

Soul Centred Counselling

**An effective method
going to the core of the person in
Person Centred Counselling**

**Please read this and email
me any comments**

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An effective method, going to the core of the person in Person Centred Counselling.

I have a Diploma and Masters in Counselling Psychology. I am trained to work with adults, children, couples and families, and see all those client types. I also work with those on the margins of society such as asylum seekers, prisoners, sex offenders, torture victims, victims of abuse and addicts.

I came into counselling by a route which required me to be inventive. I was working with challenging clients prior to any formal training. I developed methods which worked. When I eventually took formal training, I was surprised by its inadequacy. My concerns about the poor training were confirmed as I frequently observed and heard of poor practice in both counselling and supervision. Despite the prevalence I found, my observations remained anecdotal until the 2017 BACP/Sheffield University report comparing CBT to Counselling found that 'the scores of approximately half of all patients, regardless of the intervention received, either did not achieve reliable improvement or reliably deteriorated.' A 2008 BACP metastudy by Hill A et al. 'Counselling in primary care: a systematic review of the evidence' found that the 'advantages of counselling in the short term were not sustained over a longer time period.' I proposed a Resolution highlighting this issue at the 2017 AGM, the sentiment of which I understand BACP is addressing. I am greatly encouraged by this.

I Core Score all my individual work to monitor my own performance. Client feedback indicates that I am effective for over 90% of clients and even higher on a per session basis. Clients should accept nothing less, but are regularly subjected to a lot less.

If I can do this, so can others, provided they are trained adequately. I am not concerned as to what methods counsellors use, as long as they are genuinely effective, but change must happen if we can honestly call counselling a profession.

For my part, I offer this pack which contains articles, both published and unpublished. They outline the basis of my methods. There is much more than this, and I am continually developing my work as I learn from my clients. There is no book as yet, but I would be pleased to come and talk to any groups or organisations interested in change.

The basics include the use of a visual aid which enables clients to take an external look at their emotional condition so they can understand and manage themselves better. That works from the outside. They then use a very specific and simple form of meditation to enable healing. That works from the inside. When the two functions meet in the middle, the therapy is complete. It is effective with almost all my client types, including CYPs, because is so simple.

Enjoy your reading and don't hesitate to contact me. I have one main objective in life and two subsidiary ones. To enjoy my own life to the full, and I do that by seeing distressed clients smiling again and by helping others help their clients too.

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David Waite has applied something of his original profession to the world of counselling, with interesting results.

Circle Diagram

Question: What does an engineer do when he becomes a counsellor?

Answer: He draws diagrams.

My first profession was in engineering. I loved designing devices and processes to overcome difficult problems. I also loved translating those designs into reality within project teams. I still enjoy these things now. In parallel to this, I was navigating 'Project Me' through its own life journey. When I decided to stop the engineering, I felt drawn towards making use of what I had learnt in my life to help others. Counselling became an obvious route if I could achieve it. I saw that I could use a lot of what I had learnt, but that I needed to find effective methods of applying it. My whole career and modus operandi had been of persistent action, but now I had to learn that, as an integrated person centred counsellor, doing nothing was often going to be the best strategy. It was unlikely that I would discover very quickly what a client's potential was going to look like or how they might get there, so I was not there to tell them the way. I was there to help them find their own way. I am still amazed at the effectiveness of this method and am still delighted when I see clients rising from the ashes of their existences, often with minimal input from myself.

So I have approached the issue of intervention with some caution. As such, sand tray work, stones and drawings seemed to me to stray from the person centred ethos. In the particular instance of children or special needs cases where vocabulary may be limited, and indeed for any clients with a limited emotional vocabulary, the use of an external reference could help them process and convey their feelings and could therefore be really useful. Sunderland suggests, in her beautifully clear book 'Draw on your Emotions', that 'many people could...recover from the pain they have suffered if they could just somehow describe it...' 'Sometimes with the help of pictures people are able to describe feelings where they may not have been able to talk them out.'¹ Now pictorial expression was never my forte, but I have spent much of my life transmitting information in diagrammatic form. I could explain extremely sophisticated engineering concepts and details to fellow engineers I might never meet and whose first language might not be mine. Such is the efficacy of the diagram.

I take courage from Colin Feltham's article in *Therapy Today* in which he seems frustrated with a general reluctance to challenge old thinking with new ideas.² I am not sure how all this started, but as I began my own practice and felt freer to give more to my clients, I began to offer them a simple circle as a means to help them express themselves more comfortably to me. **I wanted to establish a relationship whereby I was working alongside them to see how the person inside was managing or not managing the lot which life had given it at this stage.** I wanted to team up with them on this project of finding a better way for them to conduct their life. By drawing a simple circle on a piece of paper and saying that represented me, them or anyone else – but can we make this 'you' - I allowed clients to be objective about their issues, thereby reducing the difficulties of 'confessing themselves' to someone else. It was factually objective rather than embarrassingly subjective. Whatever it actually did, it passed the 'black box' test in that it worked, even if I

didn't know exactly why. Many clients seem to find it useful, so I offer it as and when needed. It is there for them if they want it.

I see helping the client look objectively at himself as a really useful function in itself. However, what is more interesting is how discussions with various clients have developed this simple shape. Many of us would agree that we learn most of what we know from our clients. This has proved no exception. Naturally, there are limitations to a 2D depiction, and that brings some cautions. From time to time, I might help clients avoid extrapolating the diagram too much just because some concepts have worked well so far.

As the use of the diagram expanded, I wondered whether I should give it a therapy related title. However, I decided to stick with my original 'Circle Diagram' because I wanted it to be what the client made of it rather than injecting any of my own concepts into it from the start. Better to be unimaginative than risk biasing the tool I was offering.

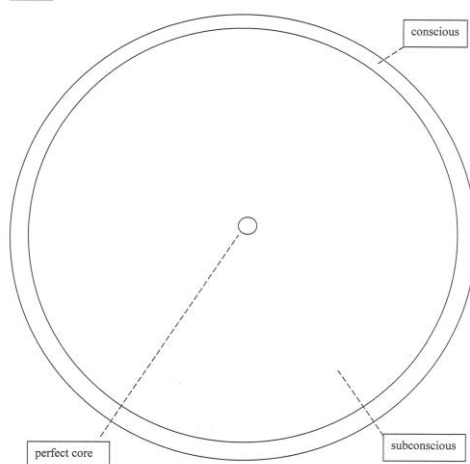
As part of my contracting, I describe the therapeutic model I use so they will know what is on offer and what is not. I tell them that Rogers believed that **within everyone is the tendency to find the healing we need and we just have to find that.**³ I propose that that capacity is resident at the core of their being, and can be depicted as the centre of the circle. Our job together is to find out how to access that. Thus, they can see;

1. that this task may be possible, so they have new hope
2. that they are not on their own
3. that this is not 'me treating you' - it is 'me helping you'
4. that we have a visual focus to work on.

The development of the diagram then becomes a participation in the process of problem resolution, a resolution which is within them and not external to them as they may have thought before. So we have a simple circle with a little circle in the middle, representing the core of the self, the source of the perfect being they were meant to be before things went awry.

Circle Diagram

Figure 1



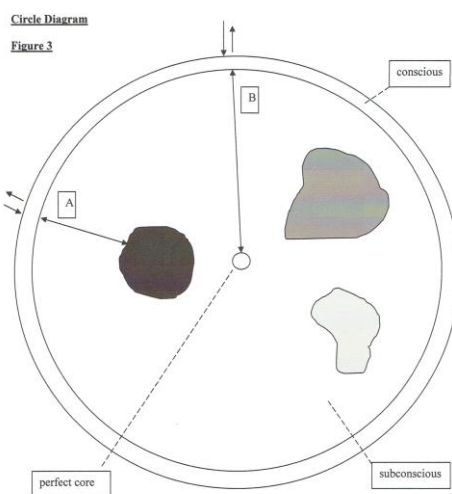
'subconscious', and clients seem to relate to that readily. I wanted to avoid the word 'unconscious' which is used in the field of psychoanalysis. A thin annulus round the

At some time we inevitably talk about what they are able to manage in their conscious processes on the one hand and what seems to be out of their control on the other. I see much of my job as helping clients understand the emotional world within them, a world which seems to drive them to keep doing things they regret or which just makes them feel horrible one way or another. I want to help them develop their emotional intelligence. So it's good to differentiate between the conscious mind and the rest of the human functioning. I call that other part

existing circle represents the conscious mind. Fig 1. Clients generally agree that what we can consciously understand is very small in comparison to the whole of the information the human system processes. This annulus functions as the interface between our inner subconscious self and the external world we perceive. It receives incoming information which then passes to the 'subconscious' self where it is processed in either a fruitful way or a destructive way. The response comes back to the conscious annulus and we react from that area accordingly. So we might then have another drink to dilute the anxiety a bit more or we might help the old lady with her shopping.

So why do we have different responses? Most of my clients who took the next drink actually would have preferred to have been able to help the old lady. I am not sure any would have truly wanted the reverse. Why are we not the perfectly happy people we might have been? The answers are normally that we were not treated perfectly as we grew up, or even later, as adults. Rogers refers to this in his Proposition 14 as 'psychological maladjustment'.⁴ Bad things happened to us. So then we add back blobs in the circle to show the damage we have sustained. Fig 2. Some blobs are bigger than others. Some are blacker. Some took place early in life, so those go near the centre. Some are more recent and are toward the outside. I don't find the need to persuade the client to identify their blobs at the time, but I do suggest they can take the diagram away with them to consider in the coming week.

So what can we do with these blobs which are stopping us enjoying life properly?



They are our memories, but it's not the memory per se which hinders us; it's the emotions attached to the memory. We recognise that memories themselves cannot be expunged, but they can be normalised such that they no longer poison how we feel or how we act. I see my job as walking with my client into those unpleasant places where they would otherwise be too scared to venture, and allowing them to experience a peace there rather than the fear they had previously felt. The black blob starts to grey off a bit. **We have started a process of healing. 'Project Client' is now a reality.**

Clients also found the blobs useful in helping to explain moods and actions. They experience their external world through their senses. Our outer 'conscious' annulus is where sense events. We have some control there. These experiences then enter into the subconscious area where there seems to be much less control. So if an incoming experience relates to a previous experience identified by one of their blobs, they see that their reaction would probably replicate their original response, however inappropriate that might be now. This can be depicted by a line of thought, A, coming through the conscious annulus, into the subconscious area and hitting a blob, thereby stimulating an old and negative response. Fig 3. If however, an experience did not correspond to a black blob, then their response might be a wholesome and positive one. This could be represented by the line entering as before, but accessing the perfect core at the centre, B. That way the response is positive and desirable. Clients seem to

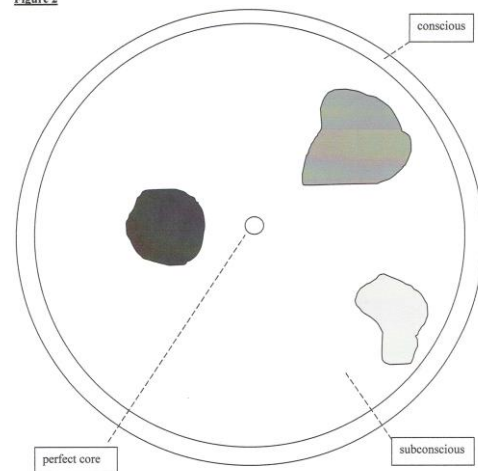
work well with this depiction, especially if they have sought resolution to their issues externally but that has failed. They now have a new route to try.

