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Association of Christian Counsellors and Pastoral Care UK Autumn 2019

Mental Health: an alternative approach

By Les Johns

I have long had an interest in matters relating to mental health: firstly from 20 years in the Probation Service; then several years as a psychiatric patient (including two brief spells as an inpatient) and finally nearly 20 years as a counsellor. Somehow I have never been completely at ease with the medicalisation of mental distress but without being able to put my disquiet into words. Then I read an article by Professor Stephen Joseph of Nottingham University, in which he says,
'The medical model is taken for granted and other ways of thinking rarely are acknowledged. We consequently believe there are specific disorders (DSM-V) requiring specific treatments.' He suggests that mental illness is only a metaphor explaining particular behaviours: not a fact, and goes on to espouse the view that person-centred counselling is not just for 'the worried well' – it is just as relevant for severe mental distress.
[However, I do find medical terms a helpful shorthand and unavoidable. Thus I will continue to use them, without the clumsy use of inverted commas.]
Professor Joseph's article had given me the words I was looking for. Person-centred counselling is about growth not cure. As the actualising tendency does its business, then the client grows, and distress is ameliorated.

Finally, in terms of an introduction, I have no desire to suggest that this way of looking at things (distress not illness) is limited to the person-

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centred approach. I note that Steffi Bednarek, who describes herself as a Gestalt psychotherapist, holds similar views. If I had to label it, I would use the word 'humanistic'.

Post-Traumatic Stress
As an example of growth not cure, I would like to have a look at post-traumatic stress. There are people, of whom I am one, who would say that such things as avoidance, heightened arousal, etc,. are a normal, even healthy response to intolerable trauma and not at all a disorder. If we take that path we can talk about post-traumatic growth rather than disorder. Human beings can emerge from severe stress as stronger, better people. Such growth will be manifested in expelled introjections; a shift in priorities and values with a greater appreciation of life; deepened relationships and greater emotional strength. How does that sound to you? Using myself as an example, I do believe I am a stronger person following my severe depressive episode (the psychiatrist's diagnosis), and I do remember a friend saying, 'You are more human since your breakdown.'

If we see post-traumatic stress as a disorder then the best we can hope for is a recovery, for a return to how we were, whereas I would prefer to hope for growth. It is with this aim that I approach my work with clients presenting with PTSD.

A Cry for Help
I think too of a client described as schizophrenic. He told me how, on one occasion, when he was in hospital, he thought he was in Auschwitz waiting for the guards to march him off to the gas chamber. How much was his delusion a result of a chemical imbalance in the brain, and how much was it his way of dealing with an even greater, internal fear that was too horrendous to face head-on? He did tell me he has a vague recollection of one day, on his way home from school, being invited into the home of a man he did not know. Seemingly, he has no memory of what happened inside. Is there a link between what happened inside that house and his delusion? Was the fear attached to the memory too great to face head-on and so he had to invent an alternative, more manageable fearful reality in order to symbolise it?

Whatever the cause, I consider his delusion to be a cry for help – a desire to be understood and to understand himself.

Causes of Mental Health Difficulties
Research, according to Kirshen Rundle, regarding a biological cause (neurotransmitters/hormones etc.) of mental health difficulties is inconsistent. Some research backs it up, while other research does not. Medication can undoubtedly be helpful, but it might be that it treats the symptoms rather than the cause. Also, confirmed by my personal experience and with clients, the effectiveness of medication is often exaggerated, and the severity of its side-effects is downplayed.

Rundle examines research regarding other possible causes and concludes that nothing supports the idea that mental health difficulties are the result of illness. Research does, she concludes, support the idea that a huge proportion of mental health difficulties are caused by environmental factors. Her question is not 'What's wrong with you?' but 'What's happened to you?'.

What did Carl Rogers say?
Carl Rogers aficionados will know that he worked in a psychiatric setting in Wisconsin for some time. He freely admits it was not a great success but puts the lack of success down to the staff's inability to see eye to eye, and blames himself for not being sufficiently involved with what was going on.

Nonetheless, he remained convinced that the evidence continues to support his belief that person -centred counselling can be beneficial in such settings, retaining confidence in his six 'necessary and *sufficient'* (my italics) conditions.

He says, 'The therapist must lay aside his *(sic)* preoccupation with diagnosis and his diagnostic shrewdness, must discard his tendency to make professional evaluations, must cease his endeavours to formulate an accurate prognosis, must give up the temptation to subtly guide the individual …
… and must concentrate on one purpose only: that of providing deep understanding and acceptance of the attitudes consciously held at this moment by the client as he explores step by step into the dangerous areas which he has been denying from consciousness.'

And more specifically, with regard to schizophrenia,
'What does the word schizophrenic mean to me? To the extent that it has any definite meaning at all, it means that here is a person who is highly sensitive to his own inner experience and also to interpersonal relationships with others (sensitive to

incongruence in counsellor), who has been so defeated and traumatised in endeavouring to make use of his sensitivities that he has retreated both from his own experiencing and from any real contact with others.'

