Letters to the Editors

Dear Editors

Having heard that you were publishing a special issue on Carl Rogers, I wanted to offer this brief reflection on the person-centred approach.

It is the fate of many founders to see their creations founder and fade when they die, but this is not the case with the person-centred approach. All through the 1990s there were rumblings of new things going on, and in 2001 a series of books came out, featuring many famous names, with the general title Rogers' *Therapeutic Conditions: Evolution, Theory and Practice*, under the general editorship of Gill Wyatt. One was on congruence (Wyatt, 2001), the second on empathy (Haugh and Merry, 2001), the third on unconditional positive regard (Bozarth and Wilkins, 2001) and the fourth on contact and perception (Wyatt and Sanders, 2002). The authors were international and multiple, of a high standard and eminence, and it was clear that a new ferment was arising in this field.

One of the featured writers in this series was Garry Prouty, and he later produced a whole book on his new approach to what he called 'contact-impaired clients' – deprived people, people who might normally be thought unsuitable for therapy (Prouty et al., 2002). This was actually a very pure form of the person-centred approach, and very simple in practice. It opened up a new field of action, and was very exciting for that reason.

About the same time there appeared a wonderful tribute to Carl Rogers, created by his daughter Natalie. It took the form of a CD-ROM, including excerpts from Carl's 16 books, over 120 photographs spanning his lifetime, an updated and extensive bibliography, and award-winning, vintage video footage (Rogers, 2002). It is playable on most players, including computers, and really is a marvellous contribution.

A real technical breakthrough started to appear in the 1990s, and reached the bookstands in 2005. It is called 'working at relational depth' and was pioneered by Dave Mearns and Mick Cooper at Strathclyde University in Scotland. Their book (Mearns and Cooper, 2005) was widely and enthusiastically welcomed by reviewers and therapists alike, and made a real impact on the world of counselling and psychotherapy. It seemed that a new area of person-centred work, fully and deeply compatible with the work of Rogers himself, had appeared on the scene. Those of us who have access to Amazon can still read there how impressed the world was with this contribution. More recently a book has appeared following up and extending this work (Knox et al., 2013), so it is still growing in scope and influence.

In 2008 there appeared a book examining the research on the person-centred approach, and comparing it with other schools. It turned out that 'the facts are friendly' and that the research does show in detail how effective is this discipline. This was a remarkable effort (Cooper, 2008), and it means that we can hold our heads high when faced with the impressive results of CPD and other newer approaches.

And in 2012 there appeared a remarkable book, opening up the broad field of the person-centred approach, and showing that it was still growing and changing and developing, and in a very lively way. This book (Sanders et al., 2012) aroused a lot of interest, and some criticism, within the world of counselling and psychotherapy, but it certainly revealed much that was quite new, and worth knowing, about the burgeoning of this field. Nor should we forget the impressive tome of Cooper et al. (2012), which brings together many important authorities in the field. This is a veritable bible of the person-centred approach, and we are all very lucky to have it now in our hands.

We can safely say, then, that the person-centred approach is alive and kicking, and we may look forward to many more years of power and influence in the existing fields of counselling and psychotherapy, and no doubt in the burgeoning field of coaching, too.

John Rowan, www.johnrowan.org.uk

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Dear *Self & Society*

How heartening to see *Self & Society* stepping into the psychiatric arena in this important debate on the nature of mental ill-health (*Self & Society*, 40 (4), Summer 2013). Sami Timimi's article 'No more psychiatric labels' is challenging and timely, given that we are at a pivotal moment in mental health care in the UK when the emergence of a real mental health service may be possible. In my book *Recovery – A Guide for Mental Health Practitioners* (Watkins, 2007), I take a similar stance. Over 40 years in mental health care has convinced me that there is no such thing as mental illness – no classifiable, pathological 'it'. Within the spectrum of human experience there are of course profound states of distress and suffering in which we may sometimes be swept away from our moorings in a broadly shared reality, but these are further dimensions of the human condition, not pathological aberrations.

I have come to believe that the language of psychiatry, particularly diagnostic terminology, must be discarded before any real progress is possible. Words such as 'psychosis' are chains that shackle people to a medically orientated psychiatric system; they are words that obscure a shared understanding of distress drawn from an individual's personal narrative; they are words that make a collaborative approach care and recovery difficult; they are words that sustain stigma and discrimination. No wonder people resist being defined by these terms, loaded as they are with the projection of our darkest fears. To resist the label 'schizophrenia', 'paranoid psychosis', or 'schizoaffective disorder' is to my mind rational. But such resistance is more often seen as denial or lack of insight; what is being denied is not the experience themselves – which may be unusual, frightening and problematic – but the diagnostic conclusions.

A change is coming – perhaps best exemplified by the emergence of Recovery Colleges, outlined in a recent briefing paper by Rachel Perkins and colleagues (Perkins et al., 2012). The recovery process is seen as educational, offering 'students' the knowledge and skills they need to live life in less problematic distress-filled ways. This is not about replacing one didactic system with another; the curriculum of the recovery college is forged out of the experiential knowledge and expertise of those who have come through *storms of the psyche* themselves, as well as the understandings of mental health professionals. The choice of what programme of learning to follow is determined by those seeking help. This is about personal development, something Humanistic Psychology knows something about; this is about finding the resourcefulness, resilience and capacity to live well, a capacity with which we are all endowed.

And it is more than this! We lead interconnected lives, connected both to the rest of humanity and the biosphere which is our home; we cannot truly be well when all is palpably not well with our fellow humans and with the earth. But personal education is a start – as Jung famously said, 'If you want to change the world, start with yourself'. Personal holistic education is the vital ingredient that we must all embrace as part our life-long quest for personal and social well-being and the well-being of the earth.

Peter Watkins, Programme Director, Inside Out Community, Arts in Mental Health; www.insideoutcommunity.com

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