It seemed natural that this central core would be the source of the perfect being they were meant to be before life's travails planted all those black blobs in their lives. It was a grounding point, a place of peace. That is a powerful concept for those with low self esteem for a number of reasons;

1. they see that they are not all bad
2. that all of their ills are not of their own making
3. that they might be truly beautiful and desirable inside
4. that change is available and possible.

Circle Diagram

Figure 2

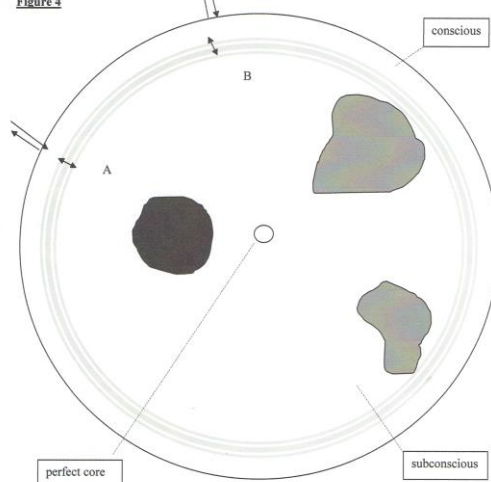


Almost by that set of premises alone, this perfect core could be seen to be a powerful source which could change their lives for the better. And it will need to be powerful if it is to overcome the issues they have faced and have failed to defeat by themselves, often despite enormous effort. And the promise is good because I see them identify with this model and improve in themselves. It seems to provide a template upon which they can construct a working model of themselves that they can readily comprehend. It helps them untangle the mess of their emotional lives and discern the important from the superfluous.

The use of the diagram seems almost endless. At one point a mushy line round the inside of the conscious annulus was drawn, purporting to describe how medication was insulating the subconscious from the impacts of the experiences of the world. Fig 4. It reduced the negative reactions to events like A, but also numbed the joy of touching the central core of their being via B. They saw it as an inhibition both to developing those healthy responses and also to healing the damaged memories.

Circle Diagram

Figure 4



Another observation was that a blob near the middle, representing damage in early life, had more impact than one near the edge, being more recent. For its size, it prevented more experiences from reaching the core and returning a wholesome response.

For me, the beauty of this diagram is a simplicity which prevents me putting my own personality into it. It can be a blank canvas for a client to build a model of their emotional self. That depiction outside of

themselves enables them to discuss their inner world with a neutral figure, the

counsellor. I feel it is more acceptable and less prescriptive than some of the more conventional pictorial tools which have been developed, albeit mainly for the younger client.

I have avoided technical language in this article and that reflects my approach. This is about what the client is saying and how they understand and talk about themselves. Whilst much of what has developed has been client driven, I recognise clients will not generate all these ideas from the beginning. Accordingly, I offer some basic ideas for them to build on, always with the objective of helping them express themselves. At the same time I continue to remain wary of introducing my own values into their thought processes.

It is my hope that readers feel able try the circle diagram to help their clients find a way through the confusion of their inner lives a little better.

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So How Does Meditation Really Work? Declined by Thresholds July 2017.

David Waite shows that an exercise which is frequently misunderstood can provide invaluable benefits to most clients.

The Summer edition of Thresholds has prompted me to put finger to keyboard. Amanda does well to give us variety in our reading diet. I persevered with John Rowan's article on mindfulness and meditation, and then I turned to Esther Cohen's piece.^{1,2} What a joy to read. I know who I would be going to for my own counselling if ever I needed it! My piece started as a letter, but the topic goes so deep for me that it merits much more. I feel impelled to explain that, contrary to John's mysterious article, meditation is so simple that **even my CYPs not only get it, but use it to great effect**. Like Esther, I aim in this article to provide something concrete and tangible for fellow counsellors to use in their practice.

Let's go back to basics. The whole raison d'être of our profession is to help those who are distressed become less distressed. **I have yet to find a client who did not want more peace in their life**. In order help them, we have to find a relationship with them. They are not experts in psychology as a rule, so **the language we use must be clear, simple and unambiguous**. Esther gets that beautifully. However, I don't understand what John is trying to tell me. I find that surprising as my Masters Thesis topic was on spirituality in counselling, in which I reviewed the transpersonal, along with religious and secular themes. Further, meditation is very important in my personal life as well as my profession life. I have taught meditation to hundreds of people. I have been meditating every day for the last 40 years and I offer the practice to my clients with remarkable results. John makes it all sound near impossible for anyone to understand it, let alone make any use of it. He tells us, in a pull out, that mindfulness is nothing to do with meditation, yet appears to use the words interchangeably in his text. Ultimately, he seems to want to relate the terms to the transpersonal concepts which he espouses. And there I have another concern. He refers to the use of LSD and other hallucinatory drugs in which 'people are prepared to experiment and take risks with consciousness', apparently condoning it with adjectives such as 'rich and powerful'. These drugs have long since been made illegal, and for very good reason. But they represented a significant element in the burgeoning of the transpersonal culture in the '60s. As a child of that time, I was in the thick of this. However, I am so grateful that I resisted the temptation to seek solace from the challenges of my life in so called recreational drugs, or to employ my youthful courage and curiosity in pharmaceutical experimentation. I have just spent the last 12 months helping another 60's child dig his way out of the legacy of that part of his life. He could still find the peace the drugs gave him, but could not connect that with real life. Once he had started the meditation method I offered him, things changed significantly. He described the change as two worlds facing away from each other held in outward facing cups, slowly but surely rotating so they came to face to face. At that point, things started happening in his life, which had hitherto been suspended. He had always been waiting to feel good without having to do anything to achieve it. The drugs had created a mindset, it seems, in which the rewards of effective action could be obtained pharmaceutically without engagement with others. But they could not really. It was an illusion. Any recovering addict will admit that drugs isolate. It has taken 40 years for him to unravel this chemical introjection. What a waste for man who had so much to give. I rejoice that he is now going to be able to do just that, at last. Yet again, the meditation in my counselling toolkit has transformed a life. I had used up all the other tools I had. And so had he. He had made great efforts to resolve his issues all his life, including running Buddhist meetings.

So, contrary to the impenetrable mystery depicted in John's article, meditation is not only understandable, it is teachable, learnable, and extraordinarily powerful. It is by far the most effective tool I have, frequently penetrating problems no other methods can reach. But back to John's original problem: what is meditation and what is mindfulness? He did not provide an answer. I will. Professionals and public alike glibly refer to these words under some delusion that there is a simple meaning they all share. But that is far from the truth. I come from a world in which definitions are precise to several decimal places. Otherwise, the kit I am installing simply will not work-and someone gets hurt and I am out of a job. I then entered the world of people care and found that we cannot define the most basic concepts such as love, counselling, care, meditation and mindfulness. Rather than ramble intellectually over what everyone else has said and arrive at an indigestible porridge which gets me nowhere, I prefer to find what I mean by the words I use, and then spell it out, so that I and others can work with it. Then my reader knows what I mean too. If we don't have a precise library of word definitions, we cannot communicate and therefore cannot even start to develop our thoughts, let alone our profession. Instead we are still hung up on Rogers' three core values long after his death, and whilst I subscribe to these, we often don't even get them right either.

I define meditation as a daily practice with the intent of improving emotional health. If there truly is such a definable concept as mindfulness, I would see it as a state of mind resulting from daily meditation practice. My clients seem to find no long term effective outcome from learning habits of 'being in the present'. I concur with them.

I run a meditation programme for the local community on a regular basis. Its strapline is 'Meditation can Transform your Life.' When the candidates arrive, I tell them I will change one word; 'can' to 'will'. Now they are doing it, it will change their lives. I know that because I watch it happening in my counselling practice. And it is a delight to see. The programme consists of three one hour sessions: theory, practice and the future. I don't know anyone else who does the theory of the actual practice in this simple diagrammatic way. It's important. I also teach the method in a prison, but because I don't get the time there to explain its importance, the recipients often don't incorporate it permanently into their daily routine, so it fails sometimes. It's a bit like going to the doctor with an ailment, getting some medicine and then returning a month later complaining that the problem has not gone away. When the doctor asks if we have taken the medicine we say 'no'. The message I try to get across is that we need to eat to keep our bodies alive, sleep to keep our brains functioning and meditate to keep us happy. If we do those things, all the other parts of our lives fall into place much better. However, if we don't want to enjoy our lives, then we can dispense with the meditation. Personally, I have spent time not enjoying my life, and don't see the point in that, so I meditate and my life just gets better and better. Why would I not want to share that with everyone else?

The method I use is about as simple as it is possible to be. I referred to it in 'Sound of Silence'.³ There is one instruction for the actual practice. If I could dispense with that I would, but that would make it a bit hard to convey. It is a breathing meditation as practiced in Buddhist temples across the planet, and it almost certainly predates Buddhism itself. The instruction is that 'when I notice I am thinking, I go to the breathing'. Nothing more! Our cerebral functioning in the west tempts us to always do something more, and there are any amount of practices claiming to be meditation, even breathing meditation, which do this. And that something more does the exact opposite of what we are trying to do, which is get out of

the cognitive. All this is best described using the Circle Diagram Theory ⁴. Let me introduce that.

The way we think and feel is our software in the same way as our computers have software. That is depicted initially by a simple circle which provides a template, in which the interesting features of our lives can be depicted. The circumference is our interface with the logical and emotional world in which we live and from which we need to extract our emotional sustenance. The annulus is our conscious self. We use our senses and our logical and communications functions to get what we need and dispose of what we don't. Inside this is all the rest of our emotional functioning, our subconscious. The annulus size is a gross exaggeration of our consciousness, but the diagram serves its purpose. There is far more going on inside that we are unaware of, and we delude ourselves if we think we can ever understand it all. The Perfect Core at the centre of the circle elicits some interesting reflections - the person I was meant to be before all the rubbish happened; place of perfect peace; the source of all the power I will ever need.

