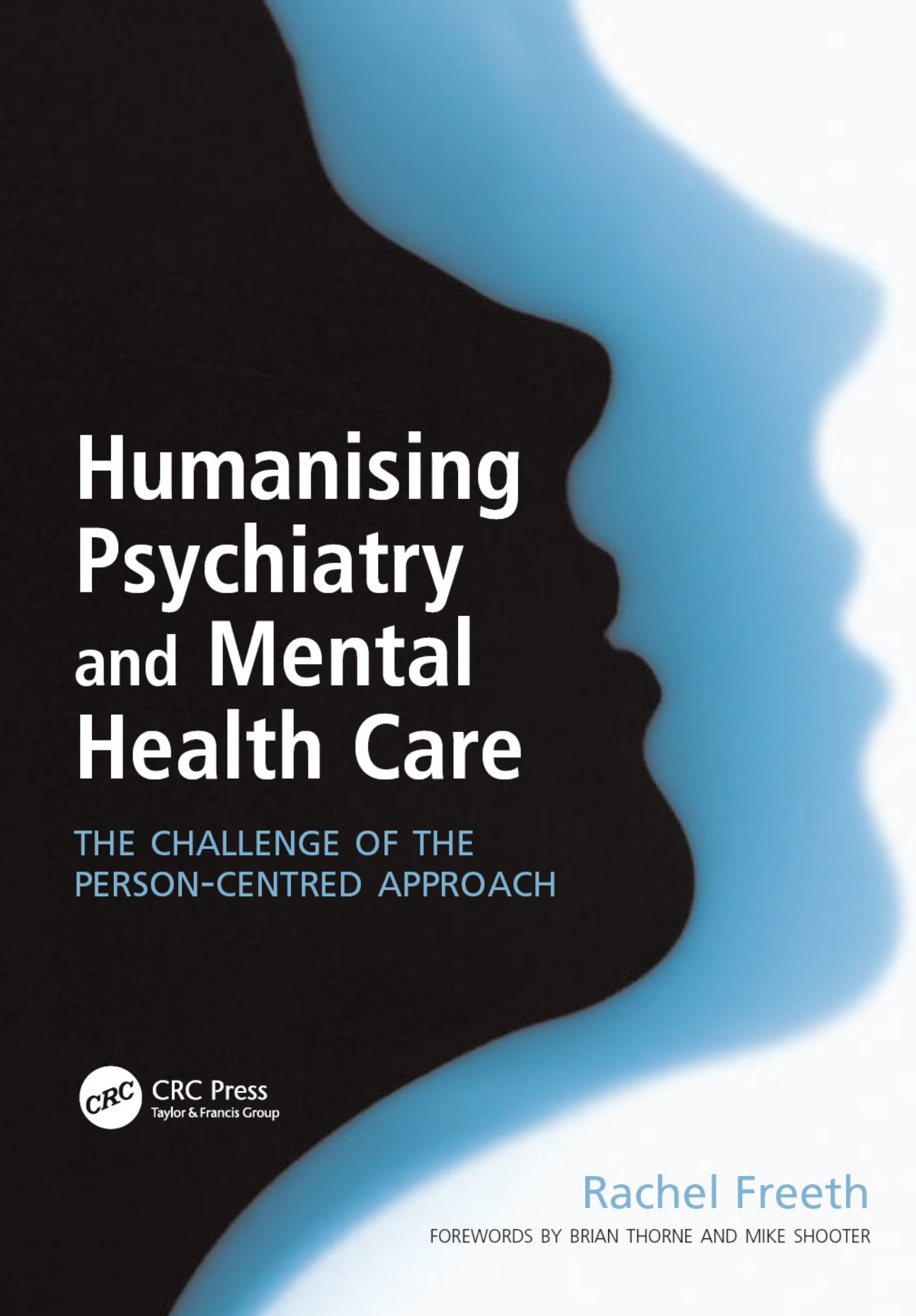

Humanising Psychiatry and Mental Health Care

THE CHALLENGE OF THE PERSON-CENTRED APPROACH

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Rachel Freeth

FOREWORDS BY BRIAN THORNE AND MIKE SHOOTER

Humanising Psychiatry and Mental Health Care

The challenge of the person-centred approach

Rachel Freeth
Psychiatrist in General Adult Psychiatry
Gloucestershire

Forewords by

Brian Thorne
Emeritus Professor of Counselling

and

Mike Shooter
Consultant Psychiatrist
Immediate Past President, Royal College of Psychiatrists

