

introduction — read this first

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Reading this book

Before we get properly under way, I wanted to say a word or two about the layout of the book, mainly regarding the second column on each page. This is entirely my responsibility. There are several ideas behind the second column. First, that apart from the occasional cross-references to other chapters, you will not have to go off the page to get references. Second, it allows some additional information, asides from the authors, or definitions of terms, without breaking up the flow of the text too much. Third, it provides a space for comments from the remaining contributors where they might take a different view to a point of theory. I hope it works.

There is one peculiar convention I have adopted with the references. That is that if a full reference in column two relates to a name and date in the text (e.g. Rogers, 1951), the name and date in column two will be in bold. This should help when column two gets crowded and you want to quickly find the right reference. Otherwise names and dates in column two will be in normal text.

I think it is safe to say that the writing of this book has been an adventure for all concerned. All the contributors have learned something from the process of doing it, and at some stage we each had the thought that we would have appreciated such a book during our own training. We hope you find it as encouraging and exciting an experience as we have.

What is a tribe?

The answer to this question is somewhat arbitrary and parochial. Arbitrary in the sense that there is no set of criteria ‘out there’ against which my selection can be measured. Parochial in that this is a UK book, with a UK slant — written by UK authors about what is (or might be) available in the UK. At the same time it is a book with a mission. Our mission is to bring the UK person-centred community into a more intimate relationship with its natural ‘family’ — some of the other tribes of our nation. I say

In particular I wanted to give an impression of dialogue, rather than a series of monologues, and I really dislike having to turn to the end of a book to find the full reference.

Rogers, C.R. (1951). *Client-Centered Therapy: Its current practice, implications and theory.* Boston: Houghton Mifflin.

I have taken the analogy of ‘tribes’ and the terms from Margaret Warner’s (2000) paper: ‘Person-centered Psychotherapy: One Nation, Many Tribes.’ *Person-Centered Journal*, 7 (1): 28–39.

this because in many trainings, Client-Centred and Person-Centred Therapy (CCT and PCT) are aligned with psychodynamic or other humanistic approaches with scant regard for compatibility in history, philosophy, theory or practice. At the same time, the natural family of CCT and PCT is unknown to, or little-understood by, many UK trainees and practitioners.

Along the way I had to make a decision about what was to be in the book and what was to be excluded. My criteria for inclusion are as follows:

1. The approach must be a ‘primary’ therapeutic approach. By this I mean that it would be considered to be appropriate for professional, diploma-level training. It would not *necessarily* be an ‘option’ or a ‘bolt-on’ element (although it *might* feature in some training in this way). The theoretical base, then, must be primary — working up from first principles — not secondary, i.e., resting as a secondary layer of theory on, say, classical client-centred therapy.
2. There must be a theoretical base for the approach which both distinguishes it from classical client-centred *and* puts it in relation to classical client-centred therapy, in the same stream of theory.
3. There must be training opportunities available in the UK, either as a specialist training, or as a significant proportion of existing person-centred trainings.
4. There must be literature available in the UK which lays out the basic elements of the approach.

Not all of these criteria have been met by all approaches represented in this book. It seemed reasonable to bend the rules a little since one part of our mission is to encourage and give support to fledgling practitioners in the UK to demand training and literature in approaches which in mainland Europe are taken for granted. For example, whilst there is no training exclusively devoted to experiential therapy, it is given substantial coverage in some courses and specialist Focusing-Oriented Psychotherapy training will be available in the UK in the not too distant future. Some readers might consider it ironic, then, that ‘integrative’ training is available almost everywhere, yet we worry about the quality. The message in Richard Worsley’s chapter is clear: integrative training without discipline, thorough theoretical grounding and rigorous self-examination is not training with integrity. It should probably take longer to become a good integrative therapist than a specialist in one approach by this account. Yet we know that much integrative training is a ‘marriage of convenience’ — assembled, sometimes

annually, on the basis of the mix of approaches available in the staff team.

I suspect that most readers of this book will have only a patchy understanding of what I sometimes refer to as the ‘turf wars’ in the Person-Centred Approach. I am talking about the tensions which occur when any new strand of theory and practice emerges in any area of human endeavour. These tensions are to do with ownership of the ideas, whether they are *correct*, what happens when and if they are amended, superseded or added to as a result of new thinking or new evidence. This book is an attempt to answer these questions. You may have thought that there is only one ‘person-centred therapy’, but by the time you have read the next chapter, you will probably understand what Art Bohart (Bohart, 1995) meant when he said ‘will the real person-centred therapy please stand up?’