We can no more stop thinking than we can stop our heart beating. But it is our dwelling on thoughts which can cause us so much distress. After all, **it is how I am thinking and feeling right now that makes me happy or sad**, and happy is what I want to be. The thoughts I have come from my subconscious. When they enter the consciousness, we can start to process them: what is the subconscious telling me? How does this make me feel? If we are beset by recurring distressing thoughts, and most, if not all of my clients reflect this, then it is easy to see that a process which takes us away from any thought for a prescribed period every day would be beneficial, at least for that time. The diagram shows a thought arising from somewhere unknown in the subconscious, entering the consciousness and our becoming aware of it. The rule then requires that, no matter what the thought or how long we may have been dwelling on it, we simply take our attention to our breathing, and keep doing that regardless of the nature of the thoughts arising. **We go to the breathing because it is what could be described as a semi-autonomous body process.** Our bodies run autonomous processes beyond our control. They are utterly reliable. I have taken breath every single minute of every day for my entire life. Never a miss! Whatever irresponsibilities I have perpetrated, the breathing just carries on regardless. **So I am taking my thoughts to a very stable central place inside myself.** The meditation method makes so much sense, but we don't even need to understand that. We just do it and it works. The results bear out the theory. But however good such results are, this is seriously only the beginning. Without really trying, **the habit of moving away from recurring thoughts seems to permeate the day**, so the benefit of the standard 20 minutes for adults **gradually trains the mind into a more peaceful functioning.** It follows that the ensuing reduction in upsetting thoughts does not discriminate between them. We no longer need to discover what those thoughts are and how they have appeared. So it not only does the job of the counsellor, it is far faster because it is working behind the scenes 24/7, not just for 50 minutes per week. And clients report that the effect of the meditation is cumulative – and that is precisely my experience. The meditation does not however dispense with the counselling. I see the meditation working from the inside out, indiscriminately resolving buried problems, while the counselling works from the outside in, discovering and normalising accessible issues. When the two meet in the middle, the counselling project is over. However, I always recommend that the client continues with the meditation if they want their lives to continue to become better.

I have put a theory session of one of my programmes on Youtube. It is not professionally presented but clients are able to use it effectively. ⁵

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Your Partner's a Sociopath: Declined by Therapy Today in November 2016.

David Waite feels that an awareness of this pathology has shone a light on a significant number of client presented conditions.

The title is not an uttering which would have passed me my diploma. Nor indeed one which I might use with a client. But there may be times when it might just be true.

As with my driving, I only really started learning how to counsel once I had qualified. College did not teach me about the participant not in the room, but I have been learning fast since, and it's from my clients.

The primary tenets I hold in my practice are truth, love, and hope. Love cannot survive without truth, and we all need love. Love is peace on the move, and I have yet to find a client who did not want more peace in their life. Hope is the confidence that the 'soul' or psyche will heal itself as readily as the body does. I invite my client into these values. I hold them as absolutes for all of us. The more clients understand themselves, the better they manage their emotions.

I work on the premise that if we are brought up in a loving and truthful environment, and people have treated us fairly thereafter, then we should be reasonably happy with our lives. It is concomitant therefore, that if people pitch up in the counselling room, there is a good probability that someone has not done the right thing by them or to them. I find that's not only a good place to start, but it's good to let clients know I am thinking that. So who, or what, has spoilt the happy heart that should be? The exercise is not to develop a blame scenario, but to be objective about the truth and how to process it. Once clients understand that those who may have hurt them have also been hurt, they seem to accept that as their unfortunate circumstances and do not become vengeful towards the apparent perpetrator. It's the pathology and not the person which has damaged them, in the same way as a biological pathogen might.

In order to understand how sociopathy works in the aggressor, it's important to take a look at the 'emotional me'. I described a valuable tool in Therapy Today under the title 'Circle Diagram'.¹ The diagram continues to provide further enlightenment to

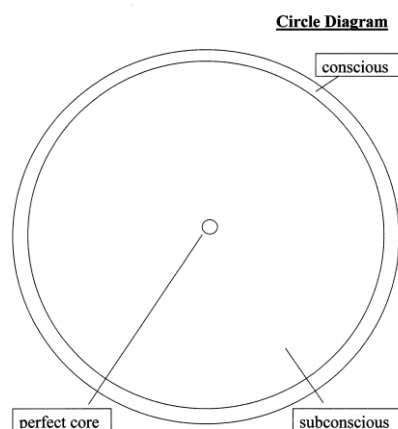


Figure 1
Basic Diagram

myself and my clients equally, and I always bear in mind that it is only valuable if the client finds it so.

I show a simple circle with an annulus and a centre. The whole circle represents the software of my being. In the same way as our computers have hardware and software, and the tangible hardware is not a lot of use without the intangible software, then we humans have our tangible bodies and our intangible software. I call that software 'my soul', with more reference to the Greek word 'psyche' than to any religious affiliation. Most clients seem comfortable with that usage.

I see the outer annulus as the cognitive interface between the inner emotional me and the world I need to deal with. It is this inner being which says I am happy or not happy, and which interests me as a counsellor. Counselling is about what clients feel and not so much about what they think. This reflects Rogers Propositions, particularly;²

- 1 'Every individual exists in a continually changing world of experience in which he is the centre.
- 2 The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, reality'.
- 4 The organism has one basic tendency and striving - to actualize, maintain and enhance the experiencing organism.'

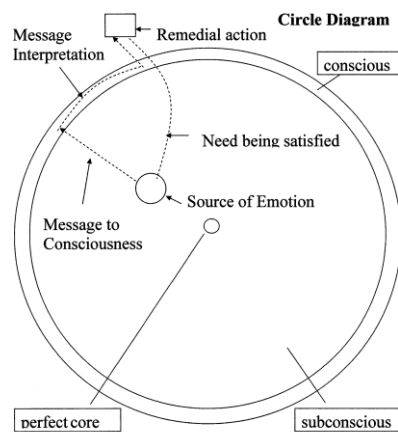


Figure 2
Maintaining
Emotional Balance

By using the term organism, Rogers does not restrict himself to the human species. Every living being has an internal self it needs to keep healthy and balanced to survive, and an external surface to interface with its environment in order to take what it needs and reject what it does not. We can see how this works physically. Rogers saw it working emotionally too. The Circle shows this interface and identifies it as the 'consciousness'. Fig 1. Thus, if our consciousness detects a feeling arising, it will try and identify that as some sort of a need to be satisfied in order to maintain its inner balance. That way it can restore happiness. The conscious mind might identify hunger. It will then use its conscious

sensor, cognitive and motor skills to satisfy that need. Where's the fridge? Make a sandwich. When the hunger is satisfied, the imbalance is redressed and we are happy again. The same applies to thirst and to tiredness. Where's my bed? But it gets a little more difficult when the emotion is sadness or anger. Fig 2.

Rogers expressed this process in a technical way;²

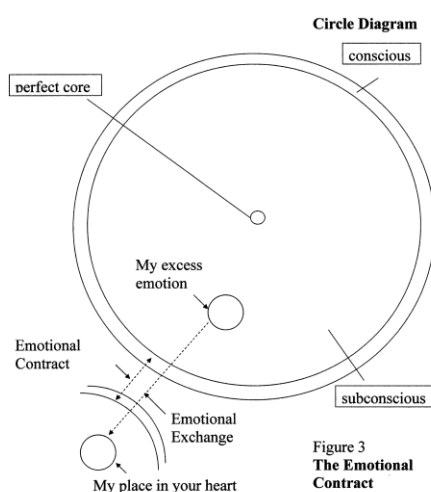


Figure 3
The Emotional
Contract

- 5 'Behaviour is basically the goal-directed attempt of the organism to satisfy its needs as experienced, in the field as perceived.
- 6 Emotion accompanies, and in general facilitates, such goal directed behaviour, the kind of emotion being related to the seeking, versus the consumatory aspects of the behaviour, and the intensity of the emotion being related to the perceived significance of the behaviour for the maintenance and enhancement of the organism.'

We all recognise that when we are upset, ie, we are no longer fully balanced, we may seek out someone to share that upset with. I depict that process by showing one person interacting with another emotionally. Fig 3.

As an example, I might have had a hard day at the office. I get home stressed and I want to tell my partner about it. I have a need to offload my emotions. So I might say 'You'll never guess what happened today'. That is my cognitive request to dump! If she is receptive, she might say 'what happened?' We have entered into an Emotional Contract. I now have permission to tap into her emotional space and will feel better for so doing. And because part of me is in her too, she needs me to be happy, so she too is augmented by this exchange. We both gain. Indeed, this goes to the heart of our profession. I love my job because I take pleasure in being a part of a process whereby people become happier. It's a win/win.

Alternatively, she might have her own issues and want emotional support from me first. So she may refuse me and I may choose to accept that. This is healthy human social behaviour which runs very deep in our psyche. It is this caring instinct which allows any species to live together. It is normal. Further, it is also normal for homo sapiens to feel for someone it does not know. We may do less for the man we see injured in the street than we would for a close relative, but some empathy will be there.

I delivered some sessions recently to a class of youngsters who were mourning a deceased classmate. Inside the Circle, I drew a number of smaller ones representing those people whose injury or death might affect them. Fig 4. Mum and Dad got large ones, siblings a little smaller. Friends and pets were less. We found out that it was not so much the other person's actual plight we were concerned about, but the content of them residing in our hearts. They would have their own issues we might be unaware of, but it was only how they affected us emotionally which mattered to us. So, in feeling empathic to them, we were actually protecting our composite self, which includes those we need and love. In the end, we are only interested in maintaining our own emotional balance, which, in a healthy person having others on board, means we will care for them as part of ourselves. We are actually being selfish, but are also being socially normal.

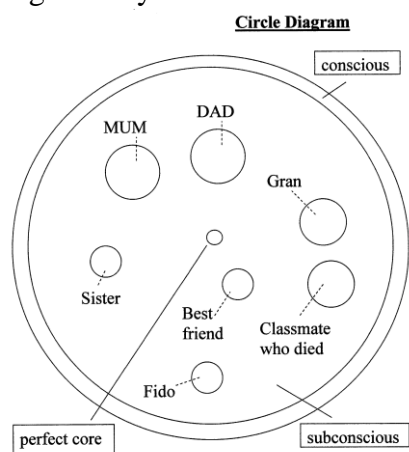


Figure 4 People in my heart

Regrettably, not everyone functions like this. I had the dreaded book reference from a client a while ago. They had some expectation that I would either know its content or would read it. This one I did read. I wrote to the author afterwards saying that **it had not only changed the way I look at my profession, it had changed the way I look at my life.** It was called 'Confessions of a Sociopath'.³ It very quickly answered questions about my own life and then about some selected clients. It revealed that some people can appear to function normally, but with so little empathy that they can actually impose suffering on others for their own entertainment. I

wanted to know more for myself and my clients alike. I found that the terms sociopath, psychopath and antisocial personality disorder all describe similar traits, but there was conflict in how they might be applied. Psychopathy first evolved in an attempt to understand serial killers whose savagery was extreme. However, it became apparent that very low empathy was not exclusive to prisoners, appearing sometimes

in very high places in society. That discovery invited the less, by then, pejorative term, Sociopathy. Neither made it to DSM as a category. DSM V describes 'Antisocial Personality Disorder' but does not identify empathy in its diagnostic features.⁴ **ICD 10 does better with the first trait of its Dissocial Personality Disorder being 'Callous unconcern for the feelings of others'.**⁵

Whilst the traits of these three pathologies differ a little, they are all characterised by an apparent empathy void. Because candidates of these pathologies will not care how much you get hurt, they are dangerous to be near. But even though they cannot feel what you feel, they are adept at reading your emotions and adapt their behaviour to get what they want from you. Worse still, you may not recognise that till it's too late. And it is the victim who appears in the counselling room, usually utterly confused that their spouse/child/ business partner/parent won't reason with them, questioning what they have done to deserve this. They may not appreciate that their aggressor might effectively have a void where they have other people in their souls. The sociopath's soul contains no other people.