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Foreword

As someone who has devoted most of his professional life to the practice of person-centred therapy and the advancement of the person-centred approach, I find Dr Rachel Freeth's courageous book serves as a striking commentary on much that has characterised my own experience over the years. Like her, I have known the disenchantment and the mounting anger engendered by the emergence of a culture permeated by rampant consumerism and the obsession with so-called cost-effectiveness allied to a profound distrust in the human spirit. I, too, have struggled to retain a sense of personal integrity in the face of bureaucratic processes and managerial strategies induced by a mentality with the apparent intent of subjecting everyone to scarcely veiled surveillance in order to make the subsequent attribution of blame the more clear-cut. Unlike Rachel, however, I have also known a different era. Nor have I had the misfortune to work as a psychiatrist in today's National Health Service, which, as far as its response to mental distress is concerned, seems to become progressively more dysfunctional. At her age, I had the good fortune to be the founding Director of a university counselling service committed to the person-centred approach and inspired by the work of Carl Rogers, who was still very much alive and powerfully influential. Those were the days – in the mid 1970s – when it still seemed possible that the idealism and the belief in human creativity which had characterised the previous decade might ultimately triumph and the world of education become the crucible in which the seeds of such transformation could be sown and nurtured. As I have read Rachel's book it has been immensely reassuring to discover that, despite deepening pessimism over the years, my fundamental hope has not diminished. I have learned, however, that hope is not to be confused with optimism. It is rather the antidote to despair and, as such, it can face the worst and not be overcome. Such hope also knows something of what the theologian, W. H. Vanstone, once called the stature of waiting.

When Rachel, already a psychiatrist, came to the University of East Anglia in the 1990s to train as a person-centred therapist, the agonising tensions that run throughout this book were already manifest. It was clear that she had known profound suffering both in her own life and in the lives of her patients but she was also full of an apparently irrational hope. Like many others who present themselves for training in the person-centred approach she had found in the writings of Carl Rogers a confirmation of what she had always somehow known but had never been able fully to articulate. She discovered that, like her, he had a deep trust in the ability of human beings to flourish if they are offered a relationship in which they experience unqualified acceptance, deep understanding and the respect due to someone of infinite value. Not that the offering of such a relationship is a simple matter for it demands of the one who offers, be it therapist or friend, a level of skill, commitment and self-acceptance which is

increasingly rare in our competitive, acquisitive and fearful culture. During her training, however, Rachel discovered not only that such relationships are possible but also that they work. When she returned to psychiatry, what she had always instinctively known was now firmly buttressed by an elegant theory and proven practice.

In many ways this book is the story of what it has meant for the psychiatrist/person-centred counsellor to remain hopeful and resilient in the face of the ever-deepening crisis that she has experienced in the powerfully drug-orientated and medicalised world of NHS psychiatry. Much of what she relates is deeply shocking for it points to an environment where the humanity of doctors, nurses and patients alike is constantly endangered by a prevailing alienation where the dignity of persons is lost in the frantic attempt to keep chaos at bay by refusing relationship in the interests of symptom control and the containment of emotional expression. We learn of exhausted and demoralised doctors who themselves tremble on the verge of breakdown and long for part-time employment or early retirement as they attempt to respond to impossible caseloads within the context of insane policies. Not that the person-centred therapeutic community escapes all criticism. Person-centred practitioners are taken to task for their often ignorant or contemptuous attitude towards psychiatry and their failure to acknowledge both the dedicated commitment and expert knowledge of many psychiatrists and the intractable difficulties of the system in which most are compelled to operate. It is at this interface that Rachel Freeth, thanks to her two disciplines, embodies a hope and a vision which can vanquish despair. As she seeks to be the interpreter between two worlds, we glimpse a future where psychiatrists and person-centred therapists will collaborate in the healing of persons in the context of a culture which has drawn back at the eleventh hour from the brink of self-destruction. The day where the sanctity of persons and the creation of community become the hallmarks of a civilised society may be far distant but it is books like this which keep the vision alive and serve as beacons in the current darkness.

Brian Thorne
Norwich
January 2007

Foreword

'To travel hopefully is a better thing than to arrive, and the success is to labour.'
(Robert Louis Stevenson. *Virginibus Puerisque. 'El Dorado'*)

You would think that writing a foreword would be a relatively easy task. You read the book or, more often one suspects, you skim through it. You dash off a few paragraphs of fulsome praise or pad out the contents page. You are careful to advertise your own achievements in the field. You include it in your cv as if you had written the book itself. And you sit back and wait for the acknowledgement. So why did I find writing this foreword a much less comfortable experience?