The history of psychotherapy is the history of big ideas, developments, disagreements and splits. The world of Client-Centred/Person-Centred Therapy is no different. Carl Rogers had a big idea which threw down the gauntlet in the shape of his ‘if-then’ hypothesis regarding the six ‘necessary and sufficient’ conditions. There have been developments, and vigorous disagreements, and a following of different paths, but practitioners world-wide seem dedicated to working together, uncomfortable though that might be, to further refine their understanding and practice in the service of clients. This book is about that history and the ideas that form the strands, the members of the ‘family’ or, as Margaret Warner has it, the ‘tribes’ of the ‘nation’ of the person-centred approaches to psychotherapy.

A gathering of the tribes

We present this book as an opportunity for UK readers interested in person-centred approaches to counselling and psychotherapy to find out about the history of the ideas and how they developed into stand-alone approaches. Our hope is that this will not only enrich your current learning, but also better inform any choices of further training that you might make. The authors of the various chapters have covered the value-base and philosophical roots of each theory to help readers decide where they stand. They are not presenting a cast-iron definition of each ‘tribe’. Each chapter is the author’s own interpretation of the approach they represent. Readers will find overlap and disagreement. This is as it should be, since we are swimming in muddy waters. If tolerating discomfort whilst struggling for meaning and clarity isn’t to your

Some argue that defining what is *correct* is just a matter of applying ‘rational thought’ to the ‘evidence’. If it were this simple, there would be only one type of psychotherapy and you might imagine that that one type would probably be a matter of applying the right method to the particular type of distress suffered. I could then point out that embedded in even these two sentences are the assumptions that:

- (a) mental distress is best thought of as an ‘illness’,
- (b) that this illness is best thought of and dealt with in the same way we deal with physical illness,
- (c) that we have reliable and valid ways of understanding what ‘evidence’ is and how to collect and interpret it.

Learning about any therapy is to constantly challenge these assumptions.

Bohart, A.C. (1995). ‘The Person-Centered Psychotherapies.’ In A. Gurman and S. Messer (eds.) *Essential Psychotherapies: Theory and Practice*. New York: Guilford, pp 85–127.

The formation of the World Association for Person-Centered and Experiential Psychotherapy and Counseling (WAPCEPC) in Chicago in 2000 is the most hopeful evidence of the ‘gathering of the tribes’.

At each turn, the authors encourage students of the Person-Centred Approach to read widely. It should go without saying that none of these chapters are the 'last word' on any of the approaches represented.

Authors recommend a UK-published book at the end of each chapter. Do try to read them. Wherever you do your training, ask the library to stock these books and others referenced here.

taste, then you may find the reading difficult. The approaches chosen are as follows:

Classical Client-Centred Therapy

This is the 'original' approach, the starting point of it all as described in Carl Rogers' early writings.

Focusing

Springing from the work of Eugene Gendlin, Carl Rogers' close colleague.

Experiential Therapy

Developments which embrace ideas from both Rogers and Gendlin, infused with cognitive psychology and Gestalt Therapy.

Existential Therapies

Based on the work of European Existential philosophers.

Integrative Person-Centred Therapy

Presented here as a way of approaching therapy from a person-centred base of values, philosophy and theory.

Already, some will take issue with this list. They will argue that existential therapies aren't person-centred and integrative therapy isn't an approach. Although this is 'technically correct' they are included here because,

1. Carl Rogers was clearly influenced by existential writers. He included existential ideas in client-centred theory from the start. The two therapeutic traditions grew up in parallel and now we are beginning to understand the relationships between the two much better. Knowing more about existential therapies has enriched my understanding of Client-Centred Therapy and I believe building bridges between the two can only benefit both.
2. *Technical eclecticism* (the ad hoc collection of techniques to fit a client's problem(s) as diagnosed by the therapist) is not being proposed here. Although there is no single 'school' called 'integrative therapy', we want to acknowledge that many practitioners integrate many elements of their experience into the therapeutic moment. This is not an assembly governed by the content of training or the latest weekend workshop, but an acknowledgement that the self is the therapist's instrument.

Whether or not it is 'correct' to include these approaches, at least now you, the reader, will be better able to judge. Having said that, I did decide to exclude certain developments and at the same time

decided to allow myself half of a get out clause in this introduction.

What is not a tribe?

