



Chapter 2


POLITICS AND THERAPY: MAPPING AREAS FOR CONSIDERATION

PETE SANDERS

Whenever the issues of politics and therapy come up, they bring with them a myriad of possibilities, from the debates concerning regulation and professionalization through to the advantages of including a psychotherapeutic perspective in all government committees. Yet these possibilities are rarely considered, discussed or elaborated in public amongst person-centred practitioners. This short chapter is an attempt to map out the possible intersections between politics and therapy to help locate debates and issues in the readers' wider experiences in the field of therapy and the helping professions. Although this book specifically addresses the intersections between the person-centred *approach* and politics, this chapter concerns itself with a slightly different set of intersections, namely between *therapy* in general and politics.

It is possible, and indeed necessary, to trace and debate the logical and historical trajectories of the areas for consideration on the metaphorical map, but there is not sufficient space to do that here. Instead, I intend to present these areas for consideration *naïvely*, and invite the reader to debate the issues, contents and boundaries of each area, in detail, themselves. This is a deliberate strategy, since engaging in the debate to develop understanding of what therapists do is something in which all therapists must participate for the sake of their prospective clients and for themselves. In a similar vein, whilst this list was compiled in the hope that it might be complete, it surely cannot be. Again the reader is invited to test, develop and discard elements and improve the material presented—it is offered as a starting point.

When preparing this material, I had, in my mind's eye, a checklist with two columns of boxes—that is, two boxes against each of the numbered points. I mentally ticked the first box if I felt that I had addressed the issue in my own thinking and practice. I ticked the second box if I knew of any *person-centred* contribution on theory or practice related to the issue. If I could not tick the second box, I then tried to imagine what a person-centred contribution might be. I invite readers to do the same. A moment's further thought and I realized that we might usefully have a third checkbox indicating whether the issue is dealt with by this book. There would be many unticked boxes in that column, but I hope that, like the collection of papers in this book, this list proves to be a starting point for person-centred therapists to address some of these issues locally and internationally, from



6 POLITICS AND THERAPY

personal practice through to professional institutions. Along the way I share some personal musings on what person-centred therapies might contribute.

THE MAP OF AREAS FOR CONSIDERATION

- 1 The politics of the *helping professions* and their institutions: ideologies, professionalization, regulation
- 2 The politics of *helping theories*:
 - 2.1 The nature of the 'problem' including:
 - i images of humanness (including, is the client treated as an infant or responsible adult?)
 - ii 'pathology' (is distress an illness?):
 - a internal factors
 - b external factors:
 - interpersonal, e.g. power and the nature of oppression
 - environmental, e.g. material, social and economic conditions
 - 2.2 The location of the 'problem' (distress): the individual, or social conditions?
 - 2.3 The nature of possible 'solutions':
 - i emancipation
 - ii change
 - iii adjustment
- 3 The place of politics in *helping practice*:
 - 3.1 Is there a way of behaving in and around helping sessions that acknowledges the political domain, or appears to be oblivious to it, or appears to actively ignore it, etc?
 - 3.2 The role of the therapist (as a 'helper', as a 'companion', as a 'professional', as an 'expert', as a 'person'—a feature of the environment [part of the client's self-chosen resources, becoming part of the actualizing tendency])
- 4 The contribution that 'helping' as a group of theories, an activity and a profession, makes to contemporary life and contemporary political life: politicization of everyday life, contribution to consumerism, global capitalism, media, employment, ideologies of what it is to be human, success, happiness, etc.
- 5 How the above issues are dealt with in the *training* of counsellors and psychotherapists
- 6 The helper as citizen

1 THE POLITICS OF THE HELPING PROFESSIONS AND THEIR INSTITUTIONS

Many therapists, theorists and writers espouse the view that helping—counselling or psychotherapy—is benign and apolitical. Ironically this view is most often found in the very institutions promoting helping as a profession. Often, when it is reluctantly acknowledged that helping might have a political dimension, spokespersons engage with the topic at the level of content only, i.e. suggesting that the professional body is neutral and must therefore present a balanced picture, rather like the BBC is believed to be, which is expected to demonstrate that it is a ‘neutral’ commentator on events.