To begin with, Rachel is an excoriatingly honest writer. To produce a textbook about patients, their assessment, diagnosis and treatment might be laborious, even physically exhausting, but rarely an emotional challenge. Person-centred therapy cannot be reduced to such objectivity; it begins and ends with the self. To write about it, just as in its practice, the author must examine her own life. Rachel does so in a way that is both brave and unsettling.

More than this, to pay her proper credit the book demands the reader examine his own life in return. In my case, it arrived as I approached retirement. An end, as I thought, to clinical work in the NHS and in the administration of my College. It forced me to look back at what had brought me into the job in the first place and what had kept me there for a quarter of a century of doubts and disillusionment. It made me realise that what I had been searching for through all my career changes, from lawyer, to newspaper reporter, to teacher, and finally to doctor, was the wisdom that lies at the core of Rachel's book. A face-to-face relationship of humanity, humility and honesty that has all but disappeared from modern medicine.

It made me think of my own periods of depression, of a therapist who valued me for what I was, rather than what so many people wanted me to be, at a time when I loathed myself and imagined that everyone must do likewise. It made me aware that it was this sensitivity that had carried me into psychiatry in due course. It made me feel lucky that I had trained in a hospital run as a therapeutic community in which people like Carl Rogers were gurus whose principles we clung to like a mantra. But above all, it challenged me about whether I had maintained those principles as firmly as Rachel has done in her own practice.

For the true person-centred approach, as opposed to the lip-service paid to it in statements of government policy, is not easy to implement. It is difficult to measure against the randomised controlled trial of medication and other organic treatments. It cannot achieve the superficial, short-term, CORE-scored results of cognitive behavioural therapy. It relies on the narrative evidence of what life feels like to the individual patient rather than what that general category of patient must feel because the science says so. And it has a battle to establish its

worth in the competitive world of commissioning, where success is judged on through-put of patients not the quality of their lives.

How scary all this can be! Trusting in the patient's 'actualising tendency' means taking risks in a risk-aversive climate where guidelines are laid down for everything, therapists may be punished by the CMC for not keeping the faith and patients punished for their resistance by legal, physical and medicinal incarceration. We are asked to treat with unconditional regard those patients who may irritate, frighten or appal us by their behaviour and to empathise with those whose chronic disorder denies us the satisfaction of cure. It may cause us to confront all those unresolved issues in our own lives whose pain we have suppressed in the guise of helping others.

Small wonder that in the face of such challenges we have witnessed what a colleague has called 'the endless retreat from patients'. Some of us go into academic research, some into service management. Some of us climb the structures of our profession, some the slippery slope of NHS politics. All of us are tempted to keep the dangers of patient relationships at a white-coated, technological distance. Rachel has not done so. She has championed the person-centred approach at enormous cost to herself and is able to write about it without the merest trace of hypocrisy.

This is not a book for the faint-hearted. There is no easy framework here to aid your understanding of the medical world and your role in it. The book offers no theoretical asylum from the sneers of those who criticise the person-centred approach for its lack of objectivity. It is a tough philosophy, confident in its assertion of subjective principles and everything that flows from them. It provides no guarantee of success and no insurance against failure. But it is more inspiring than anything I have read for a very long time.

Rachel's work has made me realise, like Stevenson, that it is not the comfort of arrival that we should aspire to but the labour of honest travel, being true to our patients and our own beliefs, no matter what difficulties may be thrown in the path. She has made me want to get moving again, to hope for the best but, in the words of another of my favourite authors, if things do not work out, to 'Try again. Fail again. Fail better' (Samuel Beckett. *Worstward Ho*). We should ask no less of ourselves than we do of our patients.

Mike Shooter
January 2007

What is needed, if we are serious about helping people, is to raise this experience called "relationship" to our conscious and careful consideration in order to be able to use it in competent and responsible ways in the best interests of those we serve.

Helen Harris Perlman

. . . as long as I know how to love I know I'll stay alive . . .

'I Will Survive' song lyrics
Gloria Gaynor

For Mum and Dad –
Who loved me enough
To allow me to
Shape my own life.