It's worth noting that this empathy void can be seen in autistics too, but they tend not to read emotions well, so are not so dangerous in this way. I have seen sociopathy and Aspergers appearing in the same families.

My training taught me to stay with my clients' stories. That does not mean that I concur with their conclusions or actions, but I will be with their experiences as much as I can. When they describe outlandish behaviour in someone close to them, I start looking at some sociopathic characteristics. I am normally sceptical of DSM listings, most especially since reading 'Cracked', which takes a good hard look at the psychiatric profession and how the medical model has driven these diagnoses, despite its apparent failure to deliver consistent healing.⁶ So I was doubtful that any classification of personality could be useful. However, I am finding that when victims start to describe the behaviour of an aggressor, they sometimes come up with a cluster of recognisable features similar to those identified by Dr Hervey Cleckley as early as 1941. Hare also developed a checklist characterising some violent prisoners. He termed it psychothapy.⁷ It is similar to the Cleckley list below, which I prefer.⁸ 'Psychothapy' became pejorative for wider usages, and Sociopathy was coined. All the Cleckley features may not be displayed in a client's narrative, but **a consistent behaviour cluster evolving could well point to this pathology.**

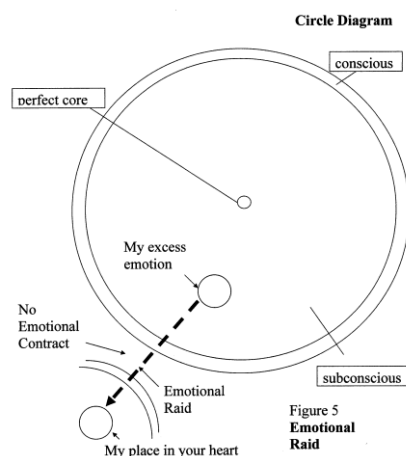
- 'Superficial charm and good intelligence
- Absence of delusions and other signs of irrational thinking
- Absence of nervousness or neurotic manifestations
- Unreliability
- Untruthfulness and insincerity
- Lack of remorse and shame
- Inadequately motivated antisocial behaviour
- Poor judgment and failure to learn by experience
- Pathologic egocentricity and incapacity for love
- General poverty in major affective reactions
- Specific loss of insight
- Unresponsiveness in general interpersonal relations
- Fantastic and uninviting behaviour with alcohol and sometimes without

Suicide threats rarely carried out
Sex life impersonal, trivial, and poorly integrated
Failure to follow any life plan'

In general, I am very cautious of diagnoses. They are only useful if there is a solution attached and there often isn't. Then they can simply serve to generate prejudice. My focus must be on my client and how they can come to enjoy their lives. So, if clients identify this pathology and consider its impact on them, they can start to defend themselves better.

The sociopath is unable to enter into the Emotional Contract because they cannot engage in a healthy empathy exchange. They are not equipped with the emotional tools the rest of us use to manage the stresses we are unable to process internally. But, like all of us, the sociopath still needs to dissipate their excess emotions – every day. I consistently learn from my clients that the candidate, for no apparent reason, will generate outlandish accusations against someone who is near enough to have a dependency on them, usually my client, and thereby, really upset them. They appear to know exactly which buttons to press. They have raided the other's emotional space without permission and have done damage. Once they wind the victim up to a level of stress, they then release their own pent up emotions, even though they may be entirely unconnected with the victim or the victim's actions. Fig 5. Transactional Analysis practitioners will recognise this process as 'rackets'. Most of us succumb to this from

time to time, but this is mainstream functioning for the sociopath.⁹



Unfortunately, this aggressive dumping is only good for the day. They will be back for another raid tomorrow, and the wreckage will continue, for as long as the victim allows it. Their actions carry an interesting characteristic flag. Because the candidate does not know empathy, they cannot learn about others' frames of reference, even if they have lived with them for many years. So the misdeeds they accuse their victims of are normally untypical of the victim. Rather, they replicate their own misdemeanours because they know of no

others. This **Mirror Blaming is a good indicator of the pathology.**

So what use is all this information to the victim? There is an insidious additional feature. Because they do not experience others' hurts, they will only stop when they have resolved their own issues. But the victim may not be able to help them. That lack of resolution ensures the attacks will simply increase in their intensity in an attempt to achieve it. **There seems to be no limit to the destruction.** This is the crucial message to the victim. Appeasement in vain hope will only prolong the agony for them. This is particularly savage when a long term relationship is broken. The candidate may have had the victim's support for many years, but their own actions could have destroyed the very relationship they really need. All was sweet when it all worked, but once the candidate sees they are losing their means of support, which was embodied in the victim, the attacks can become ruthless. The aggressor may stop at absolutely nothing in their pursuit of their emotional needs and desires.

Whilst the author of 'Confessions' tells me she is changing, the indications are that the pathology has both nature and nurture components, appearing in various degrees. The category of '**personality disorder**' which effectively defines the nature element **is, in practical terms, lifelong**. It is unlikely that anyone is going to change that in the candidate, least of all the victim.

The sociopath will only predate those who have a strong enough dependence on them to be vulnerable to them. They know that acquaintances will flee under this pressure, but they do have a role for them. They tend to be used as third party support and affirmation for the accusations they make of their victims, so that a body of opinion is generated in their shared community to support their fabricated accusations.

My experience is that when clients understand the way their oppressor is thinking, they improve dramatically. It might be siblings who have suffered all their lives from some delusion that they are in the wrong. They cannot understand why their relative does not respond to their reasonableness. The victims will have suffered all their lives, whether they are teenagers or pensioners. The same rules apply. It may be a spouse who has loyally worked hard to support their sociopathic partner all their lives, and it all goes wrong for no apparent reason. The revelation of typical mechanisms used by sociopaths allows the victims to stop trying to negotiate with them and batten down the hatches in order to enjoy the light of truth, maybe for the first time in their lives. They realise that not everyone is empathic like they are. But, until they come to recognise those who are not, they will be confused for as long as they are deluded, and that could be for a lifetime. If they continue to appease on the basis that the candidate can be reasoned with and will change, believing that somewhere in them there must be some empathy they can evince, then they will sustain massive damage over time.

Of course, all this comes with a serious warning note for counsellors. We cannot diagnose, not least because the candidate is rarely in the room. It is for the client to decide what his own landscape looks like. Nevertheless, I am surprised at the number of clients whose infirmity seems to be caused by such a candidate, either historically or currently. Proceed with great caution. This is a client decision.

And for those seeking validation of my understanding of this pathology; I grew up with it. And maybe you might know a sociopath too. Studies of prevalence are imprecise, not least because the candidates do not generally turn up for treatment as it's always someone else's fault. Indications are that they comprise around 1% of general western populations. So there may be one in every school year having a three class intake. And they will be the most vindictive bully.¹⁰

If the principle features are having no capacity to feel for anyone else, no matter how much they may be suffering, combined with an ability to lie, blame and manipulate without constraint to gain control of everything around them, then we can see how such people rise to high places in all walks of life. We don't have to look far for characters meeting these criteria. And as long as those who cannot help but to love, fail to appreciate a pathology in which someone else has no capacity for love, no matter how plausible they seem, then the lovers will continue to try to appease the

unloving, allowing them to damage their own lives and even destroy their worlds. My clients are often the victims. If I don't help them, I am failing them.

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It's God's Job to do The Ripples: Published in Thresholds Winter 2015

David Waite explores his approach to the spiritual elements of his counselling practice

In writing this article, I wanted to describe what I do in my practice and why I do it, but the 'why' bit has caught me out. I tried to answer that sort of logical question for my own life some years ago and the result was a 250,000 word book – which was never published. I learnt a lot then, but I only have 2,500 words here, so a different tack is required. Whilst I feel I know what I am doing in my practice, and indeed seem to be able to convey that to my clients, explaining in it writing to the panoply of readers I feel *Thresholds* appeals to, rather than face to face with an individual, is a greater challenge.

So I thought I would start with some words of wisdom from the rather remarkable prison chaplain I support on a voluntary basis. Rev Shawn is utterly dedicated to helping inmates transform themselves, and believes this is effectively done through an acceptance of the spiritual presence of Jesus in their lives. I have to agree with his approach, because I see it working. However, my role of counsellor, and indeed my seemingly eternal quest for a truth which can make universal sense, persuade me to look beyond the Christian domain for a model which works for everyone. Not everyone in the UK professes a Christian faith. Of those who do, I suspect many don't have what I would describe as a relationship with the person of Jesus, whoever and whatever they might think that is. And there were lots of people around before Jesus lived, so what could have worked for them?

Big questions already. So I will use Shawn's phrase to get me started. In referring to his chaplaincy work, he says, 'It's my job to throw the stone in the water. It's God's job to do the ripples.'

The God question

Like a lot of Shawn's sayings, this one keeps coming back to me with ever greater depth. But first, it begs an important theological question. Who or what is this God? There are plenty of people around who seem to know who and what God is, and they will be sure to tell me. An eminent Christian leader I know would frequently inform his followers that God had told him something. That seemed to rally them to his current cause. Whilst for the most part his missions were well intended, I had to disagree with some of his beliefs, and so wondered if we were communicating with the same God.

My own view is that we are all affected from time to time by impulses which drive us to actions which go beyond the obvious. And if those impulses are deep enough, they can even be life changing. I am sure we would all like to think they were good and wholesome, so God can then be on our side. However, we also need to entertain the idea that they may not always be. One of the more graphic illustrations of this desire to be right to the point of self conviction was related to me by a torture victim whose tormentors insisted to him that their actions were God's will. And I have no doubt that those extremists who are committing atrocities at this time also believe that their god is guiding their actions. Something mighty powerful is, that's for sure, but I think

most would agree that that driving power was not a good one. Some of us might attribute the word 'evil' to it.