The fallacy of this position is not lost on a significant minority of commentators, including, Bates, 2000; Bates & House, 2003; House, 1999; House & Totton, 1997; Mowbray, 1995; Totton, 1999. Indeed in the first part of the twenty-first century, to maintain that the counselling and psychotherapy ‘industry’ is apolitical is more than faintly ridiculous in the light of the writings of, e.g. Hillman & Ventura, 1992; Rose, 1996; and Smail, 2005. Others have pointed to the medicalization of distress (Sanders, 2005), government guidelines for ‘treatment’, and the involvement of ‘big pharma’ in the ‘helping professions’ (Mosher, 1998; Healy, 2001, 2004) as equally obvious political intersections. Politics is the elephant sitting in the corner of the room whenever the professions of counselling, psychotherapy and psychology convene.

The issues of professionalization and regulation are not simple. For many qualified counsellors, the slender chances of financially viable employment would disappear altogether if they renounced their membership of their professional body. It is clear that employers want compliant, accredited, (possibly soon-to-be registered) counsellors in post, not anti-regulation mavericks. It is often only those who are, by dint of good fortune, beyond the reach of the system who can continue to point to the problematical politics of professionalization. John Heron (1990/1997) and Denis Postle (2005), amongst others, alert us to the disturbing fact that as government-encouraged regulation of counselling and psychotherapy approaches and we must visit a state-regulated therapist for state-approved therapy, we are close to having a state-regulated mental life.

Person-centred practitioners are caught in a particularly uncomfortable position, since Rogers himself could be counted amongst the ranks of the anti-regulationists. Although he did not directly address the issue of regulation and professionalization of therapy in *On Personal Power* (1978), his chapter ‘The politics of administration’ is critical of hierarchical, undemocratic systems. A few years earlier in a paper presented in 1972 (Rogers, 1980), he *was* more direct in a section titled ‘Dare we do away with professionalism?’

It is my considered judgment that tight professional standards do not, to more than to a minimal degree, shut out the exploiters and the charlatans ... I have slowly come to the conclusion that if we did away

8 POLITICS AND THERAPY

with ‘the expert’, ‘the certified professional’, ‘the licensed psychologist’, we might open our profession to a breeze of fresh air, a surge of creativity, such as has not been known for years. In every area—medicine, nursing, teaching, bricklaying, or carpentry—certification has tended to freeze and narrow the profession, has tied it to the past, has discouraged innovation. ... The question I am humbly raising, in the face of what I am sure will be great shock and antagonism, is simply this: Can psychology find a new and better way? (Rogers, 1980: 246–7)

Whilst Rogers’ question still remains, the world moves further towards defensive practice and tighter professional restrictions. For more questioning voices, read Lazarus (2003), Kearney (1996), Thorne (1995, 2002), Mearns & Thorne (2000).

2 THE POLITICS OF HELPING THEORIES

Theories of helping have implicit politics. Although this is, I believe, self-evident, the ‘helping professions’ make only token attempts to engage with the issues raised by this fact of life. Most often, this avoidance takes the form of an ideological pragmatism, where ‘treatments’ are chosen, never on the basis of philosophy, politics, or values, but rather according to a (further ideologically embedded) test of whether they work. Of course, ideas of effectiveness are inseparable from theory since each theory reveals its values: is it for emancipation or adjustment? Is the client expected to change, or will we change the social conditions which lead to distress?

Unsurprisingly, to any except the diehard positivists, we find immediate disagreement on the criteria for measurement of ‘success’. Nevertheless, in this volume and here on this map, we ask the reader to put pragmatism at the end of this selection process and first engage with the issues of politics and values. Orienting oneself in this way is likely to attract criticism. It will at least be seen as naïve, romantic and increasingly quirky in today’s positivist science-oriented helping milieu. John Shlien, however, was unrestrained in his advocacy of practice based on values and spoke for many when he wrote:

This method, client-centered, seems to be the only *decent* one. (Shlien, 2003: 218, original emphasis)

The question is not ‘What is new?’ but ‘What is good?’ (Shlien, 1986: 347)

What works is enough. Symptom relief is enough. The world in general is ready to settle for this. (Shlien, 2003: 91)

[D]iagnosis is not good, not even neutral, but bad. Let's be straightforward and flat about it. ... It is not only that its [the medical model] predictions are flawed, faulty and detrimental to the relationship and the client's self-determination, they are simply a form of evil. (Shlien, 1989/2002: 400)

