PERSON-CENTRED SOCIOTHERAPY: APPLYING PERSON-CENTRED ATTITUDES, PRINCIPLES AND PRACTICES TO SOCIAL SITUATIONS, GROUPS AND SOCIETY AS A WHOLE

Paul Wilkins

Private Practice, United Kingdom

Abstract: Theoretical support and a rationale is offered for extending person-centred practice into social domains in order to promote a sense of social inclusion. This strategy is called 'person-centred sociotherapy'. It is argued that mental and emotional distress has social and environmental causes and that person-centred sociotherapy prevents or at least mitigates the ill-effects induced by these. The roots of emotional and mental distress and social disharmony and the medical, economic and psychological evidence for the value of promoting 'happiness' and 'kindness' are examined. Finally, some examples of sociotherapy in action are given.

Key words: Happiness, Kindness, Mental and emotional distress, Sociotherapy

INTRODUCTION

With my friend and colleague Danae Marinakis, sometime ago I began to think about the social implications of person-centred theory. In part we were spurred by the widespread view that in some way our societies have been stretched, bruised and damaged. This opinion is typified by Buonifino and Mulgan (2006) who linked increasing unhappiness with a decline in mutual support and neighbourliness and a resultant increase in isolation and mental ill-health. It seemed to us that, within the person-centred approach, there was a body of knowledge and theory which had direct application to the enrichment of social interaction and the enhancement of social and personal well-being. That is to say that the person-centred approach had the potential to offer strategies which would promote social cohesion, reduce social

Address: Dr Paul Wilkins, Private Practice, UK. E-mail: paulwilkins184@btinternet.com

isolation and prevent or at least ameliorate mental and emotional distress before psychotherapy per se was needed. We saw this as very desirable and a natural extension to the sort of person-centred therapy we were offering. In part, this paper is a plea to person-centred practitioners (and others) to extend their practice into the area of the prevention of the stress and tension which may result in mental and emotional ill-health.

As Danae and I first talked about our ideas, a label popped into our heads. What we were reaching towards was person-centred sociotherapy, a way of working with groups, communities and society as a whole which was something different from group psychotherapy. Personally, I saw this as a logical extension to my assertion that, for me, (Wilkins, 2006, p. 13):

> to adopt a person-centred way of being in the world implies a desire to lead an ethical and honourable life, but also a charitable life. Charity (from the Latin carus meaning 'dear') is in this sense to hold dear, to cherish, to act lovingly towards. Towards what? Why, everything. How? By carrying this set of values into work in social and political areas at least as much as through working with individuals.

At the time, this was an intuitive and instinctive understanding rooted in the belief that (Wilkins, 2006, p. 8) 'the person-centred relationship is co-operative, collaborative, co-created and co-experienced'. Together we set out to explore this awareness and to begin to ground what we discovered in person-centred theory and to think about the practical consequences. In this paper I set out and develop our thinking. However, it is important to acknowledge that many others from many different orientations and medical, psychological, philosophical, anthropological and religious backgrounds have reached similar conclusions as to the desirability and efficacy of social connectedness. What I am offering here may not be unique in its aims but in beginning to structure a person-centred theory of sociotherapy and to suggest ways of implementing it in practice I hope to encourage a 'preventative' dimension to person-centred practice and to frame a strategy for social healing.

PEOPLE ARE SOCIAL AND DEPEND ON EACH OTHER FOR THEIR WELL-BEING

Our starting point in developing person-centred sociotherapy was the sense that people are essentially social in nature, needing others and needing to be needed and

that when social connections are absent or thwarted, the result is distress. Relating is fundamental to human existence. We define ourselves in terms of our relationships. Indeed, this is reflected in the name of our orientation - it is a *person* centred approach. Whereas 'individual' is rooted in the Latin word meaning 'indivisible' and refers therefore to a unitary existence having no reference to the other, 'person', also of Latin origin (from *persona*, originally an actor's mask, later equivalent to human being) has a Greek predecessor prosopo, meaning 'presented to be seen' or 'there for recognition' which implies a relational quality (Polly Iossifides, personal communication). A mask or something 'presented to be seen' is only of any use if there is a viewer. 'Person' is a relational concept that is to say we are defined by our relationship with others and the world as a whole.