Evil at work

Which brings me to another saying I have picked up: 'If you don't see evil coming towards you, you are probably travelling with it'. In other words, if we don't accept the existence of evil, we will be caught out by it, or even collude with it. That is more obvious inside a prison. It can be a little harder to detect outside. And that's how we have let our leading bankers create havoc with international finance and people's livelihoods all over the planet. It's how we let some who call themselves carers damage children's lives. We didn't see the evil. We didn't want to see the evil. In fact, we don't even want to think evil exists. Perhaps it is only when we sense a conscious connection to the 'good spirit', that we can face the evil one. It is only when we know we have a defence, that we can have the courage to look the enemy in the eye.

So I propose the existence of powers beyond our normal understanding and control which operate through us, producing both good and bad (evil) results. I like to use the word 'spiritual' to describe those powers. They seem to emanate from beyond our conscious realm and we don't seem to have a better word to describe their nature. And I see 'spiritual' as being a neutral concept, whereby both benevolent and malevolent spiritual powers exist.

A working model

At this point, it is good for me, particularly with my scientific background, to recognise that my conclusions here are simply best-fit models to make some sense of my personal experiences and my observations of other's experiences. They provide me with the tools I need to conduct my own life, as well as my working life. I invite others to challenge my models, but whilst this one makes more sense to me than the others I have considered, I will use it to frame my understanding of my world and consequently my decision making, for now at least. I need to be careful too, not to extrapolate my models into automatically absorbing similar or related ideas from other sources, be they religious, philosophical or even psychological.

Detailed analysis can explain some of the features of our brain processing, our motivations and our actions. However, modern neuroscience and indeed psychology still come nowhere near to providing models which are simple enough and practical enough for us counsellors to practise effectively on a daily basis, and indeed, for me to apply to my own life. I prefer the black box process. I observe what goes in and what comes out. I don't need to understand what is happening inside. When I see what works, I go with it.

So to return to Shawn's saying. He inherently accepts the existence of a power beyond the human, which he calls God, and it is implicit in his stance that this particular power is a good one. I can accept his God because the results support his premise. In this model, he sees himself as an agent for this benevolent power, or can we say in the context of the word spiritual, a benevolent spirit?

This aligns with my person-centred counselling training of allowing 'the process' to work. I am not there to fix my client, not least because I do not possess that ability. I am not even fixing myself that well, so I can be no expert on a client who has just

walked through the door. What I can do is to help create the conditions under which some benevolent power can heal his or her damage. I am throwing my stone into their waters, just as Thorne sees Rogers enabling many 'to discover that at the deepest centre... is the human spirit... open to the transcendent'.¹

I find a parallel in the world of physical healing. If I cut myself in an accident, the mechanism of healing is the body. If a nurse applies a bandage, she would be prepared to admit that she is not healing the damage; she is just creating the conditions for the body to apply its own healing. And that is a process of remarkable complexity, much of which is still beyond our understanding. In the same way, as a counsellor, I am helping create the conditions in which my client's psyche can apply its own healing. And that is every bit as powerful and amazing as the bodily healing.

This concept of being an agent of change helps me as a counsellor. Whilst we are all affected by how our clients are progressing, the belief that the healing is not 'in my own gift', enables me to dissociate myself from the responsibility of the outcome. That's not a cop out. It just reflects reality. All I can actually do is the best that I am able. Another counsellor may be able to help this client more, but for better or worse, it's me they have, and I will do what I can. I am always willing to learn, and that process will never end, but it helps no-one that I carry guilt for the failure to achieve an outcome which a third party might desire or expect.

This approach avoids those destructive emotions which can damage us and, consequently, our work with future clients. The converse is also true: we are not responsible for our clients' successes either. We can rejoice in them, and I do, but that is the working of this spiritual power too. All I did was help set the scene. **It is by accepting that the good outcomes are not really ours to claim, that we can also live with the not-so-good outcomes because they are not of our making either.**

A spiritual power

And when I accept that I am allowing a spiritual power to do the work, I can then think about getting out of the way. That does not necessarily imply a passive classical person-centred style, but it does mean I am conscious of the existence of this benevolent spirit and am ready to respond to its impulse, which may be quite subtle. That can often mean remembering to keep silent for a while. Something may be happening.

Whilst there are occasions when the depth of my emotion surprises me, I am not usually explicitly conscious of the presence of another power in the room. Some of my master's course colleagues also felt that way. But even at this lesser depth, I suspect my clients get some sense of presence too. They may attribute their feelings in the room to my abilities. One client did not. She was a Christian. She said that she felt the presence of Jesus in the session. Interestingly, religion had not been part of our discourse. I was quick to ensure we did not have an identity issue. We did not. But this reminded me emphatically that my role was one of an agent of a spiritual power rather than a practitioner making the changes. And it is that power which gives me the confidence to not only stay with my client in their tough moments, but to be optimistic about the outcome of the therapy, whatever shape that may take. I am not the architect. Something much smarter than me is at work.

I introduce these concepts very simply to my clients by saying at the outset that I am not there to fix them, but to help them find their own healing from within - their self actualisation. If they can sense some positive presence, whether they think it is from me or not, then that will give them the confidence to know that they are not relying on just their own thoughts any more — nor even mine. The possibility that this new power will start to resolve their issues gives them new hope and great comfort. Clients have commented on that confidence and how it makes them feel optimistic, maybe for the first time in a long time. Hope, I suggest, is an essential ingredient of any therapy.

My acquiescence to a spiritual power means that I can be witness to changes beyond my dreams – and often beyond the client's too. Instead of framing an outcome of finite dimensions, **I can be open to all possibilities because it is beyond my control.** There is no limit to what may happen. And I don't have to understand how it works either. I just rejoice in what I see and help the client consolidate their new condition. **The stone throwing is easy and comprehensible. The ripples are far more complex than my human understanding.** They can travel further and wider than my imagination.

It is such a delight for me when a client suddenly announces something significant. I am simply the witness to another little miracle. The fact that I can take the credit for at least allowing conducive conditions is secondary to the joy of being party to major changes. My reward is to be the vehicle of this life-giving and love-giving power and quite a lot washes off on me in the process. That is what keeps me doing it.

And there is even more to this acceptance of spiritual power. Whilst I am allowing it in my work, I feel protected from the emotional impacts the more extreme revelations might have if I were just on my own. Some of my clients have spent time homeless and addicted and their stories are truly horrific. I seem to be able to be with them through their stories and remain undisturbed afterwards. And if they have to retell them, that's OK too. I have never felt the need to offload session emotion onto anyone. If there is one thing which Carl Rogers has taught me, it's the transformative power of listening — and really being with the story. My spiritual friend empowers me to do this, time and time again.

Thus, the model reflected in Shawn's saying implies:

- The existence and active presence of a benevolent spiritual power.
- The existence and active presence of a malevolent spiritual power. That is why we counsellors have work to do.
- The means of change is beyond my power. I am only an instrument for a powerful spiritual entity. My job is to facilitate the conditions for its functioning.
- The above realisation enables me to be confident about progress.
- My confidence in this progress gives my client hope too – an essential therapeutic ingredient.
- My acceptance of this power enables me to work with my client on his or her issues without any human hierarchy.
- I need to allow change to happen and not get in the way too much.
- I accept successes and failures alike because all I am empowered to do is my best. The outcome is not mine to claim.

- I don't seem to be affected by clients' emotional unloading, probably because it's not me who is taking it.
- I feel I am the vehicle of a much greater power than myself. This is a greatly rewarding experience, but also one of great responsibility. Accordingly, this power is also my internal supervisor.

This is a model which works well for me, at least until I find a better one.

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The Sound of Silence: Published by Thresholds in Spring 2016

David Waite believes spirituality is essential to effective counselling, best accessed through simple meditation.

The sound of a tree falling

I was listening to one of Melvyn Bragg's 'History of Ideas' Radio 4 Series called 'How Can I Know Anything at All?', when I was struck by the philosophical struggle around the sound of a tree falling in an uninhabited forest in contrast to the scientific view which had no issues with it.¹ The philosophical proposal was that sound, or indeed anything, could only exist if it was in the consciousness of the human mind. Such views were based on revered predecessors, but seemed unable embrace a much simpler explanation.

The scientist regarded sound as a physical phenomenon independent of human existence. It was the perception of that sound which challenged the philosophical view, not the sound itself. And that would be the case for any animal or device capable of responding to the sound waves. The scientist just wanted to understand her sound problem and to use the information constructively. She was courageous enough to embrace whatever answer might transpire. She did not see humans as being uniquely privileged. Indeed, I fear the major contribution of our 'superior' species will be to ultimately destroy its own planet and all other creatures on it. We are just a small part of a much greater universe. In this light, the philosophical arguments conveyed nothing of practical value to me.

We have discovered a lot about our world since the times of the Greek sages, of Buddha, Confucius and indeed of more recent thinkers upon whom philosophy may base its arguments. I revel in those discoveries. We spend much of our lives seeking truth and we seem to get quite a lot wrong on that journey. The scientific method has a self awareness built into it to accept that the models we create of our world are only good until we find more accurate ones. So whilst it is wise to take cognisance of previous models, it is important to challenge them - all the time. That way we make progress. The scientist was doing that and her knowledge base would have included verifiable ideas from Pythagoras, Euclid, Newton, etc. The philosophical view in the debate had difficulties because it was restricting its knowledge resource.

In the same way as some philosophical views can carry knowledge limitations, so too do other belief systems, which of course includes our world religions. And those limitations invite unsubstantiated beliefs to fill our knowledge gaps. Their beliefs may fit the agendas of those who created them, but may not work well for the individual. If we find ourselves introjecting others' beliefs in an attempt to seek our happiness, our search may then become fraught with danger.

Put simply, **we seek our happiness in an infinitely complex world** which is sufficiently unpredictable to our finite minds that we need something to fill our information gap. We want to feel secure about our futures. Our religions tend to create belief systems for this. Some then proselytise others to create a belief pool which reinforces their particular brand for them. In contrast, the scientist fills the gaps with workable assumptions which he is both prepared to change and interested in improving on.

The logical process

My motivation here is not to suggest that the scientists are right and all others are wrong. Rather, it is to encourage **the pursuit of truth in a logical fashion in any area of life, and to have the humility to accept that we will get it wrong on the way**. We don't need degrees in astrophysics to do this. And the concept of valid workable information is particularly important in the counselling profession. I feel I must be dedicated to the pursuit of truth for my clients and I need to withhold my own untested beliefs. But that does not mean I cannot find reasonably reliable bases for understanding my clients. In this highly practical world of reaching out to help extraordinarily varied people, I want to be more like the problem-solving scientist than the mystified philosopher.