Of relevance here is the way the theory is positioned regarding the nature of research, evidence and 'effectiveness'—which are, in turn, dependent upon how the theory understands human nature, the location of the problem and the purpose of therapy. Some positions militate in favour of a positivist, quantitative, experimental methodology; other positions militate in favour of heuristic, qualitative methodologies. At the 2005 British Association for Counselling and Psychotherapy research conference, more than a few speakers called for counselling and psychotherapy to be evidence-based, not based on a belief system(!). Were they deliberately omitting to admit that positivism is a belief system? What is beyond doubt is that when government policy determines what type of research is acceptable, what type of treatment is acceptable—i.e. what shall be funded—the politicization of therapy is no longer a matter of theoretical niceties.

Person-centred practitioners, along with many other dissenting voices, face a constant battle against the dominant ideology of 'evidence', which carries subtexts originating in the medicalization of distress. In order to fit government models for funding and treatment, counselling/psychotherapy has to continuously present itself under banners which proclaim: 'Psychotherapy is scientific, deals with the facts of the world, is based on evidence and so is responsible. Criticisms of evidence-based practice are unevidenced, subjective, politically motivated, rhetorical, based on belief systems and so are irresponsible, since they appeal to and hold false hope for, impressionable, vulnerable people.' This ideology is pervasive and would be insidious if it were not writ so bold and large on everything coming out of professional bodies.

The heart of every psychotherapy theory is its image of human nature. All else—the nature of distress, the nature of therapeutic change—springs from this. Theories take different first positions: from ideas that human beings are variously analogous to computer-like machines, through biological machines, biological organisms, persons, to incarnated energy, and so on. It follows that computer-like machines go wrong in different ways from persons or energy fields, and so need different methods for putting them right. Some metaphors for the nature of human beings do not contain notions of 'normal' or 'abnormal' functioning. Some metaphors are intrinsically reductionistic and favour analysis as a method of understanding, whilst others are holistic and favour synthesis. Some may consider these to be essentially matters of philosophy, and here I include them for consideration in our understanding of political awareness. Questions concerning what a human being *is* will soon turn to what a human being *needs* and when we experience those needs *compete*, we enter the political domain.

The picture becomes more complicated when we have to apply our metaphors not only to how human beings are put together, but how they fall apart. Do they become distressed to varying degrees because of internal malfunctioning intrinsic to the flawed design of the human? Or do they react quite normally and reasonably to the accumulating insults of the world; the world which conspires to abuse them with oppression, poverty, poor nutrition, poor housing, discrimination, torture, abuse, 24/7 violent and degrading media and other generalized indignities?

In short, does the theory locate the cause of distress inside the person (their psychology, and/or their biology), outside the person (social, material and economic conditions) or some combination of the two? The location of distress is clearly a political moment in therapy theory and practice. It reveals something of the inherent view of destiny and human nature, and strongly indicates the nature of the 'treatments' endorsed. Along the way it can be seen to serve the status quo or offer resistance to it.

The aim of therapy is often that of helping the person to be better adjusted to existing circumstances, to 'reality' as it is frequently called; mental health is often considered to be nothing but this adjustment ... the psychologists, using the right words ... become the priests of industrial society, helping to fulfil its aims ... (Fromm, 1989: 131-2)

And so the adult says, 'Well, what can I do about the world? This thing's bigger than me.' ... 'All I can do is go into myself, work on my growth, my development, find good parenting, support groups.' This is a disaster for our political world, for our democracy ... we're disempowering ourselves through therapy. (Hillman & Ventura, 1992: 6)

Although still cast by many as an essentially individual approach, person-centred theory has vibrant strands which point towards our essential social nature, e.g. Peter Schmid casts anthropological and philosophical lights on person-centred therapy, drawing on the work of Levinas and Buber to establish PCT as a dialogical approach (e.g. Schmid, 2002). Mearns and Thorne (2000) quietly yet forcefully argue for a socially mediated actualizing tendency, and Mearns and Cooper (2005) reinforce the case for person-centred therapy as a relational approach. None of this (yet) amounts to revising person-centred psychology as a psychosocial practice, as tentatively proposed by Sanders (2005, and Chapter 11, this volume), although Barrett-Lennard continues to point in this direction in his recent collections (Barrett-Lennard, 2003, 2005). To date, psychosocial interventions have been the main preserve of other therapeutic approaches, but this need not be so. A genuine reappraisal and revision of person-centred psychology will require concerted effort and such commitment is not yet evident. It surely cannot be so difficult for person-centred practitioners to imagine being a part of a social model connecting personal growth with coping strategy enhancement and social support.