There are long and short answers to this question. The long one would entail lists of approaches and justifications for excluding them. The short answer is presented here. I have chosen this because it enabled me to include a brief introduction to methods and ideas which I have excluded, even though they have been associated with the Person-Centred Approach for many years. Maybe I am wrong and will regret it. I fully expect that subsequent editions of this book (if there are any) will be amended to include other approaches. As self-appointed arbiter I am not claiming any authority, just an attempt to present a realistic picture of what is available. If you know different, please let me know.

This is not necessarily a book about developments or ‘evolutions’ in person-centred theory. A ‘tribe’ is not simply a new idea (however elegant or however it might revolutionise our practice). Dave Mearns’ ‘configurations of self’ and Margaret Warner’s ‘dissociative and fragile process’ are important new ideas, but they are unlikely to spawn a new school of theory or a new strand of practice which will develop its own identity.

I do not mean to be pejorative when I say ‘simply’. I do not mean ‘merely’ — heaven knows that a genuine new idea is rare enough and hard to come by.

This section is not about new ideas in that narrow sense. It is here to present the reader with brief résumés of two approaches to therapy which clearly spring from the well of person-centred theory and practice. The reason they are not considered to be tribes differs in each case, although some might argue that each has a strong case to be included as a ‘tribe’. They are, in alphabetical order:

Expressive Therapy is not considered by me to be a ‘primary’ training. I believe it is best considered as an advanced training or a progression from the basics once they are mastered. It also has no theoretical ‘roots’ in CCT or the PCA — expressive arts theory lies outside the realm of therapy, although it may be *associated* with personal development, maturity and mental good health through creativity. This means that expressive therapy is not now and never would be considered a ‘tribe’ of the PCA. It is modal application of the PCA. Most therapists (regardless of theoretical orientation) practise in a particular and somewhat constrained verbal mode. Expressive therapy applies given therapeutic theories to other modes of expression that are not necessarily dependent upon speaking — making marks, structures, music and movements.

Pre-Therapy is not usually viewed as a therapeutic approach in its own right (although I will actually argue that we might consider it to be). It is, in Prouty's own terms, a 'pre' therapeutic endeavour. In addition, there is no dedicated Pre-Therapy training available in the UK and, as we go to press, it does not form a significant element in any professional training programme that we know of. This means that Pre-Therapy could soon become a 'tribe', in the parochial terms of this book, should its practitioners demonstrate that it is a therapeutic approach in its own right and clinical-level Pre-Therapy training is provided in the UK.

In this chapter I aim to provide a 'taster', an 'in a nutshell' answer to the frequently-asked question: 'What exactly *is* Expressive therapy/Pre-Therapy?' The idea is to provide the briefest of introductions so that the interested reader can follow-up either by reading a key text introducing the approach or by seeking out brief training opportunities or workshops. You will not find comprehensive or in-depth coverage here, just summaries and signposts.

Expressive Therapy

Even as I wrote that sub-heading, I toyed with the idea of using the term 'Expressive *Therapies*' — plural — to indicate that there is not just *one* expressive therapy. In this country, there are many idiosyncratic ways of incorporating the use of the expressive arts into person-centred practice. A definition of an expressive therapy is 'the application of creative/expressive arts to therapeutic relationships, whether with individuals or with groups'. The theoretical orientation of the practitioner will determine exactly how the creative/expressive art mode will be translated and applied in the therapeutic situation. A crude example might be that in a person-centred setting, a client would be non-directively helped or facilitated to understand any meaning in their art-work. In a psychodynamic setting, the client's art-work will be interpreted by the therapist.

Although this example implies an expressive art approach that yields a product (like a painting, sculpture, collage or piece of writing), it still applies to, for example, voice work, drama or movement.

There has been a growth in expressive therapy associated with the Person-Centred Approach over the past 15 years and this has led to the careful exploration of the position of expressive therapies in relation to classical Client-Centred Therapy. To summarise the points of debate:

1. Does the application of creative/expressive arts methods imply that Rogers' six conditions are necessary but not sufficient, i.e. in need of supplementation with creative techniques?
2. Are arts modes simply methods of communication, helping

Paul Wilkins (person-centred psychodrama) and Tony Merry debated some of these points in 1994: see Wilkins, P. (1994). 'Can Psychodrama be Person-

access essentially the same material but through non-verbal channels? Is symbolisation of experience accessible (or maybe *better* accessible) through non-verbal modes of expression, like movement, painting, sculpture? Do non-verbal modes of experiencing and expression complement, add to and amplify verbal expressions?