So what will these 'bases for understanding' look like? Rogers wrote his 'Theory of personality and behaviour' half a century ago ². He wished to convey his discoveries to a predominantly psychoanalytical audience and his technical language reflected that. But my clients need simpler and more current language. Interestingly, I find myself drawing on the wisdom of a more historic sage-Darwin.

If we can accept the mutation of any species, including our own, then we must accept its corollary; that the only necessary condition for an organism to exist now is that it can evolve into a shape in the current environment in which it can continue to nurture, protect and procreate itself. So the fact that we may be fascinated that creatures as bizarre as octopuses should even exist is merely an expression of our own conceptual limitations. This thinking can equally be applied to behaviour. If an environment can exist in which some groups of humans find that inflicting atrocities on innocent people to be desirable, then we should not be surprised if that happens. We fail to address it if we simply despair that their belief system does not fit ours. We merely display the paucity of our own framework. I see human beings as animals with built-in primal emotional drives striving to manage their drives in the world in which they find themselves.

However, we need to differentiate between the common animal drives and our own fill-in belief systems. The Fight-Flight Response, for instance, is a well recognised primal drive. On the other hand, we might believe in an image of family behaviour, but we should allow ourselves to be constantly challenged by the realities which can exist, and therefore probably do exist. A family need only be a group of people affiliated by birth, marriage, or co-residence. The love which many of us associate with the 'family' word may not be much present. Similarly, if genders other than the familiar male and female stereotypes can exist, they will, and that will be inconvenient, at the very least, for those who do not fit into society's predominant belief system. Again, if people can live their complete lives in misery, but the human race can continue, that will happen. The relentless drive to procreate will surpass most situations of hardship because otherwise, we would have died out. Babies were conceived within segregated Nazi concentration camps. It does not get much more challenging. And it is not difficult to combine the concepts of gender aberration and sex drive to arrive at some scenarios which appear less than savoury to the more conventional life views. We have to be open to all these possibilities.

Coming to terms with these elemental aspects of our world will help us understand what we, as humans, have to navigate on our life journeys, over which we have relatively little apparent control. We did not choose to come here. We did not choose our parents. For the greater part, our decisions, good and bad, are predicated by the belief systems which were delivered to us as children. Thus, we are born, we grow up, we may procreate, we get ill and we die. In the meantime, the primal animal in us will seek to satisfy its physical and emotional needs on a daily and hourly basis.

A purpose to our existence

On the cognitive and emotional levels therefore, there seems to be no purpose to our existences. There is no selfish or even selfless gene here. For all practical purposes, life just is. However, those who love as well as live know there is something else. We are aware of this individually, but we often struggle to talk about it rationally.

I recognise that **I live my life on three levels**; the cognitive, the emotional and the spiritual. Roughly speaking, this translates as; what I do; what I feel; what drives me. It is the spiritual component which addresses the ultimately important existential element. It resolves my fears and brings joy to my life. Otherwise I just exist. The ancient Greeks seem to have known this. We have used their language to describe our discipline of psychology. Unfortunately, we have forgotten that the word ‘psyche’ means ‘soul’ and have spent much of our time studying the cognitive mind instead. That is only a part of the whole person.

Our societies often have trouble accessing this spiritual dimension. Indeed, for the most part, we no longer even recognise its existence, never mind its imperative. I have come to realise that I not only need to recognise it, I have to feed it too. When I teach meditation, I ask my client if they have eaten today. When they have recovered from the apparent absurdity of the question, I point out that physical food is necessary to keep our bodies alive. And that is all. But what is the point in being alive if we are not happy. What, I ask, are they doing to make themselves happy? I respond to the blank stare by suggesting they take some spiritual food. What is that, they ask. I help them recall times when they felt at peace. Special times with a loved one. A day in beautiful countryside. They can see how this is spiritual food. It gives them peace. **It rejuvenates them and heals the soul.** I then suggest to them that these lovely times often depend on other people or on circumstances. They can be spasmodic in occurrence. If our physical food supply were like this, we would soon become ill. In the same way if our spiritual food supply were spasmodic, we might be unhappy much of the time. **Would it not therefore be good to ensure we have daily spiritual food along with our daily physical food?**

Many then relate that to prayer. They accept it might work, but associate it with religion and that often alienates them. Regrettably, religions have developed belief systems which are not very accessible for the uninitiated. So the very vehicles designed to convey spirituality, religions, can fail at the point of need.

For the most part, our various religions seem to have started out with best intentions. In the pursuit of happiness and peace of mind in their communities, they have developed beliefs which they have handed onto their children and anyone else interested. Unfortunately, some who have inherited these communal beliefs may start

their search for peace from a base which may not work so well for them as individuals.

I recall an old concept from the world's largest belief system, Christianity. It describes an external, all-knowing, all-loving and all-powerful God figure. This piece of faith unfortunately falls apart at the first catastrophe, because this God, which should be loving me right now, clearly isn't. I am abandoned at precisely the time I need my security most. This dependency is reminiscent of the total trust an infant has of its mother. But that only lasts until it meets a bigger world and discovers there are other carers who look a little different. At this point it starts reviewing the conditioning its parents have given it and begins reconfiguring its beliefs to match what it sees in its new and bigger world. It can do that successfully if it is allowed to discover its true self. It may find a place of inner peace to guide its decision making independently of external persuasions. However, if the child is conditioned to understand that its internal self is not a valid reference, it will start looking in the wrong places for its peace. It may never even get there. If such futile searching finds brief solace in activities which subsequently diminish him, then he may become addicted to them. Rogers is clear about the importance of an internal focus rather than an external one.²

Spiritual food.

The task, I see, is to **find spiritual food without a confusing religious wrapper**. The very simple form of meditation I teach is just this. It is not burdened by anyone's belief system. Neither is it incompatible with the major religions. It is used across the planet. Its pedigree seems to go back thousands of years. It is readily available. It is very easy to do. It is very easy to teach. Why then are we not all taking this wholesome spiritual food? Probably for similar reasons to why we don't all eat wholesome physical food. Perhaps, like our food, we become confused by the choices others would deliver to us. But it's always the right time to start doing something which is good for us. The primary type of meditation I teach is a breathing method. I have taught it successfully in less than ten minutes, although my normal process is rather longer. It is that simple. Regrettably, our western minds want to complicate the practice by being clever to the point where candidates treat it like an academic course, requiring effort and intellect. Not only are these features unnecessary, they are detrimental to this method. Having practiced this for over 30 years and having taught many clients, I am confident in saying the method is profoundly and, seemingly, universally effective. It is hard to overstate its impact. Love comes easily with this practice and I believe that that is what makes it so transformative.

There are many other practices offered as meditation, sometimes under the title of mindfulness. Some of these mutate it into a pseudo-intellectual exercise of trying to empty the mind or focus it on something, all of which defeats the whole objective, viz. to allow the soul to grow. Whilst there may be many effective teachers around, if I were to identify a single group across the country which could be relied upon to be offer the simple method I propose, it would be the Buddhists. In my experience they do not seem to attempt to proselytise, so those of other beliefs and no beliefs usually feel at ease at their centres. Whilst they normally teach a variety of methods, including guided meditations, I find the breathing meditation to be an ideal daily food for the active person. It can be done at home – or anywhere quiet. It is best done at the same time every day to maintain the habit, but will take variations to that. It can be

done with others but usually on one's own. The practice permeates one's life. I sometimes offer help with that aspect, but apart from that, this simple diet requires no further embellishment, practical or intellectual. It is entirely adequate of itself.

The basic practice involves simply attending to the breathing whenever we notice we are thinking. Part of this draws our evaluation of ourselves towards the centre of our being, where **we can find a great reservoir of hope, peace and power**. This mechanism goes to the heart of Roger's teaching.² In person-centred counselling, the client receives healing by experiencing their emotions with a counsellor in a safe place. In meditation, the client receives healing by experiencing their emotions with the much more powerful counsellor inside, one I would describe as their own soul. They can do that any time, not just once a week. And they make their own safe place.

It is worth noting that meditation practice is endorsed by the Christian faith in an international group called Centering Prayer which has similarities to my own practice.³ Whilst I find the 'prayer' word unhelpful, the concept of centring is accurate. I find that those of religious persuasion who adopt an effective meditative practise discover a new perspective on their faith.

I am of the opinion that if we all practiced this sort of meditation, our world would be a much happier place. It offers a grounding which would support counsellors for themselves, and thereby, their clients. I also believe **counsellors should be trained in teaching it**. The clients I have taught and been able to track onward have displayed significant improvements in their lives. My hardest job is to convince people of the remarkable power of this practice – until they have actually tried it. However, I am not confident that this simple meditation can be learnt any other way than through personal contact, so I advise seeking out a reliable teaching source.

I hope that readers are able to take advantage of this daily practice and learn to tune into the profound sound of silence which is always there to calm the storms of life.

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There's an Elephant in my Profession: Declined by Therapy Today July 2016.

David Waite identifies some shortfalls in the counselling profession and offers some pointers for change.

Introduction

I was just about to apply fingers to keyboard on the subject of counselling training when Therapy Today alerted me to the Adept study which found that **5% of psychological therapy clients experience 'lasting bad effects'**.¹ And what then, I wonder, is the percentage of 'ineffective therapy victims' who then decide that the talking process will never help them. They may have then walked away from a most valuable healing function, possibly for the rest of their blighted lives. Would we accept such abysmal performance from our GP practices, I ask?

Whilst we should all be deeply shocked by this revelation, many of us will not be. My experience, both in training and as a client, leads me to believe counsellors are inadequately guided on a grand scale. And nothing seemed to be being done about it – until BACP set up its training survey. Maybe we have a start.

'When I were a lad', I passed my driving test and then I really learnt how to drive. A little later, my wife finished teacher training college. Only then did she start to learn how to teach. The saying at the time was 'If you can't teach, teach teachers'. Such were the standards which prevailed then. We have now got a little smarter with written tests and P plates for drivers. And OFSTED, for all its sins, has insisted on professionalism for those in charge of our offspring. And it is truly important that we try hard to make ourselves safe from incompetent driving and that our children are cared for and taught properly. Regrettably, our counselling world does not seem to have followed suit yet.

What is Integrative Person Centred Counselling?

Most counsellors who have qualified in the person centred modality tell me they are integrative person centred. What does that mean? Most have not attended integrative diplomas. Nor have they all been on full blown CBT or TA courses to augment their practice. I believe they are just doing what any professional would do - their very best for their clients, and it no longer looks like what they were taught. Their interest in their subject means that they have learnt enough about other skills to use them competently, but also that they have brought their own life experiences and intelligence to bear on their clients' issues. And why would they not? But whatever our integrative person centred counsellors are doing, I suspect most would be rather concerned if they were told they were required to pass their diplomas again.

What is Classical Person Centred Counselling?