Acknowledgements

It is a real pleasure to acknowledge the many people whose encouragement and enthusiasm for this project has sustained me during numerous difficult times, and who have given me sufficient inner belief and confidence to embark on it in the first place. I would like to acknowledge in particular Brian Thorne, to whom I am also grateful for providing one of the Forewords for this book. Maggie Pettifer at Radcliffe Publishing also deserves special mention and gratitude for placing faith and trust in me as a writer and who, in a person-centred way, gave me the space, time and understanding I needed to enable the book to evolve naturally. This book has also benefited from the willingness of several people to read drafts of chapters and to provide comment and suggestions. Included here are Richard Bryant-Jefferies, Phill Morgan-Henshaw, Julie Mordin, Catherine Clarke, Paul Evans and Ilse Ferwerda. I would also like to thank Mike Shooter, not only for providing me with the other Foreword, but for the particular brand of caring and humanity he has brought to the psychiatric profession. Finally, I thank my partner Ilse for, amongst other things, tolerating all the times when I am only half listening.

Introduction

> 'Before you begin a thing, remind yourself that difficulties and delays quite impossible to foresee are ahead. ... You can only see one thing clearly and that is your goal. Form a mental vision of that and cling to it through thick and thin.'
>
> (Kathleen Norris, American Writer, 1880–1966)

Carl Rogers (1902–1987) is a figure not normally associated with contemporary psychiatry. Neither is the person-centred approach that developed from his thinking and practice and those of his co-workers. This is not surprising. In many ways the person-centred approach is the antithesis of current mental health practice that is often, in my view, oppressive and dehumanised. Patients are increasingly 'processed' through a fragmented and mechanistically structured mental health service and the mental health culture regularly demonstrates a failure to recognise the vital importance of relationship with patients as a powerful and necessary healing ingredient. As well as challenging traditional power structures and placing relationship at the centre of the helping endeavour, the person-centred approach presents a positive philosophy of human beings and their growth and recovery potential. It also presents a radical and desperately needed challenge to the culture of medicalisation and exclusive reliance on the medical model.

The aims

In this book I explore the philosophy, theory and practice of the person-centred approach (not to be confused with the sound-bite 'person-centred' as used by politicians and managers) in the context of both contemporary psychiatry and mental health services provided by the UK's National Health Service (NHS). In so doing, I pay attention both to how the person-centred approach can challenge psychiatry and to how mental health services and the NHS present challenges and tensions to person-centred practitioners working in them. I believe that such challenges need to be highlighted and understood for there to be any hope of placing the person-centred approach more on the map within psychiatry and mental health settings. Why the person-centred approach should be on the map in the first place will be argued throughout this book, although whether I argue my case sufficiently to convince a sceptic remains to be seen.

I realise I am ambitious in having for this book four broad aims. First, I want to introduce the person-centred approach and the theory and philosophy of Carl Rogers to mental health professionals and to plug a major gap within the current mental health literature. I believe it is necessary not only to increase the

understanding of this approach beyond its more usual association as simply a type of listening, but also to attempt to correct the many misunderstandings that abound. Some of these include the belief that the approach is a form of counselling only suitable for the 'worried well' and that it lacks a comprehensive theory which, at the same time, is seen as a naïve view of human beings. Unfair caricatures of person-centred counsellors depict them to be sentimental, 'touchy-feely' types, who do little more than smile benignly at the client, or who are experts at 'reflecting' what the client has just said.

Whilst mental health nurses used to receive a thorough grounding in the person-centred approach in their training, current training introduces Rogers and the approach in little more than superficial terms. It is often reduced to a set of listening skills rather than presented as a philosophy towards human beings and helping them. As a psychiatrist in training I could easily have progressed in my career with next to no knowledge of the person-centred approach. Furthermore, person-centred therapy is hardly ever offered, if at all, as an approach in which psychiatric trainees can gain some experience of practising psychotherapy. The lowly status of person-centred therapy within psychiatry is also reflected in the fact that it is rarely available as a form of therapy provided by psychological therapy services within secondary care. The person-centred approach is more likely to be encountered as a counselling approach within primary care. Why the person-centred approach is so marginalised and dismissed within mental health services will be apparent throughout this book. Suffice it to say, though, it represents a paradigm that is not for the faint-hearted to practise from, not least because it clashes with the prevailing biomedical paradigm within psychiatry.