3. Many theorists across several therapeutic approaches testify to the health-promoting characteristics of creativity. In the PCA, expressive therapy theory generally suggests that creativity is an essential feature of the human actualising tendency.
4. Since Client/Person-Centred Therapy is holistic, some argue that only when the client is offered a range of expressive possibilities (music, movement, painting, sculpting, etc.), not just the verbal, can we claim truly to be working with the whole person.
5. Are artistic creative methods better at working with edge-of-awareness material than 'traditional' verbal methods?
5. Can the offering of creative/expressive arts methods be done in such a way as to honour the non-directive principle of classical CCT practice?

In the UK, readers are most likely to come across the published work of Natalie Rogers and Liesl Silverstone in relation to creative/expressive approaches and the PCA, although there have been many individuals who have ploughed their own furrows over the years; adapting and applying PCA theory and practice to art therapy.

Natalie Rogers developed her expressive therapy approach in the early 1980s. Her approach is known as *person-centered expressive therapy* and incorporates a range of expressive arts modes in what she calls the Creative Connection (Rogers, N., 2000). This is the opening up of an inner core of experiencing through creative self-expression. Movement, music, voice work, sculpture, painting and writing are all integrated into a developmental therapeutic approach which draws on shamanic practice.

Natalie Rogers suggests that a mental life exclusively governed by verbal, cognitive processes is unhealthy and unfulfilling. Emancipation of the creative aspects of self is the key to full healthy functioning. She also argues that 'edge-of-awareness material', especially organismic needs not admitted to awareness (she uses the Jungian term *shadow*), are better accessed by expressive arts methods — and are then possibly less threatening.

Centred?' *Person-Centred Practice*, 2 (2): 14–18; and Merry, T. (1994). Editorial. *Person-Centred Practice*, 2 (1): 1–4. Both reprinted in T. Merry (2000)(ed.) *Person-Centred Practice: The BAPCA Reader*. Ross-on-Wye: PCCS Books.

Coverage of other elements can be found in Rogers, N. (2000). *Creative Connection: Expressive arts as healing*. Ross-on-Wye: PCCS Books; and Silverstone, L. (1997). *Art Therapy The Person-Centred Way*. 2nd Edn. London: Jessica Kingsley.

Rogers, N. (2000). *Creative Connection: Expressive arts as healing*. Ross-on-Wye: PCCS Books.

More information about person-centred expressive therapy and Natalie Rogers' work can be obtained by visiting <www.nrogers.com>.

Carl Rogers' six 'necessary and sufficient conditions' for therapeutic personality change are listed in Chapter 1, pp. 5–6, this volume.

Silverstone, L. (1997). *Art Therapy The Person-Centred Way*. 2nd Edn. London: Jessica Kingsley.

More information about Liesl Silverstone's work can be viewed on <www.person-centred-art-therapy.com>.

Rogers, C.R. (1957). 'The necessary and sufficient conditions for therapeutic personality change.' *J. Consulting Psychology*

Rogers, C.R. (1959). 'A theory of therapy, personality and interpersonal relationships as developed in the client-centred framework.' In S. Koch (ed.) *Psychology: A Study of a Science*. New York: McGraw-Hill, pp. 184–256. Abridged and reprinted in H. Kirschenbaum and V.L. Henderson (eds.) (1990). *The Carl Rogers Reader*. London: Constable, pp. 236–57.

It's difficult to imagine a psychotherapy approach which does not have psychological contact as a prerequisite. It is possible that some transpersonal approaches might have a very different view of what constitutes contact, but therapeutic change without some sort of contact between practitioner and client is hard to imagine.

There is not enough space here to evaluate the relationship of Natalie Rogers' work to classical CCT. Suffice to say that it is founded on Carl Rogers' therapeutic conditions and is integrative in nature. Although much of the method is client-self-directed, there is tension with the non-directive principle since the therapist *does* make process suggestions as therapy progresses.

Liesl Silverstone, based in the UK, has developed her own variant of person-centred art therapy (Silverstone, 1997). The underpinning philosophy is humanistic and creative-holistic, in that Silverstone also argues that the human creative core is a sort of healing antidote to the constrained cognitive processes typical of western culture. She advocates the person-centred notion of *integration* of verbal and non-verbal, the cognitive and the affective, rather than suggesting that one form of processing is better than another. She also points (as does Natalie Rogers) to the durability of some of the products of art therapy work, which clients can keep and continue to use in therapy long after the session in which the original work was done.