He goes on,
'I try to remain open-minded to the possibility that there may be specific genetic, chemical, or nutritional factors which may bear some causative relationship to the behaviour that is called schizophrenic. But thus far I have seen no evidence that would convince me.'

[Personally, I don't find long quotes easy to absorb. If you are like me, then I would suggest that these quotes are worth the effort of a slow perusal, savouring the content.]

Difficult Process
The person-centred world owes a debt of gratitude to Margaret Warner (well, I'm grateful anyway) for her introduction of the concept of 'difficult process'. I believe it supplies a link with the medical world. Her view is that some clients' way of being (their process) is difficult and it is not them as a person who is difficult. How is there a link?

As an example let's consider her term 'fragile process'. A person who possesses a fragile process has difficulty making sense of their experience and easily shuts down or becomes totally chaotic (some readers will be familiar with the term 'window of tolerance'). Their way of making sense of, and dealing with what is happening to them breaks down easily and is, therefore, 'fragile'. I suspect a psychiatrist might decide they have a borderline personality disorder/emotionally unstable personality disorder.

I am sure we have all had clients who are all over the place and we might describe them as chaotic. Many of us at best find working with them demanding and at worst might decide they are not suitable for counselling. Rather than judging them as difficult people, we can think of how their way of processing information is difficult to work with and thereby retain unconditional positive regard: they are human beings in distress.
There are other links:

Ego-syntonic process (person-centred) is closely aligned with narcissistic personality disorder (medical).

What about neurotic process (person-centred)? I am prone to brief bouts of anxiety without an apparent cause. Would they, if they were more intense, longer lasting and frequent, result in my being diagnosed with generalised anxiety disorder (medical)?

Then there's autistic spectrum disorder (medical). I believe autistic process (person-centred), which we all possess to a greater or lesser extent, is a more helpful way of looking at it.

However, the purpose of identifying the nature of the client's processing is very different from the medical way of looking at things: the purpose is not in order to diagnose and treat but to provide greater empathic understanding. It is not a matter of what is wrong with the client, but rather a matter of learning to provide empathy with the individual who is likely to have experienced life in such a way as to lead to this difficult process. Similarly, we can ask the question, 'What is it like for the client to live life in this way?' In person-centred terms their conditions of worth (or as one client said to me, his conditions of survival) are likely to be powerful and confused.

So what?
Some readers might be thinking at this point, 'So what? If I agree with you, what do I do about it?'. Please bear with me while I meander off into a reverie.

Sometimes I am asked, 'What do you do, when you work with …?'. The dots can be replaced with anything relevant. It might be eating disorders, clients who talk too much (or don't talk at all), ocd, clients who are irregular in attendance, clients who are angry with you or clients whose process is difficult, etc. My answer is always the same. 'I seek to provide empathy, unconditional positive regard and congruence.' To me, these core conditions are 'love in action'. I sometimes give talks on 'the healing power of love', using the core conditions in order to explain the nature of unconditional love. Thus the answer to the question can also be put as 'I seek to love my clients unconditionally' (albeit sometimes with limited success!). Rogers' term would be 'unconditional warmth'.

Of course, the only perfect love available to us is in God: our loving heavenly Father and our Lord Jesus Christ, His Son, mediated through the Holy Spirit. I have been a Christian for approaching

sixty years and through these years I have been blessed with a few (but only a few) visions. On one such occasion, early in my counselling career, I was present at something akin to the feeding of the 5,000. Jesus was on a small hill addressing a large crowd before him, and I was behind with the disciples. He turned round and beckoned me to his side. Putting his arm around me and with a sweeping gesture encompassing the crowd, he said, 'Les, I want you to show my love to the people.' What a commission for all of us!

Where do we go from there? I do believe that the actualising tendency is real (and God given): clients are self-healing as long as I am able to show them unconditional love, by way of the core conditions. Having said that, I remember another of my favourite Brian Thorne quotes:

'The core conditions of congruence, acceptance and empathy are simple to state, much more difficult to describe and infinitely challenging to practise'.

(I suggest that if you don't agree with that statement then you don't really understand the core conditions!)

The client's ability to grow in the counselling relationship is limited by my ability to provide the core conditions. Clients whose process is difficult do pose a particular problem for me in this regard and, I suspect, for others.

Nevertheless, therein lies the answer to 'So what?'.

Therapy Today May 2017 'Rethinking Human Suffering'
Therapy Today June 19 'Climate Change Anxiety'
Person-Centred Therapy and Mental Health *Ed Stephen Joseph*
Cited in 'Person-Centred Counselling in Action' *Mearns and Thorne (and many other places!)*
'Counselling and Spiritual Accompaniment' *Brian Thorne*
Carl Rogers' *Brian Thorne*

About the author

Les Johns qualified as a social worker in 1975 and spent 20 years in the Probation Service before taking early retirement. He has worked for 19 years as a counsellor with a number of counselling agencies in South-East Essex and in private practice. He also practises as a supervisor. He tutored counselling training courses for a number of years and now leads
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