George W. Albee, an advocate of prevention through public health initiatives, is clear in his appraisal of the role of ‘professionals’:

Psychologists must join forces with persons who reject racism, sexism, colonialism and exploitation and must find ways to redistribute social power and to increase social justice. Primary prevention research inevitably will make clear the relationship between social pathology and psychopathology and then will work to change social and political structures in the interests of social justice. It is as simple and as difficult as that! (1996: 1131)

I hope by now that readers will be able to read the map and anticipate some of the twists and turns in the road. The nature of the possible ‘solutions’ to distress is clearly dependent upon aspects of the theory briefly addressed above. Is it the person that should change, mending human flaws and shortcomings in order to best fit in with the world, or should we change our world and its structures in order to best support our striving for fulfilment?

Some of Rogers’ writings have been misappropriated to give support for questionable positions, for example, Rogers’ ‘what is most personal is most universal’ statement can be translated into the idea of ‘synergy’, i.e. that by doing the best for myself, I will be doing the best for others, criticized by Mick Cooper (see Chapter 10, this volume). Similarly, Rogers’ assertion that an integrated individual ‘is necessarily more understanding of others and is more accepting of others as separate individuals’ (Rogers, 1951: 520) can be used (a) to elevate personal growth to the status of a ‘political’ act and (b) as a licence to put personal growth before (and possibly at the expense of) any other form of action.

Furthermore, implicit in the person-centred approach is the idea that it is the person that should change, and person-centred therapists tend to speak of ‘growth’, without tackling the criticism that growth could be a euphemism for ‘adjustment’. Finally for this section I invite readers to consider whether the notion of ‘empowerment’, in the sense of personal empowerment or in Rogers’ terms ‘personal power’ (Rogers, 1978), does anything to clarify the situation.

3 THE PLACE OF POLITICS IN HELPING PRACTICE

Here we come down to the basics of being a helper in sessions with clients. The key question is: ‘Are there ways of behaving in and around helping sessions that acknowledge the political domain?’ Or does our practice appear to be oblivious to it, or even appear to actively ignore it?

This question exists on at least three levels in this debate. The first involves how the helper enacts their chosen theory in a manner which takes into account the political expressions of that theory. Is the practitioner, in order to be faithful to the theory, behoven to act in a politically aware way? In this volume we see

Seamus Nash (see Chapter 4) amongst others, arguing that there is an *imperative* in person-centred theory to be political.

The next level—beyond theory—concerns how the therapist as an individual practitioner might incorporate political awareness self-consciously into their practice. This might include, for example, (a) issues of access, (location of the service, provision for multilingual and cross-cultural work, access for people with disabilities, free or fee-based services, etc.) (b) issues of identity, and disclosure (identifying as male, female, transgender; identifying the therapist's sexuality; wearing political or religious insignia, etc.).

Finally we come to the person of the therapist—how they bring their political self to the session and how they inhabit that political space. This circumstance has a parallel in the intersection between spirituality and therapy. Here we follow the argument that a more integrated, more fully functioning, well-rounded therapist will be experienced by the client as more therapeutic, and will be less likely to respond to the client out of the therapist's own needs. Such dimensions are difficult to specify or quantify, but whatever our definition of 'well-rounded' might be, it should include a political dimension as it does a spiritual one. We would expect the spiritually and politically developed therapist to be experienced as safer, more whole, more integrated and more grounded. It should also be clear that there is here a further intersection between the therapist as 'professional' helper and the therapist as citizen.

