


RENAISSANCE

Newsletter of the Association for the Development of the Person-Centered Approach, Inc. Volume 18, Number 1, Winter 2001

We are  *now*

ADPCA, Inc.



And we *remain*
an association of
persons

Welcome to ADPCA, Inc.

Officially, ADPCA is a corporation now. And reminiscent of the phrase, the king is dead, long live the king, there is a sense that something basic has changed and that nothing has changed at all.

The folks who attended the last Annual Meeting, in San Diego, were able to hear from some of the hard working people who made our incorporation possible – Carolyn Schneider, Kathy Moon, and Dan McNeal. Some attendees had questions about the negative impact of such a formal structure for our anything-but-formal organization. And we learned that the “Inc.” changes nothing of consequence in any negative way.

On page 13 of the Fall 2000 issue of Renaissance, the Business-Meeting Minutes described all of this. But the actual incorporation took place after the conclusion of the last Annual Meeting. So only now do the three letters appear here in Renaissance after ADPCA.

Do we need to be reminded that people (or persons) are still the heart and soul of ADPCA, Inc.? Of course not. I just needed an excuse to put all those pictures on the cover.

Paul B



Jim Iberg, Ferdinand Van Der Veen and Edwin Kahn :

[photo provided by Martine Leonard, taken during "CHICAGO 2000" ICCCEP convention]

A REVIEW OF:

'Randomised controlled trial of non-directive counselling, cognitive-behaviour therapy and usual general practitioner care in the management of depression as well as mixed anxiety and depression in primary care'

M. King et al.

Health Technology Assessment 2000,
Vol. 4:No. 19.

[This Review Written by Dave Mearns]

For the time being this research is published by the NHS Research and Development Technology Assessment programme, but it will soon appear in the BMJ. The importance of this research for PCT cannot be underestimated. This was a £¹/₂ million study directly comparing three conditions in primary health care: person-centred counselling, cognitive behaviour therapy and routine GP care. The design of the study is what is called a 'randomised controlled trial' (RCT), generally accepted within the NHS as the 'gold standard' form of effectiveness study, but widely criticised within the academic counselling world as inadequate for evaluating highly relational 'treatments'.

This RCT has adapted to some of the criticisms of earlier studies. For instance it emphasises that it used counsellors qualified to the extent that they were 'eligible for BACP accreditation'. Professor King has erred in this regard before – his 1998 Lancet study made the same assertion, but detective work revealed that only one of the four counsellors was accredited and the others were only 'lightly' trained. Another strength of the study is that it assessed benefit at 4 and 12 month follow-up points and still managed to retain a high response rate.

The main results of the study were that both PCT and CBT (offered by qualified clinical psychologists) obtained significantly better scores on the main outcome measure (the Beck Depression Inventory – usually a 'blunt instrument' for counselling) than the GP group at 4 month follow-up; there was no difference between PCT and CBT outcomes; and at 12 month follow-up all three conditions were equal. Also, in an evaluation of cost-effectiveness, all three conditions were equal.

The similarity at 12 month follow-up was not caused by PCT and CBT outcomes waning but by GP care outcomes improving. This is an important point and one which probably results from GPs holding off from making other 'treatment' referrals during the first 4 months of follow-up, but then 'giving-in' to patient need and demand. I suspect Professor King does not have data on the GP group between 4 and 12 months, but I have written to ask him.

These results are very good for Person Centered Therapy, which is now one of only two (with Cognitive Behavioral Therapy) well-validated psychological therapy interventions in primary health care. However, I don't think we should go 'overboard' on this result.

These results are very good for PCT which is now one of only two (with CBT) well-validated psychological therapy interventions in primary health care. However, I don't think we should go 'overboard' on this result. I will continue to argue that the RCT is too limited a strategy for evaluating a highly relational therapy like PCT and that the NHS should encourage more naturalistic studies in order to ensure that validity is not lost in the search for reliability.