Second, as much as mental health professionals could benefit from learning more about the person-centred approach, many person-centred practitioners could benefit from furthering their understanding of the theories and practices of psychiatry and how NHS mental health services function. Psychiatry is often stigmatised through ignorance and misunderstanding and mental health professionals are also caricatured. There is valuable debate to be had between psychiatry and the person-centred approach, but traditional antagonisms need first to be dissolved. Sections of the person-centred community with strong anti-psychiatry or anti-medical model views may stifle such debate. What may limit such stifling though, is person-centred practitioners' understanding that much of mental health practice is influenced by overwhelming and unreasonable pressures and demands placed on mental health professionals, in response to government policy and rising public expectations. This book tries to give a flavour of some of these pressures. By exploring the person-centred approach in the context of psychiatry, I hope to provide a more effective bridge between two very different worlds that have often eyed each other with mutual suspicion and cynicism.

Third, within the person-centred community, certainly in the UK, there have been moves to explore wider applications of the person-centred approach, i.e. its application beyond therapy. This book is not specifically about therapy (often known as client-centred therapy), but about an approach that can be applied within health care contexts outside therapy relationships. In writing this book I join with Joseph and Worsley who state that 'there are social, political and financial forces operating against the expansion of the Person-Centred Approach, and that the person-centred movement must make its voice heard if it is to

continue to make inroads into new territories' (2005, p. 7). I want, therefore, to explore something of what may be involved in practising the person-centred approach within mental health services whilst not practising as a therapist. How, for example, is it possible to practise the person-centred approach when confronted by the overwhelming number, and particular nature, of tasks, goals, responsibilities and relationships mental health professionals are engaged in? This is just one of the many barriers that make my final, and overall, aim of this book perhaps the most ambitious.

Simply, I believe that the dehumanising effects of the NHS mental health system need to be highlighted and addressed. Psychiatry and mental health services need to reappraise their values and philosophy of human beings, mental distress, relationship and helping because, in my opinion, they are failing to provide a sufficiently caring and adequate response to those in need who come into contact with the services. I believe the person-centred approach could contribute powerfully to such a reappraisal and I hope its values can begin to infiltrate a culture that is, in my opinion, in desperate need of them. The ultimate aim of this book is to contribute to a humanising process, even though such an ambition may seem naïve and hopelessly idealistic. I believe that holding on to ideals is important, whilst acknowledging that this may often lead to disappointment and frustration. I realise I am idealistic concerning the kind of health culture and working environment I would like to work in and see available for patients, but I don't think I am blind to constraining factors such as the political and economic realities in the UK.

The author

I believe I am well placed to write a book such as this being, unusually, both a psychiatrist and a person-centred counsellor. For the past eight or so years, from the time I left the NHS for a year to undertake a full-time diploma in counselling in the person-centred approach, I have inhabited the worlds of psychiatry, counselling and the person-centred approach. Although for the past four years I have practised solely as a psychiatrist and not as a counsellor, I did at one time attempt to integrate counselling practice within my psychiatric post. This eventually proved too difficult and was fraught with role conflicts, particularly when my counselling values clashed with the expectations on me as a doctor carrying certain medical responsibilities.

My training in person-centred counselling, rather than other approaches to counselling or psychotherapy, was a highly conscious decision. Whilst I had long held an interest in psychotherapy, I did not wish to train as a therapist within the NHS and not as a specialty within psychiatry, not least because training in the person-centred approach is not on offer within the NHS. I knew it was this approach that most interested me and that fitted most closely to my personal philosophy and values about human beings and helping relationships. I also wanted to distance myself from the NHS culture and from the medical profession, feeling disillusioned, angry and burnt out early on in my psychiatric training. I also realised I did not want to be a 'career psychiatrist', by which I mean I did not want to pursue training to be a consultant, and all that would entail.

I don't remember when I first came across Carl Rogers, but I do remember thinking about some of his ideas whilst I was at medical school and before I knew

I wanted to specialise in psychiatry. It was not only his emphasis on experiencing and communicating certain attitudes towards people that drew me (attitudes which I was in desperate need of receiving myself), but also his ideas about the nature of human beings, personality and mental distress, as well as what human beings need in order to grow and heal. All this contrasted sharply with what I was learning at medical school with its focus on disease processes and the training of doctors to regard patients with detached objectivity. Simply, Rogers and the person-centred approach represented for me a light of hope, as it has done ever since, in a health care culture that is often characterised by so-called 'professional distance', judgemental attitudes, competition amongst professionals and a language of diagnosis and treatment rather than relationships and healing. However, I think it was also what the person-centred approach has to say about the issues of power and expertise that most drew me, being someone who had become aware of and sensitive to power dynamics, particularly in helping contexts. I can see how feelings of powerlessness during my upbringing and from many experiences continuing into my adulthood have contributed to this sensitivity. What has led to my interest in counselling and psychotherapy is also fairly easy to trace and this is where this autobiographical sketch starts to feel somewhat riskier.