4 THE CONTRIBUTION THAT HELPING, AS A GROUP OF THEORIES, AN ACTIVITY AND A PROFESSION, MAKES TO CONTEMPORARY LIFE AND CONTEMPORARY POLITICAL LIFE

Psychotherapy, connected as it is to psychology, theology, anthropology and social sciences, has its own role in regard to an everyday life where political awareness ebbs and flows. Some assert that in the late twentieth century the stock-in-trade of psychotherapy, the 'self', became commodified, or was even an essential invention of consumerism (Rose, 1996; Hansen, McHoul & Rapley, 2003). It goes without saying that all over the world, everyday life is controlled or at the very least influenced by political ideology—currently (and increasingly) global capitalism and the telecommunications media that serve it. As well as determining such 'hard' issues as employment, social welfare, healthcare and income levels, our political system produces an ideology with a wide range of messages telling us what it is to be human, and the nature of success, happiness, and fulfilment. Whilst most therapists would accept that the last three of these are also the concern of psychotherapy, an increasing number also demand that psychotherapy makes comment on how the first four determine mental health/distress (see Psychotherapists and Counsellors for Social Responsibility, <www.pcsr.org.uk/whoware.htm>).

Counsellors and psychotherapists appear to believe it is only appropriate to comment on the way we treat children or each other in our families. Interpersonal

relationships appear to mark the beginning and end of the therapist's interests and domain. Economic policy, employment law, housing and education policies, proliferation of junk food, violence in the media, images of women and men and the sexualization of children in popular culture—the list goes on—all apparently have nothing to do with the distress that brings people to the counsellor's door.

5 HOW ARE THE ABOVE, AND OTHER HELPING-RELATED POLITICAL ISSUES DEALT WITH IN THE TRAINING OF COUNSELLORS AND PSYCHOTHERAPISTS?

When some ask questions about the status of *helping* (e.g. in Section 1 on professionalization and regulation above), what then must follow are questions about the status of *training* in helping. Specifically: do we need to be instructed to help heal another person, or is it a natural aptitude, the expression of which has been suppressed in our modern age? Do we need a course of instruction in theory and practice or do we need facilitation to simply express our healing potential? This question is not simply philosophical; it has a political edge in the matter of expertism. Are helpers to be seen as experts instructed in the art and science of counselling and psychotherapy?

Such questions have been tackled by writers representing many therapeutic approaches (see House & Totton, 1997), but person-centred responses have been few, ranging from thoughtful to spirited, e.g. Barrett-Lennard (2005: 127–30); Embleton-Tudor, Keemar et al. (2004: 62–79); Mearns & Thorne (2000).

That counselling and psychotherapy are largely middle-class pursuits must be now be beyond dispute (McLeod, 2003), and it might be considered to be a generic problem. We must ask how the training of therapists engages with this difficulty. Access to training is a political issue in terms of the types of institution which provide the training (gone are the days when the neighbourhood adult education centre provided courses), the level of course (degree-level training is fast becoming the entry level to the profession) and then there are the issues of course fees, course structure, and access to education for people with disabilities. How does the training course from its publicity to its staff group and curriculum *speak* to people of different classes, ages and ethnic groups?

Organizational/institutional ethos, mission, course organization, the extended curriculum, all reflect a political dimension which will in some way impinge upon the training experience. However hard course leaders might try (and over the years, I have tried very hard) they cannot isolate the course and insulate it from the institutional environment. This institutional environment starts with the nature of the institution: statutory, voluntary or private sector; includes staffing policies, course recruitment, course fees, library and classroom resources; and ends with attitudes towards learning and assessment.

For courses wishing to include a political dimension, this chapter provides a checklist of contents for inclusion in the counsellor-education core curriculum. Some courses might include various issues in themed workshops or possibly

‘options’, but that misses the point. If counselling and psychotherapy training revolves around the development of the self of the therapist, then politics (along with spirituality and ethical practice, etc.) must be an omnipresent curriculum strand through which all theory and practice is viewed and understood. Politics, spirituality, values and ethics are not bolt-on components, but the backbone, the very essence of therapeutic work, indeed of life.

6 THE HELPER AS CITIZEN

When the helper leaves work, they still exist in a political milieu as a member of society, a citizen. Do they travel home on a bike, on public transport, or in a Rolls-Royce? Do they get out of their wheelchair and into a car adapted for disabled access? Where do they do their shopping, at the supermarket or local store? Do they buy fairtrade goods or the products of global corporations with no ethical policies? Do they recycle their waste, use energy-efficient appliances? The list could go on and on. The minutiae of how we live our lives is clearly a catalogue of political acts and it is genuinely difficult to get a grip on how such decisions interface with the ‘business’ of being a person-centred therapist. Are the different domains of our lives connected, or separate? Do they articulate or are they independent?