In positioning her variation of person-centred art therapy, Liesl Silverstone emphasises the non-directive nature of her process, and contrasts it with the interpretation required in traditional Freudian-informed art therapy.

Pre-Therapy

American psychologist Garry Prouty first published his ideas in the 1970s, although he had been gestating them for over ten years before that. Prouty's work turns the spotlight on Carl Rogers' first therapeutic condition, namely *psychological contact* (Rogers, 1957). It is no exaggeration to say that unless psychological contact with the client is made, therapeutic change cannot take place. In his original work (Rogers, 1957, 1959), Rogers suggested that psychological contact is a prerequisite for the other therapeutic conditions or possibly a conduit through which they can flow. Prouty reminded therapists that this cannot be taken for granted.

Garry Prouty reiterates Rogers' position that in order for psychotherapy to take place psychological contact *must* be established. This is particularly important with those clients who have their ability to establish and maintain psychological contact with another human being impaired by illness or injury, organic or psychological. Prouty challenges the view that psychological contact is a binary on-off affair — we are either in contact or we are not. His theory involves three types of contact: contact with

self, contact with the environment and social contact (or contact with others). I have described this elsewhere (Wyatt and Sanders, 2002) as a *cascade* of contact, with the whole process being critically impaired if an element is missing. So, the internal economy of contact between self and experience is as important as contact between self and other, before therapy can be effective.

Prouty (Prouty, Van Werde and Pörtner, 2002) and his associates explain how contact can break down (and can be re-established) in various psychotic symptoms such as hallucination. They postulate that, under certain circumstances, a combination of internal and external experiential isolation causes pathological withdrawal. The person becomes ‘pre-expressive’, by which Prouty means that underlying the symptoms of autism, psychosis, brain damage, or whatever, ‘there is somebody in there’ (Prouty, 1998). Pre-Therapy, then, according to Prouty, ‘points at the concrete’ re-establishing the connection between sensation, experience and self — isolation is reduced and a bridge is built over the gulf of contact-impairment.

The therapeutic method of Pre-Therapy is deceptively simple. In practical terms it is a continual re-presentation of elements of shared reality. This encourages contact with self, reality and others. Prouty describes the elements of Pre-Therapy as follows:

- Contact Functions (the client’s process)
- Contact Reflections (the therapist’s responses)
- Contact Behaviours (the client’s behaviour)

Contact Functions

- Reality Contact (awareness of the ‘world’, specifically people, places, things and events)
- Affective Contact (awareness of moods, feelings and emotions)
- Communicative Contact (symbolisation of world and affect to others — using words or sentences)

Contact Reflections

- **Situational** Reflections (SR) Reflecting aspects of the shared environment.
- **Facial** Reflections (FR) Reflecting verbally or by ‘mimicking’ the facial expressions of the client.
- **Body** Reflections (BR) Reflecting, verbally or posturally, the gestures, movement and postures of the client.
- **Word-for-word** Reflections (WWR) Repeating back what the client says word for word.
- **Reiterative** Reflections (RR) Remaking contact by repetition of

Wyatt, G. and Sanders, P. (2001). *Rogers’ Therapeutic Conditions. Volume 4: Contact and Perception*. Ross-on-Wye: PCCS Books.

Prouty, G., Van Werde, D. and Pörtner, M. (2002). *Pre-Therapy: Reaching contact-impaired clients*. Ross-on-Wye: PCCS Books.

Prouty, G. (1998). ‘Pre-Therapy and the Pre-Expressive Self.’ *Person-Centred Practice*, 6 (2): 80–8. Reprinted in T. Merry (2000)(ed.) *Person-Centred Practice: The BAPCA Reader*. Ross-on-Wye: PCCS Books, pp. 68–76.

This is a huge understatement. I feel obliged to point out that without *at least* reading one of the references below, it is simply impossible to get even the slightest flavour of what Pre-Therapy is all about. The best introduction to Prouty’s work is Prouty, G., Van Werde, D. and Pörtner, M. (2002). *Pre-Therapy: Reaching contact-impaired clients*. Ross-on-Wye: PCCS Books.

A Brief summary of Pre-Therapy can be found in Mearns, D. (2003). *Developing Person-Centred Counselling*. 2nd edition. London: Sage.

My personal recommendation is that anyone interested in Pre-Therapy should attend a workshop, preferably run by Garry Prouty or one of his associates. Dion Van Werde runs workshops in the UK from time to time.