Incidentally, Professor King, in all his studies, has the eccentric habit of labelling PCT as 'non-directive counselling' or 'Rogerian non-directive counselling'. We have, on several occasions, pointed out that he is more than 50 years out of date in this nomenclature.

Professor Dave Mearns

November 30, 2000.

Reflections on Everyday Unhappiness

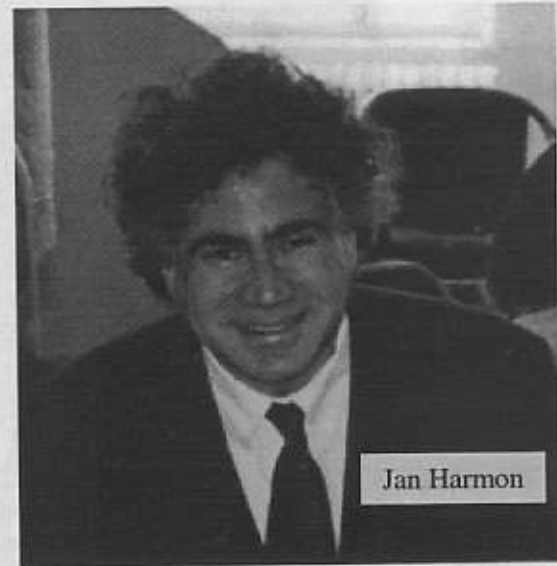
J. I. Harman

The City College
City University of New York

It seems as though much of the unhappiness the contemporary Western psychotherapist sees consists, in one way or another, of the disappointment and despair of modern, encapsulated, consumerized and ultimately seemingly "meaningless" human existence -- i.e., existence experienced as preoccupied with extracting from life as much wealth, importance and sexual gratification as one can. Our market economy urges us to do this ad nauseum. But it is precisely when we are so inwardly focused that we fail to recognize, much less appreciate, the suffering we deluded beings are putting ourselves through. As a result, few feel they can "afford" caring for others, since there is so much at stake in trying to maximize one's "take" for oneself (and One Self only).

Soothing such narcissistic frustration becomes one's "blueprint for personal success," which inevitably involves acquiring things, to ensure our own happiness before that of others. It could not be otherwise, since any such blueprints as do not vault the self first among others fail to meet the criterion for their very need: we feel we must do this for ourselves, and as effectively as possible. Although maladaptive, there is nothing fundamentally "wrong" with this tendency. On the contrary, it is simply another, more egocentric expression of our deeper tendency to actualize our fullest potential.

As in all aims of human life, not merely the fundamental, of course, we abide somewhere on a continuum of the full range of human experience of which we are all part. We necessarily speak, always, from the point of view of that self whose nature and purpose we most deeply seek to know. We both seek and dispense advice on these matters in almost all personal conversation, and our collective dialogue rests on the personal: it is as though, in fragmenting the self, we are compelled to examine the fragments together. Where salvation for that self we fragmented, most rapidly in the latter quarter of the twentieth century, once belonged to the images of organized religion (and for the religiously orthodox still does) now most commonly belongs to the psychotherapeutic couch or chair, or to some form of mind-body synchronization (such as various forms of yoga or meditation). All such quests may be regarded as



longings to awaken within lovingkindness for others and ourselves. Indeed, this would seem precisely why those searching for love traditionally invoke the notion of the "soul mate" who, once found, will be the "answer to the heart's desire." Actually, a mate is someone who works along with you, a partner rather than a god or goddess whose very presence in our life will make us feel terrific all the time. The work we are compelled to be interested in, from this perspective, is work on ourselves. Working with others *for* others is something which can only be accomplished when this work on ourselves is done, or at least somewhat complete; otherwise, there is too little psychic energy available for it.

It thus seems that unconditional positive self-regard must be the foundation for unconditional positive regard for others; because otherwise, not having done so for ourselves, we would be unable to genuinely respect and genuinely listen to another.