The message from the women’s movement in the 1970s was that ‘the personal is political’, yet in such a ‘personal’ experience as therapy, the politics of citizenship does not figure, even when it is increasingly common to hear person-centred therapists speak of ‘connection’. If not connection to each other through matters of consumption of resources in our household, neighbourhood, nation and planet, then connection through what? Therapists are experts in understanding the effects of interpersonal pain, but they must not be immune to reasoned argument and consequential action regarding pain caused by social injustice. Of course the issues are complex, but we must begin at least the *discussion* somewhere, or therapists will become irrelevant bystanders or worse: making profit out of human distress that is avoidable if we act together as citizens.

CONCLUSION

So where does that leave those of us wanting to embrace and develop our political awareness and relate it more to our work as therapists? After sketching this map I am uneasy about coming to a conclusion before the ink is dry. But perhaps the task is now more clearly revealed. The most gentle of introductions and gradual opening to political awareness behoves readers to consider, debate, challenge, criticize, reject or refine this map as a preliminary effort. This *is* the business of therapists, clients and all those living in communities where distress is the responsibility of each resident. In short, everyone.

It is sad enough that when we all suffer an economic system that forces us to compete for basic needs such as housing, food, healthcare and education; a system that perpetuates poverty and powerlessness in many so that a few may be wealthy and powerful. It is profoundly distressing that when the poor and powerless crack under the strain, experts step in to explain that there is something wrong with their brains ... (Read, 2004: 168)

REFERENCES

- Albee, GW (1996) Revolutions and counter-revolutions in prevention. *American Psychologist*, 51, 1130–3.
- Barrett-Lennard, GT (2003) *Steps on a Mindful Journey: Person-centred expressions*. Ross-on-Wye: PCCS Books.
- Barrett-Lennard, GT (2005) *Relationship at the Centre: Healing in a troubled world*. London: Whurr.
- Bates, Y (2000) Still Whingeing: The professionalisation of therapy. *Changes: An International Journal of Psychology and Psychotherapy*, 18, (2), 91–9.
- Bates, Y & House, R (2003) (eds) *Ethically Challenged Professions: Enabling innovation and diversity in psychotherapy and counselling*. Ross-on-Wye: PCCS Books.
- Embleton-Tudor, L, Keemar, K, Tudor, K, Valentine, J & Worrall, M (eds) (2004) *The Person-Centred Approach: A contemporary introduction*. Basingstoke: Palgrave.
- Fromm, E (1989) *Beyond the Chains of Illusion*. London: Abacus.
- Hansen, S, McHoul, A & Rapley, M (2003) *Beyond Help: A consumers' guide to psychology*. Ross-on-Wye: PCCS Books.
- Healy, D (2001) The SSRI Suicides. In C Newnes, G Holmes & C Dunn (eds) *This is Madness Too: A critical look at psychiatry and the future of mental health services* (pp. 59–70). Ross-on-Wye: PCCS Books.
- Healy, D (2004) *Let Them Eat Prozac: The unhealthy relationship between the pharmaceutical industry and depression*. New York: New York University Press.
- Heron, J (1990/1997) The politics of transference. *Self and Society*, 18 (1), 17–23. Reprinted in R House & N Totton (eds) *Implausible Professions: Arguments for pluralism and autonomy in psychotherapy and counselling* (pp. 11–18). Ross-on-Wye: PCCS Books.
- Hillman, J & Ventura, M (1992) *We've Had a Hundred Years of Psychotherapy (And the World's Getting Worse)*. San Francisco: Harper.
- House, R (1999) Limits to counselling and therapy: Deconstructing a professional ideology. *British Journal of Guidance and Counselling*, 27 (3), 377–92.
- House, R & Totton, N (1997) *Implausible Professions: Arguments for pluralism and autonomy in psychotherapy and counselling*. Ross-on-Wye: PCCS Books.
- Kearney, A (1996) Becoming respectable: Regulation, professionalisation and accreditation. In A Kearney *Counselling, Class and Politics: Undeclared influences in therapy* (pp. 93–106). Ross-on-Wye: PCCS Books.
- Lazarus, A (2003) Psychologists, licensing boards, ethics committees and dehumanising attitudes: With special reference to dual relationships. In Y Bates & R House (eds) *Ethically Challenged Professions: Enabling innovation and diversity in psychotherapy and*