The mainstream taught practice to gain BACP member status seems to be classical person centred counselling. So what is that? I don't think Rogers defined it. I come from a world in which precise definitions are crucial to its functioning. That was a world of things. Now that my work is with people's happiness and often sanity, and I consider that to be far more important, definitions seem not so accessible. I suspect we actually know so little about what we are doing that we are unable to define it.

The main objective of my training seemed to be to give clients the impression that we were adhering to Rogers' three core conditions, and that with particular regards to listening. There seemed to be significant variations in how any tutor might display these 'skills', and we needed to mimic their style to get a pass. My view is that **those who need to be taught how to listen are in the wrong career to begin with.** Paradoxically, it is those very candidates who may very well achieve qualification because they find approval by simply copying their masters. In contrast, Mearns is clear that the 'depth of the counsellor's engagement...is essential'.²

Rogers' thinking captivated me a few years ago, so much so that I embarked on a major career change. He seemed to reflect my own life philosophy. I didn't have to learn it. I just wanted to get deeper into it to improve what I was doing. But what I found in Classical Person Centred Counselling was a pale imitation of his principles in which **there was no room for me to use my own intelligence and imagination.** There was a chasm between his philosophy and our practice. We now call our counselling Person Centred. He originally called it Client Centred. I wonder why the change; and I wonder who the Person is sometimes.

It became clear in my training that I was to know or use no psychology, nor much common sense, it seemed. I was to be passive, encouraging clients to tell us how they felt. And that indeed is the first and most essential part of what has become known as 'the process'. Rogers discovered that when clients were allowed to express themselves and tell their stories, their value systems were changed. I see this as the essence of his modality.³ A more current expression might describe this as healing taking place. And that was the great revelation to me, although not so much, I have to say, to my worldly wise wife who is uncluttered by counselling teaching! **If I express an idea to someone who understands what I am saying, my own thought structure changes.** Thus, if my life is impeded by a belief blockage, this process may reveal a route around it. No tutor ever explained it that way.

But there are some crucial points to note:

We have to actually do the understanding bit. **Clients will quickly see through the veneer of our so-called profession if we don't connect with them.** They will stay for a few sessions with a passive cardboard cut-out of a counsellor and then go. We have failed them, and maybe damaged them.

Occasionally that level is enough. But not usually. We need to be grounded ourselves within sessions. Kids do what parents do and not what they say. In the same way, if I am miserable or anxious, my client will wonder how effective this stuff is if that's the best it can do. So much better if they find someone confident, enthusiastic and caring. There are ways of getting grounded for this, but I was not taught any. It's as well I have my own.

We also need to understand the basics of how the human psyche functions. But psychology seemed to be a banned substance on my course, despite calling itself Counselling Psychology. Instead, I was mesmerised by a version of humanistic philosophy which inferred that everyone is right - a device which inevitably ascribes authority to the powerful. As a scientist, I know that is absurd. As a counsellor, I know that truth is very important to clients, so I need the basics of how the human animal works. I do appreciate that no-one has a monopoly on truth. We are all trying to get there and we all get it wrong on the way. I demonstrate that philosophy when I

allow my clients the facility to express their view of truth and stay with them in that. I am not necessarily accepting it for myself.

Does our training work?

My application for the Diploma course required a session recording. My client was a Certificate colleague who was having problems at work. We found issues in her life which seemed to make her vulnerable to criticism and that enabled her to challenge her boss. When she came in the next week, she thanked me profusely for the support I had given. Not bad for 20 mins work, I thought. That should impress! It didn't. The university rejected me. I was told that no matter how effective my counselling was, unless I did it their way, I would fail. It appeared that the objective of the counselling course was not to produce competent counsellors but to maintain an existing teaching regime which would earn student revenue while not upsetting the stakeholders. I think **we have watered Rogers' down so much that our counselling, as taught, is unrelated to effectiveness?**

I have met some counsellors who have persisted in their taught Classical Person Centred Counselling. Some time ago I had waited for over a year for counselling through my GP. It failed. She had virtually no presence in the room for me. After 5 sessions, she seemed to know nothing at all about me, so we did not do the 6th. I wonder whether she had been told, as I had on my course, not to work too hard. Regrettably, my experience with other counsellors was not much better and I felt that my own self reflection and journal were as good as it was going to get.

I have heard many criticisms of Person Centred Counselling and I empathise with those who remain suffering as a result of becoming disillusioned with the practice. The damage the 'cardboard cut outs' do is to alienate sick people from the one process which can really change their lives. Clients complain to me about poor counselling they have previously had. And friends too. I tell them it works, but pick your counsellor. How, they say! As an advocate of Person Centred Counselling, it disturbs me that Mulhauser can show that 'While no one type of therapy stands out in terms of overall effectiveness,... individual counsellors clearly do'.⁴ If there is that much variation, how can any training claim it works. And how can BACP then endorse it? Can this be changed, I ask?

My foray into psychodynamic therapy was no more successful. The therapist seemed to be addressing someone I did not recognise. Completely the antithesis of Rogers' teaching. The real me walked.

Have we forgotten Rogers?

My diploma group was treated to one of Rogers' staged therapy sessions and asked to score it out of 10. If I thought it was disingenuous to treat the founder of our profession this way, I was not prepared for the result. No-one gave him 10. One group gave him 3. As if I needed to be reminded, the practice we were being taught had strayed well away from the theory and, to my mind, had lost its soul in the process.

This conclusion was highly relevant to me. I needed this qualification to function in my new found vocation. I had developed my own practice through a mentoring route, and it was effective. It felt like Rogers, but it did not look like this Classical Person Centred Counselling. So I found myself having to display what I could glean of the

method I thought they were teaching whilst, in my on-going practice, deliver something different in order to be effective and indeed, ethical, for my existing clients, many of whom were addicts.

Our responsibilities

Naturally, I talked about my disillusionments with the other trainees I met during placements period. I was not alone - not by a long way. There seems to be **a great malaise over counselling training** in reference to both study institutions and to supervision. And the consequences are massive.

In embarking on this profession, **we take on an enormous responsibility**. Ex-Deputy Prime Minister, Nick Clegg, has proposed that 'Mental illness treatment must be on a level with physical health.'⁵ The Office for National Statistics Psychiatric Morbidity reports 'that in any one year, 1 in 4 British adults experience at least one mental disorder'.⁶ That means that 17 million Brits would benefit from treatment. We are failing most of them.

And if we are not managing our life's journey well, we are more likely to pitch up at our GPs with, not only mental health issues, but physical health ones too. Typically, the NHS recognises possible causes of Chronic Fatigue Syndrome include 'stress and emotional trauma'.⁷ Fibromyalgia can confine its victims to wheelchairs but Arthritis Research UK notes that 'The pain doesn't have a physical cause'.⁸ We know that much addiction is mentally sourced and, by definition, has health consequences. I believe the psychosomatic cause-effect relationship is far greater than the research shows. The Health Foundation reports that 'Mental health problems are the leading cause of sickness absence in the UK,'⁹ If we were able to help our mentally ill population well, then repeat GP visits might reduce to manageable levels. On a personal level, I am acutely aware of the pain my clients are experiencing and of my responsibility to be diligent in my work with them. They will always get the best I can offer, and that cannot be restricted to Classical Person Centred Counselling.

Within and outside of institutions, we as counsellors have elected to take responsibility for a significant portion of the health needs of our country because we tell people we are in that business and they can rightly expect us to help them. My experience says that our failure rate is far too high, and that can be attributed to inadequate and misdirected training which includes both supervision and supervision training. Closely connected with that is the criteria for entry into the profession both as a counsellor and as a trainer.

There are only two generally accepted answers on offer to mental illness; medication and talking therapies. That's the bad news, I tell my clients! The good news is that (good) talking therapy works. Rogers told us about it.

Talking therapies are utilised in all spheres of mental health. Whilst medication may very well be essential in the long term for deep mental illness like psychoses, for the less serious conditions to which most counsellors are exposed, medication might best be considered as a temporary support while talking therapy is doing its work. I suggest that we can only declare ourselves fully recovered when we no longer need our medication. So **talking therapy is key to effective mental health treatment**.

But the NHS is questioning the effectiveness of counselling as currently practiced. My GP daughter reported a lecturer claiming that the figures indicated that there was no point in talking therapies because the patients simply ended up back in the surgery for more medication. Something is seriously wrong here.

We need to think hard about the efficacy of our profession as a whole. In terms of the responsibility we have taken on for the sometimes terrible pain and anguish which we purport to resolve but fail in so often, we seem to be breaching our own ethics. I have found a mindset which accepts failure as the norm. We must act.

My methods

Rather than performing a set of rote rules to our clients, should we not focus on what is going on underneath? The vast majority of my clients speak of anxiety of some sort. Anxiety is sourced in fear. When I ask them if they would like to find some peace in their lives, virtually all say they do. My work overtly aims to help them find their peace, but this was never mentioned in my training.

I recognise that I work at three distinct levels; the cognitive, the emotional and the spiritual. In the cognitive, I help my client understand their situation and how they are managing that. In the emotional, I help them find their dark woods and offer to go there with them when they are ready. That way they might discover that they are not as dark as they had seemed before. Their memories are being healed of the pain.

The spiritual is the most interesting of all. In 'Circle Diagram', I proposed that the vast majority of who we are is beyond our mental capacity to understand.¹⁰ It is therefore highly arrogant of me to pretend that I can know my client's deepest issues when I am not able to fathom my own fully. Friedman describes the healing process at this level well: 'Similar to how our physical wounds heal under beneficial conditions, **the psyche also has an instinctual wisdom** that emerges when left free to operate naturally in a protected environment.'¹¹ So we just have to help our clients tap into their 'instinctual wisdom'. That is the process Rogers talked about in his Proposition IV. He quoted Horney: 'the ultimate driving force is the person's unrelenting will to come to grips with himself.'¹² We don't excite this force by pretending to empathise whilst keeping one eye on the clock. We need to genuinely and optimistically support our client in discovering that healing power within which will relieve them of their suffering.

In deference to the confusion over definitions, I generally use the word spiritual to describe such instinctual forces which operate beyond our understanding. Altruistic love is such a force. I describe that aspect of my work in 'It's God's Job to do the Ripples'.¹³ Spirituality is most manifest in the surprises, such as when the addict tells me out of the blue that 'I can't be bothered with that stuff any more'. For me, this is miracle country. It is the joy of my job. In his later life, Rogers felt he had 'underestimated the spiritual dimension of...therapy'.¹⁴ It's time to pick up his prompt.

My conclusions

- The extent of mental illness is comparable to physical illness.
- Counsellors profess to help those with mental issues.
- Talking therapies are key to mental healing.