Although it doesn't seem to have been emphasised until recently, that people are essentially social has been embedded in person-centred theory from its early days. For example, in his 'note on the nature of man' Rogers (1957, p. 201) observes that among the characteristics of people is their tendency to form co-operative relationships. He also offered the view that when the person-centred approach is lived it is empowering and that when personal power is experienced it tends to be used not only for personal transformation but also social transformation (see Kirschenbaum & Henderson, 1990, p. 138) and in Rogers (1961, p. 194) he notes that one of the deepest needs of a human being is for affiliation and communication with others. Later, writing about encounter groups, he (Rogers, 1970, p. 113-114) stated his belief that one of the major reasons for the widespread growth of encounter groups was the loneliness people feel when cut off from each other.

Of late, person-centred theorists have returned to the centrality of relationship to the nature of human beings. This is at the heart of what has become known as a dialogical approach and a primary advocate of this way of being in a therapeutic relationship is Peter Schmid. Drawing on not only classical person-centred theory but, notably, the work of the philosophers Emmanuel Levinas, Martin Buber and many others, Schmid explores and emphasises the essentially relational quality of human beings, the process of encounter and the dialogical nature of person-centred therapy. In one of his earliest works published in English, Schmid (1998a, pp. 38-52) explains the importance of the concept of the person and (p. 45) to declare 'the two most important principles of the person-centred image of the human being'. These are that 'we live through *experience*, and we live in *relationships*' (original emphasis). Later, Schmid (2003, p. 110) emphasises the 'fundamental We' as a basic chara-cteristic of the person centred approach. He states that each of us only exists as part of a 'We' and (2003, p. 111) 'we are unavoidably part of the world' and that:

> This We includes our history and our culture. It is not an undifferentiated mass, nor is it an accumulation of 'Mes'; it includes commonality *and* difference, valuing both equally. Only a common esteem for diversity constitutes and accepts a We.

Schmid (2003, p. 111-112) goes on to say that to ignore this We has dreadful implications including the growth and spread of totalitarianism and terrorism. So, in person-centred terms, the organism is relational and what it relates to is We where We is the whole of which it is part. To thwart or distort this relationship results in personal and social distress. For me, (after Wilkins, 2006, p. 12):

- The We implies a connectedness, an inter-relatedness that goes beyond the organism.
- It is possible to conceive of the We as a meta-organism to which we all belong
- To harm the 'We' is to harm the me
- We is more than an immediate community, more than humanity, more than all living things. It is our planet in its totality.

This has implications not only for therapy but for the conductance of life (being in the world).

Of course this awareness that people need to belong and to be belonged to is not unique to the person-centred approach. Amongst many examples from the world of psychology and psychotherapy there is the need to belong as one of the fundamental human characteristics put forward by Maslow in his hierarchy of needs (see, for example, Kunc, 1992), Bowlby's attachment theory can (at least in part) be seen as about 'belonging', from a Transactional Analysis perspective, Moiso (1998) considers that to belong is necessary to 'acquire a base for affective and emotional OKness' and Baumeister and Leary (1995) have described the need to belong as a fundamental human motivation. From an anthropological and biological perspective this need to belong is a positive survival characteristic. At least in the long term, co-operative individuals with a sense of loyalty and compassion and their progeny have a better chance of dealing with adverse circumstances than those who choose to act alone.

In the context of my argument, is important to note that those putting forward a need to belong as fundamental to being human also point out that when this need is thwarted there are implications for mental health and emotional well-being. In my view:

- We need others and are needed by them.
- Encounter and connectedness are at the heart of a satisfying existence.
- It is in our interest to be loving, charitable and helpful because if we

collectively are not then existence (of the person, the community, the human race, the planet) is threatened (see Wilkins, 2006, p. 13).