- counselling* (pp. 151–8). Ross-on-Wye: PCCS Books.
- McLeod, J (2003) *An Introduction to Counselling* (3rd edn). Buckingham: Open University Press.
- Mearns, D & Thorne, B (2000) *Person-Centred Therapy Today*. London: Sage.
- Mearns, D & Cooper, M (2005) *Working at Relational Depth in Counselling and Psychotherapy*. London: Sage.
- Mosher, L (1998) Letter of resignation from the American Psychiatric Association, 4 December 1998 <www.moshersoteria.com/resig.htm>.
- Mowbray, R (1995) *The Case Against Psychotherapy Registration: A conservation issue for the human potential movement*. London: TransMarginal Press.
- Postle, D (2005) <ipnosis.postle.net/pages/ChurchFalsePromises.htm>.
- Read, J (2004) Poverty, ethnicity and gender. In J Read, R Bentall & L Mosher, *Models of Madness: Psychological, social and biological approaches to schizophrenia* (pp. 161–94). London: Brunner-Routledge.
- Rogers, CR (1951) *Client-Centered Therapy*. Boston: Houghton Mifflin.
- Rogers, CR (1978) *Carl Rogers on Personal Power*. London: Constable.
- Rogers, CR (1980) *A Way of Being*. Boston: Houghton Mifflin.
- Rose, N (1996) *Inventing Ourselves: Psychology, power and personhood*. Cambridge: Cambridge University Press.
- Sanders, P (2005) Principled and strategic opposition to the medicalisation of distress and all of its apparatus. In S Joseph & R Worsley (eds) *Person-Centred Psychopathology: A positive psychology of mental health* (pp. 21–42). Ross-on-Wye: PCCS Books.
- Schmid, PF (2002) Knowledge or acknowledgement? Psychotherapy as ‘the art of not-knowing’—Prospects on further developments of a radical paradigm. *Person-Centered and Experiential Psychotherapies*, 1, 56–70.
- Shlien, JM (1986) Roundtable discussion. *Person-Centered Review*, (1) 3, 347–8.
- Shlien, JM (1989/2002) Response to Boy’s symposium on psychodiagnosis. *Person-Centered Review*, 4 (2), 157–62. Reproduced in DJ Cain (ed) (2002) *Classics in the Person-Centered Approach* (pp. 400–2). Ross-on-Wye: PCCS Books.
- Shlien, JM (2003) *To Lead an Honorable Life: Invitations to think about client-centered therapy and the person-centered approach*. (P Sanders, ed). Ross-on-Wye: PCCS Books.
- Smail, D (2005) *Power, Interest and Psychology: Elements of a social materialist understanding of distress*. Ross-on-Wye: PCCS Books.
- Thorne, B (1995) The accountable therapist: Standards, experts and poisoning the well. *Self and Society*, 23 (4), 31–8. Reprinted in R House and N Totton (eds) (1997) *Implausible Professions: Arguments for pluralism and autonomy in psychotherapy and counselling* (pp. 141–50). Ross-on-Wye: PCCS Books.
- Thorne, B (2002) Regulation: A treacherous path? *Counselling and Psychotherapy Journal*, 12, (2). Reprinted in Y Bates and R House (eds) (2003) *Ethically Challenged Professions: Enabling innovation and diversity in psychotherapy and counselling* (pp. 148–50). Ross-on-Wye: PCCS Books.
- Totton, N (1997) Not just a job: Psychotherapy as spiritual and political practice. In R House & N Totton (eds) *Implausible Professions: Arguments for pluralism and autonomy in psychotherapy and counselling* (pp. 129–40). Ross-on-Wye: PCCS Books.
- Totton, N (1999) The baby and the bathwater: ‘Professionalisation’ in psychotherapy and counselling. *British Journal of Guidance and Counselling*, 27 (3), 313–24.