- We should be trained well to help the sick person in front of us.
- Our profession should ensure good training to meet that macro challenge.
- Counselling and supervision training has often boiled Rogers' practice down to a mechanistically evaluated process, possibly driven by parent psychology departments and/or NHS expectations.
- Taught practice is so inadequate that practitioners develop their own methods.
- The basic taught practice alone will often disappoint or damage many of our clients.
- Poor students may be passing the mimic test and good candidates may be rejected for using their imaginations.
- Many of us know about this elephant in the room, but are afraid to talk about it. So if I don't speak up, who will?
- I see a moral imperative to radically rethink talking therapy in both candidate selection and training. Are we up for this challenge?

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More understanding about what works and why.

Declined by Therapy Today August 2017

David Waite considers the value of research in the room rather than on the campus.

I always like to help students if I can. I can remember my journey clearly, and want to ease it for others if I can. Accordingly, I volunteered to participate in some modest research recently. The question was ‘how are you affected in session when your client raises an issue which has impacted you personally?’ The allowed interview time was 30 minutes- nowhere enough time for me to elucidate this one, I thought! But there was a subplot I had not bargained for. I was to answer this in the context of the Core Conditions. What a struggle! At the end of the session I informed the researcher that I had had a lot to contribute, but the constraints had prevented me from saying anything of significance. I hope she passed her assignment but I felt she was none the wiser, and nor was I.

Some thirty years after Rogers’ death I am not convinced our training has progressed much beyond the basics of his teaching, and the results appear to evidence that. A BMC Psychiatry study suggests that what passed for counselling in their study indicated that around half the time, clients go away empty handed to deal with their suffering on their own¹. I suspect this is not a true picture of the profession, not least because the study seemed to use a medical model, but it implies poor performance which cannot be ignored. Clients subjected to this may become convinced that talking therapies are not for them when, in actual fact, good talking therapy is almost certainly the route to relief. I can’t think of any area of business where I would accept such a poor success level.

The scientific method for research

No doubt with a view to resolving this, Sarah Gingell ‘urges’ us ‘to open minds...to the evidence of research’ and favours the scientific method based on empirical evidence². I applaud that. I am scientific by training. And we need to be rigorous in our learning.

I recognise the enormous responsibility I take when I accept any client. A doctor in A&E will often be faced with life and death situations. What can be more onerous than that? Well, I take an interesting view of life. What is the point of it if it is so miserable that I just want to be dead? Physical pain can often be manageable, but mental anguish can not only make life pointless, but unbearable. Death would be a welcome guest, if only we could get there. Indeed, the debate on euthanasia rages for this very reason. Because **I regard quality of life more important than life itself**, I regard my work more onerous than the A&E doctor. Because of that, I am always searching for a better way to support each and every client.

So, as I emerged from training, I wanted to take an interest in research which might enhance my expertise. I tried reading BACP’s research journal. It was posted out to members at the time. The topics seemed somewhat esoteric in comparison to the relatively simplistic delivery of my classical person centred counselling training. I felt inadequate, challenged by the language used and the onerous presentation; until I found my feet in my work. Then I found **no-one was talking about this or that research**. Sarah is right. We just don’t read it. And it’s no good telling busy practitioners that they should. Apart from that not being very person centred, if the

published research were useful to practitioners, then they would probably be reading it. So, in general, it's not.

Whilst I am capable of delving into challenging literature if need be, I have to measure the payback when my first priority must be how I can enhance my work for my clients. **I need something simple straightforward and directly applicable** to my clients. I do sometimes get that from literature, but not from the classical research I see coming from our profession.

For the most part, **research studies appear niche** and not directly useful to my own work, varied as it is. Their style reflects the medical model in format and in approach. More important, it generally presumes there is a set of sound proven technical procedures in place for this or that condition and the research is adjusting and enlightening that. But, unlike our medical brethren, we haven't got the basics right yet. That is apparent when we find that therapy effectiveness more dependent the individual therapist than on their training.³ This does not flatter the training process. We need to attend to that first. We are trying to refine a method for which we have not yet built sound foundations. As an integrative person centred counsellor, I am more interested in what happens with my clients than with categories of malady.

Then I recalled my own research. I was the only student in a very big cohort to have arrived knowing what I wanted to study. The topic was my passion, and still is. Despite initially getting clearance to proceed, the college was unable to support me, so I found myself doing something quite different, albeit with the same topic. Then my placement was incapable of supporting that, so that again failed. My third and thankfully final attempt was driven more by the need to get my qualification than to investigate anything in depth. I wonder how much other research is conducted with the authors' needs in mind rather than for the benefit of the whole profession.

For the purposes of this article, I chose to spot test my premise that published research has limited use for me. I dropped upon a thesis on therapy for refugees, which forms part of my practice portfolio.⁴ I found some interesting nuggets amongst the highly technical language, but I am none the wiser for my own work after an hour of effort. I concluded that the study might inform stakeholders rather than therapists.

If the whole tenet of any of the research is one of building on an existing sound structure to enhance performance, we have not properly recognised the gulf between current regular counselling performance and the embellishments being considered in research. And Sarah identifies this in her reference to Lilienfield who describes himself as a sceptical psychologist. He opines; **'we in psychology almost always seem to be a few decades behind our colleagues in medicine...'** The state of mental health care is in a shambles... Evidence-based practice is a concept, imported into psychology from medicine...⁵

Lilienfield is American, but I find it hard to deny his views for UK, especially for CYP provision.

The medical model and Person Centred Counselling.

Counsellors seem to be **accepting the medical approach to research which prefers a diagnosis leading to a particular treatment** which it then can then trial. This runs

contrary to the concepts of Person Centred Counselling. Catherine Jackson has rightly expressed frustration at the inappropriate way NICE is evaluating counselling.³

The medical model sees the world in a cognitive way. It observes a behaviour which it feels it can label, and believing that a particular 'intervention' will cure it, applies it and then trials it. Unlike the human body in which the liver or knee or heart can be identified as the cause of a problem and treatments identified, depression, anxiety, trauma, panic attacks and the rest do not lend themselves to specific focussed treatment. This is what Rogers was telling us a lifetime ago, when he challenged the psychoanalytical approach. Despite the repetition of the core conditions ad nauseum, some still have not got his message.

Rogers called it Person Centred Counselling for a reason. It was not diagnostically driven. So why do we have counselling for trauma, for depression, for bereavement or for anything else? Do we think we can train counsellors exclusively for one or the other condition in the same way we might specialise in paediatrics or gynaecology? Do we switch 'expert' counsellors as different features arise with a single client? Rogers' big clues were in the words 'person' as opposed to 'condition' and 'centred' as opposed to 'behavioural'. **Person centred counsellors are not working cognitively from the outside in, as the medics are.** We are working emotionally from the inside out. We address the person and not the condition.

A better measure

So how do we measure anything now? Well, we have it already. CORE offers a set of parameters against which clients score themselves at the beginning and at the end of therapy - and preferably in the middle too. It recognises that the medically segregated conditions are not viable and asks a broad spectrum of questions, seeking an overall answer to give a general severity of emotional malaise. It is subjective for the client, so comparing one to another is not an accurate exercise. However, mostly, but not always, **a ratio of in to out scores will provide an indication of the client's perception of their own improvement.** And that is all we need. Client in: miserable. Client out: happy. Job done! Then we also get a measure of the improvement for our records. We must not try and be objective, because all that matters is how clients feel about themselves. Counsellor opinion is not really relevant. The reported ratio is as much as we want and much as we need to assess effectiveness. That is the research we require.

The centre I do most of my work for does just this. It collects Core data to support its funding bids. We can all do this. If the results coming out of our profession demonstrate a high level of success, we can dictate assessment methods to the stakeholders. If we cannot, we need to change the way we work, starting with our training.

My continuing connections with a large counselling centre yields some good guidance from time to time. My training from basic AI work to couples, CYPs and families has augmented my knowledge. But it has done so in an unexpected way.

I found my certificate and diploma training very constraining. I had previously found myself drifting into counselling in what I now realise was a very challenging environment. I felt that I ought to inject some professionalism into my work, for the

sake of my clients, if not for me. However, I soon became frustrated in the training with the severe limitations the courses placed on my existing *modus operandi*. So it was a relief to become qualified and use the skills I had previously developed for myself. I did not find the same level of constraint in my additional training. I could easily incorporate what I was learning with what I have developed myself. My clients were my primary source of learning, and still are.

I discovered that my couples' work enhanced my AI work. I also found my family work enhanced my CYP work. The combination of a less restricted training forum and the need to perform in the counselling room became the mother of invention for me. What information and tools could I muster from my life experience which could help my suffering clients? I was on a sharp learning curve. Indeed, I am still on that learning curve, and it is my intention that I remain on it too, albeit not quite so steep now. I am doing my own research on the hoof.

Research in the counselling room

One of the very few classical phrases I use is 'does that make sense?', following my interpretation of a statement a client has made. I am constantly trying to formulate their emotional landscape so I can be with them on their journey. I am performing the scientific method: I have an idea. Does it make sense to me? Is it true? Is this client verifying this for themselves? Can I create a model which would make sense to others? I might then identify a similar scenario with another client and feel it appropriate to discover if they could use my model too. If so, that may further spur me on to think about other clients. I have now become interested in this topic, and find some literature. What has my supervisor to offer? Is there further depth in this? Can I write down a formula to explain it to others? That process may either demolish my ideas or enhance them. For my clients' sake, I have to be open to both possibilities. If my ideas are confirmed, then I feel more emboldened to offer them to further clients. If I find my model helps any client in this situation, I have travelled from hypothesis through trial to a paradigm I can offer universally, albeit always being open to accept it may be corrected at any time. The person centred approach insists that the counselling is the client's domain, so I encourage clients to challenge any idea I might offer. That inherently makes it safe to propose my models as possible paradigms for them to use or reject. **I have just conducted the scientific method in my own counselling room.** And I suspect that that is what other counsellors are doing too, but it is not getting fed back into the training.

So I find myself ignoring the medical model research, which by nature tends to look at the condition and not the person, and directing my efforts to my clients in the best way that I can. I have my own invaluable research data available to me in every session I hold. Not many professions offer 100% CPD for every hour worked.

And as I write this article, I see that I am using this journal as a means of offering my ideas to other counsellors who might also find my approach useful and do their own research. Far more will read this than if I had conducted an onerous thesis to somehow be seen to prove a hypothesis, written in a technical language to appeal to those intellectuals in the cognitive learning establishments (universities) in which much of our training now resides. As counsellors, we are concerned with emotional environments for the client in the room and need to develop our own methods of improving our practice. That is what formal research should be doing, but apparently

is not. Sarah is right when she encourages us to use first hand observation to collect evidence for use with other clients. We now need to share that in the forums of our journals and conferences. **We just need to be courageous enough to break away from the taught stereotype** and be open to innovation and novelty.

I offer a few texts which have influenced my practice.^{6, 7, 8, 9}

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