• Social human beings are more likely to survive than unsocial human beings

THE ROOTS OF EMOTIONAL AND MENTAL DISTRESS AND SOCIAL DISHARMONY

Amongst person-centred thinkers, there is a widespread and increasing view that the causes of emotional and mental distress are not intrinsic, endogenous, solely interpersonal and a response to relationships with significant others but that their origin is social and/or environmental. Perhaps it would be more correct to say that distress is not entirely or primarily a response to the former but that these can be and are distorted by the latter. There is also an assumption that 'madness' is socially defined and that social and political circumstances at least contribute to and exacerbate mental distress. For example, Proctor (2002, p. 3) shows that "there is much evidence to associate the likelihood of suffering from psychological distress with the individual's position in society with respect to structural power". Sanders (2006, p. 33) states that there is growing evidence that psychological distress has social, not biological causes. Indeed, he goes as far as to say that there is no such thing as mental illness. As supportive evidence for his position, he (Sanders, 2006, p. 34) notes that:

> People who have suffered sexual abuse are three times more likely to receive a diagnosis of schizophrenia; people who are subject to poverty and ethnic discrimination are three times more likely to receive a diagnosis of psychosis other than schizophrenia; childhood neglect and abuse are highly correlated with [...] earlier age at first admission to psychiatric care and a higher number of admissions.

Sanders (2007, p. 184), shows that, in spite of the introduction of neuroleptic drugs, recovery rates from schizophrenia have not improved in 50 years; he declares that (p. 186) psychological disorders are names for theories not names for things that exist in nature and (p. 188) states that there is evidence that growing up in poverty has implications for psychological distress.

Again, the view that mental and emotional distress are linked to social and environmental issues is not unique to the person-centred world. Psychotherapists and psychologists of many other persuasions indicate that there are reasons to link (for

example) depression and social isolation. Read, Mosher and Bentall (2004) focussing specifically on schizophrenia includes chapters on social and psychological approaches to understanding madness and evidence-based psychological interventions.

From a social work perspective, there is much work pointing to links between mental ill health and social injustice especially as it concerns groups experiencing disadvantage and discrimination. For example, Sheppard (2002, pp. 779-797) explores the psychological consequences of unfairness with respect to gender and race. Similarly, in their interim policy briefing, the Centre for Social Justice (2011) states that there is a link between mental ill-health and poverty and that poor mental health is implicated in many significant signs of social breakdown. They also point out that, in the UK, the cost of mental health treatment (excluding dementia) is £7.65 billion per year and that a further £26.1 billion per year is lost as a result of people being absent from work as a result of mental health disorders. It is likely that the figures for other developed countries are similar.

To develop these ideas a little, it seems that social injustice and/or an absence of a sense of community and communion may have at least something to do with mental and emotional distress. Furthermore, mental ill health is costly - to the person in terms of distress but in monetary terms to society as a whole.

To summarise:

- Distressed societies beget distressed people
- Distressed people act in distressing ways
- People disconnected from a sense of the Universal We may act as individuals rather than persons
- Such behaviour results in yet further social distress and yet more emotional distress for individuals
- There are financial implications to dealing with emotional and mental distress. If emotional and mental distress has social origins then it makes sense to take social action.

IS PREVENTION BETTER THAN CURE? SHOULD THERE BE A 'PUBLIC HEALTH' DIMENSION TO COUNSELLING AND PSYCHOTHERAPY?

There is evidence that participation in civic society, social support and networks and even levels of neighbourliness (for example, how often people in a community speak to each other and interact in other ways) have been found to reduce risks of mental and emotional distress (see, for example, Coggins, Cooke, Friedli, Nicholls, Scott-

