). Moreover, there is no explicit, systematic description of how experiential psychotherapy is different from and similar to other theoretical orientations. Much of the application section of the book sounds like what the typical "good clinician" would do, regardless of

orientation; it is thus difficult to ascertain what is unique about experiential psychotherapy. The style of the book is, at its best, clear, direct, and compelling. At worst, it is jargon-laden and overly abstract.

The book is likely to be most popular with clinicians who already practice experiential psychotherapy. For such an audience, it offers a diversity of clinical material and an update summarizing the experiential modality, in their own language. For the wider mental health field, experiential psychotherapy remains an extremely important historical force, and offers unique aspects not provided by other models. Yet, until it seriously engages in the larger dialogue of psychotherapy research and the current realities of mental health care, its broader appeal may be limited.

Lisa M. Najavits

Received October 20, 1999

Accepted October 22, 1999