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Diversity 7 Held Last October



Armin Klein, Ken Warner, & Gerald Bauman



Lewis Gover & Martine Leonard



Ruth Sanford & Ed Bodfish

DIVERSITY 8 Coming Next October

Plans are underway for **EXPERIENCING DIVERSITY 8** for **October 5-7, 2001**. It will occur at the usual site, Hemlock Conference Center, **Hebron, Connecticut**. More information will be forthcoming as it unfolds. Experiencing Diversity 7 was, for me, an unusually rich experience. I am never expecting the high quality of listening I witness at these diversity workshops — where the person centered approach is so new to a large portion of the participants; yet, I was repeatedly touched by their eagerness to hear others — all of which encourages me to not give up on investing my energy in helping to make such happenings happen.

--Chuck Stuart

ADPCA 2001 AT GMB NATIONAL COLLEGE

MANCHESTER, UNITED KINGDOM. 30 MAY – 3 JUNE 2001



For the first time, the ADPCA Annual Meeting is being held outside the USA. We hope that new participants will be encouraged to join us. In addition to Presentations, Development Workshops, and Counselling Practice Demonstrations, there will be opportunities for community meetings, small/large groups and spontaneous process led meetings:

Current intending participants include Godfrey Barrett-Lennard, Gerald Bauman, Barbara Brodley, Ivan Ellingham, Ned Gaylin, Joao Hipolito, Antonio Santos, Chuck Stuart, and Margaret Warner.

The Venue

GMB National College is a beautiful nineteenth-century listed building with Gothic arches and high beamed ceilings. It is situated 25 minutes from Manchester Airport and 10 minutes from the City Centre. Manchester itself is a good base for exploring the UK. London and Scotland are 2½ hours away by train and less than an hour by plane.

Conference Fees

Breakfast, lunch, evening meal and late-night sandwiches in the bar will be provided, together with morning and afternoon refreshments. Please give us clear details of any special requirements you may have. Lunch and morning/afternoon refreshments are included in the fee. Dinner is available for non-residential and day participants at a rate of GBP15 per day but must be booked in advance.

	Paid in full by 1.Feb.2001	Paid in full by 30.May.2001
Residential/single	£380	£410
Residential/sharing	£320	£350
Non residential	£220	£235
Day rate/lunch only	£65	£75

Approximate conversions. £1 = US\$1.50. £1 = €1.60

All fees include a GBP10 donation to the bursary fund. Please deduct GBP10 if you do not want to contribute. Additional donations gratefully received.

A non-refundable deposit of GBP30 is required with the application. The application form is available on the website which Allan Turner has set up: www.counserve.co.uk/adpca2001. Allan's email address is adpca@allanturner.co.uk.

People without access to the internet can contact Jill Jones, ADPCA 2001, 16 William Jessop Court, Manchester M1 2NE, UK. Tel: 0161 272 8354 (Int. +44 161 272 8354).

Bursaries

The bursary fund is intended primarily to help people from groups previously underrepresented at ADPCA to attend the conference. If you are looking for bursary support, please send a letter with your application form by 1 November 2000. It is **possible** that rooms will be available with **local people** so if you would be interested in this arrangement or are able to offer a room please contact Teresa Kenny on 0161 881 8070 (Int + 44 161 881 8070)

Margaret
Fetherston

David Tanner

Jill Jones

Teresa
Kenny



Janet Tolan

Allan Turner



Dear ADPCA 2001 Participants

Call for input! We are planning **three strands** of activity to run through the conference, **as detailed below**. Please let us know as soon as possible if you would like to contribute and, if so, which strand your contribution will come under. Thanks

The Planning Group

- 1) Presentations led by people who have theoretical and practice developments to disseminate. These presentations may include experiential work, discussion etc.
- 2). Development Workshops led by people who wish to explore a particular idea or theme with other participants. Workshop leaders are likely to have some interesting thoughts or ideas to offer as a starting point for discussion.
- 3) Counselling Practice Demonstrations. Each demonstration will be of a 'live' or video taped counselling (therapy) session of approximately half an hour. Participants will then be able to discuss the style of the counsellor and relate the work to Person-Centred (Client-Centred) Theory.