For more information visit <http://web.tiscali.it/no-redirect-tiscali/Pretherapy/>

previous reflections that showed an effect.

Pre-Therapy has significant implications for therapy theory and practice:

1. Therapists should no longer gratuitously assume that psychological contact is a 'given'.
2. Psychological contact may be viewed as existing in a range of degrees, although there is a logical cut-off point where a person is out of contact and pre-expressive.
3. Therapists now have a strategy for being with a wide range of contact-impaired clients, including those suffering from:
 - (i) psychotic symptoms
 - (ii) dissociation and depersonalisation
 - (iii) dementia, including degenerative brain disease
 - (iv) learning disabilities
 - (v) brain damage

When contact is restored, the therapist may then build a relationship with the client to help with a range of problems from restoring everyday personal functioning through to psychotherapy.

Training

It is a tricky line to tread without becoming patronising and/or banal with this 'advice'. It is nevertheless surprising how many people do not realise that they can choose and since counselling training is costly in terms of time, personal commitment and money, it is no less than essential to make an informed decision.

We hope that one of the consequences of reading this book will be that prospective students will be more clear about the type of therapist they want to become, and so stand a better chance of accessing the type of training that will best suit their needs.

We acknowledge that despite the best intentions of the staff, institutions and validating bodies increasingly insist upon instructional modes of learning and tutored or even external assessment. Whichever way you look at it these methods are not person-centred. Prospective students, however, may have little or no choice in the area where they live. For more information on learning to be a counsellor, the following books might help:

At one stage in the preparation of this book, I thought it would be a good idea to point readers in the direction of training opportunities in the approaches described herein. It soon became clear that it was not possible to do this for a number of reasons. First, authors were reticent when it came to recommending particular institutions, lest anyone think they might be responsible for the quality of the training. Second, whenever such a list is compiled, it is immediately out of date. New courses are commissioned and occasionally established ones disappear. Third, training is always a personal choice.

In the spirit of the latter point, I thought it might be more helpful to make some general points on choosing training:

1. Before you embark on professional (diploma) or masters training, be sure you know what theoretical orientation you want to be trained in (including, if you decide upon a 'person-centred' training, the 'tribe' of the approach that best fits you).
2. Find out about the course methods, i.e. whether the course has a fixed timetable, lectures, etc. and who sets and assesses the assignments. Person-centred training should follow person-centred methods, i.e. be student-centred, with the students' learning managed by the students themselves.

3. If at all possible, resist the temptation to simply go to the college or institute closest to where you live. For many people this is, of course, the only option.
4. Talk to the tutors on the telephone if possible, insist on an interview. It is your opportunity to interview the staff — do they have experience and qualifications in the approach which is being trained? Look at the facilities — not just the training rooms, but also the library, do they take relevant journals, for example?
5. Is the course accredited or validated by the BACP or a university or the UKCP?
6. If possible, meet with, and talk to, current or previous trainees for an inside opinion on the course.
7. Wherever you decide to go, you will be spending two years or so as a student, forging learning relationships with the staff and fellow students. Regardless of the reputation of the institution, does it feel like the right place for you?

In summary, the best practice is to research the training opportunities thoroughly. Get information from a wide variety of sources. The internet is the best source of up-to-date information from professional bodies and special interest organisations:

- British Association for Counselling and Psychotherapy:
<http://www.bacp.co.uk>
- Independent Practitioners' Network:
<http://ipnosis.postle.net/pages/princproc.htm>
- British Association for the Person-Centred Approach:
<http://www.bapca.org.uk>
- Focusing Institute:
<http://www.focusing.org>
- United Kingdom Council for Psychotherapy:
<http://www.psychotherapy.org.uk>

The following are books for students or prospective students and contain information about the *process* of person-centred training:

- Buchanan, L. and Hughes, R. (2000). *Experiences of Person-Centred Counselling Training: A compendium of case studies to assist prospective applicants*. Ross-on-Wye: PCCS Books.
- Merry, T. (2002). *Learning and Being in Person-Centred Counselling*. 2nd edition. Ross-on-Wye: PCCS Books.
- Sanders, P. (2003). *Step in to Study Counselling*. 2nd edition. Ross-on-Wye: PCCS Books.

Although written for trainers, this is a very informative book if you can get hold of a copy from a library:

- Mearns, D. (1997). *Person-Centred Counselling Training*. London: Sage.