My interest in the healing relationship quite simply evolved from my own need for and experience of it. Throughout much of my time at medical school I was depressed, often profoundly. Completing my degree seems rather a miracle and was in part due to taking time out from my course on a couple of occasions (which meant it was seven years before I finally left Southampton University Medical School), and the unfailing generosity of a couple of friends in lending me their lecture notes and generally keeping me in touch with things on the numerous occasions when I couldn't face turning up to lectures and seminars. They were for me harrowing years, characterised by feelings of immense loneliness, desperation and regular questioning of my desire to train as a doctor. I came to detest the competitive culture amongst my fellow students and the preoccupation with power, status and hierarchy for which the medical profession is often noted. However, there was more to it than simply a reaction to an environment and culture in which I didn't feel comfortable. If my self-esteem and inner security were decidedly fragile, the seeds of this were sown during my upbringing. That my parents did their best to provide a loving home for my brother and me, given their circumstances, I have no doubt. Yet, by the time I entered adulthood I was experiencing deep feelings of worthlessness and a painful longing to be understood and feel accepted. It has taken many years of therapy and other supportive relationships and friendships to achieve a good measure of repair. Needless to say, it was experiencing therapists who were genuine and who had a capacity to experience and communicate deep empathy and unconditional acceptance towards me that 'brought me in from the cold' and taught me about the qualities of healing relationships. The transforming power of such relationships cannot be overestimated, in my opinion. Incidentally, I do not believe that such qualities are found only in person-centred or other therapists. I also want to add that for me it was important to choose carefully which therapist I wanted to see and I was prepared to keep myself in financial debt to pay for a form of help there was little chance of receiving on the NHS, unless I was extraordinarily lucky.

Like many helpers then, my motivation for what I do is in large part drawn from my own experiences of being helped. It is not uncommon for people to look for meaning in light of the difficulties and sufferings they experience. For me, meaning is not something to be discovered but something to be given. In other words, doing what I am now doing, including writing this book, is a way of giving meaning to my years of depression and painful questioning (a vulnerability to which I remain predisposed, although less so now). What I have needed to develop over recent years, though, is a sense that my job (or vocation, to use a rather unfashionable concept) and writing are not the only things which give meaning to my life and from which I derive a sense of purpose.

This book is also the fruit of a good deal of questioning and a growing interest in philosophy and ethics, particularly related to psychiatry. For me the person-centred approach, and Carl Rogers especially, enables me to think about the relationship between science and the more personal and subjective aspects of existence. Within the person-centred approach I also find a home for some of my spiritual questioning and journeying, although this is not described in this book. Most of all, I find the person-centred approach provides a reassuring counterblast to a culture that is increasingly alienating and rejecting of individuals as unique persons, and in which one has to compete hard in order to survive.

Structure and style

I want to add here a few notes on how I have structured this book and to say something of its content and style, including various terms I have used.

The final structure has evolved during the two-and-a-half years that I have been writing this book and it has fallen naturally into two main parts. The first part focuses more heavily on theory and philosophy, whilst the second considers the practice of the person-centred approach in the context of mental health settings. There is some overlap of themes and ideas but I have endeavoured to keep this to a minimum and to keep the structure as tight as possible.

In presenting the person-centred approach I have tried to keep in mind both those who have no prior knowledge and understanding of the approach, and also those who have a good knowledge but who might, perhaps, appreciate seeing the theory in a different way. Certainly, thinking about the theory and philosophy of the person-centred approach in the context of psychiatry has deepened my own understanding and has forced me to focus on dimensions I had previously glossed over because I had assumed, wrongly, that I had already grasped them.

I have tried to present ideas and concepts in as simple and accessible a way as possible without being simplistic. In other words, I hope to appeal to both the casual reader, as well as those with more scholarly leanings. I have researched and read widely and this is, I think, reflected in the text and references. Nevertheless, there will inevitably be topics and areas that could have benefited from a more comprehensive coverage or explanation, or perhaps a more solid integration of thoughts and ideas. I consider much of this book to be work in progress.

It is important to point out that the person-centred approach is itself a developing one. I have generally focused on the philosophy and theory as originally described by Rogers and, as such, this book is a presentation of what has been termed the 'classical' (the original) person-centred approach. I also want to say