Samuel, & Stansfield, 2007). As I thought about the apparent need for people to feel connected to their communities in order to be and remain psychologically healthy, I began to reflect on our collective attitudes to physical health and whether there are parallels. It seems to me that whereas, in medicine, a lot of glamour attaches to heart surgeons, brain surgeons and the like they have actually saved far fewer lives than the people who gave us (for example) clean water, functioning sewers, school dinners and immunisation programmes. In other words, it is the promotion of good nutrition, the prevention of unsanitary conditions, and the contraction of infectious diseases that has done more for the modern world and human survival and enabled us to flourish. With respect to our physical well-being, this 'public health' dimension is seen as essential. This is of increasing importance in the developing world too. However, although there are small programmes in some places, by and large this preventative approach has not formed part of the development of counselling and psychotherapy or of psychology as a whole (with the honourable exception of positive psychology). This and our awareness and belief that person-centred theory and practice held potential 'answers' to what we saw as a problem of social isolation and alienation inspired Danae and I to consider that perhaps some of us in the person-centred world should turn our attention to how to prevent mental and emotional distress in the first place. We are sure that there is a place for preventative strategies with respect to mental and emotional health and that person-centred therapists are well-placed to develop and implement them.

IS IT AS SIMPLE AS PROMOTING HAPPINESS?

In the medical literature, there are many references to the link between happiness and (physical) health. Generally speaking, it seems that the happier people are the longer they are likely to live and the less prone to disease they will be. There is a converse correlation with 'unhappiness' with depression, marital conflict and stress appearing to weaken the immune system. For example, Diener and Chan, (2011) explore the links between longevity and happiness. Also in the medical literature there is evidence that happiness relates directly to social connectedness and that, therefore, the latter is important in being and staying healthy. For example, Steptoe and Diez Roux (2008) report that social epidemiology has established the relevance of social connectedness for health. Furthermore, Fowler and Christakis (2008) show that people's happiness depends on the happiness of those with whom they are connected. That is to say happiness is contagious. On the other hand, unhappiness is not so easily transmitted from person to person. They also indicate that, from their

study, there is further justification for seeing happiness, like health, as a collective phenomenon.

In the field of economics and public policy, Layard (2006) has shown that while poverty is a source of unhappiness, increasing wealth does not bring happiness. He points out seven factors that are key to the perception of happiness. They are (listed in order of relevance) 1) family relationships; 2) financial situation; 3) work; 4) community and friends; and 5) health. The two additional factors influence all of the first four and are equally relevant: a) personal freedom; b) personal values. He also points out that (amongst other things) research indicates that we are happier when we manage not to be totally self-absorbed and we actively manifest an interest towards the well-being of others - that is to say for society to be happy individuals must get their happiness from helping others.

So, it is established that there are connections between health and well-being and happiness and that a principle factor in happiness is social connectedness. Moreover, happiness comes not from the passive receipt of the support and attention *of* others but the active care and concern *for* others. Hamilton (2010) brings together evidence from up-to-date studies to show how and why kindness is good for our health. He also deals with compassion (which he links with empathy), gratitude and forgiveness as aspects of kindness and their health benefits. For example, (p. xiv), compassion may reduce inflammation which is implicated in many diseases including heart problems and cancer and gratitude alleviates depression, makes people happier and improves the quality of relationships. It is also a good treatment for insomnia and promotes longevity. Forgiveness reduces hurt, anger, stress, anxiety and depression and promotes optimism. It is also good for the heart as it reduces blood pressure and improves circulation. Interestingly, Hamilton offers a medical explanation for the health benefits of social connection. He (p. xiv) notes that when a person encounters another (in the person-centred sense of 'encounter') there is an increase in the flow of the hormone oxytocin which has multiple effects including keeping blood pressure low, facilitating the healing of wounds and preventing damage to the cardiovascular system. There is also a 'feel good' factor associated with the flow of oxytocin. It makes us feel happy. Hamilton (p. xv) also believes that people are genetically wired to be kind and that to suppress this urge results in stress to the nervous system and (p. 6) that kindness is an effective treatment for depression and other psychiatric disorders.

However, happiness is an effect, an artefact and measure of psychological well-being rather than its cause. So, while the promotion of happiness is a legitimate objective of a public health approach to preventing mental and emotional distress attention more properly goes to the causes of happiness and unhappiness rather

than those emotions per se. While some of these causes (for example, finance and work - especially in their 'negative' forms of poverty and unemployment) are probably most effectively addressed through political and economic action, others are of direct relevance to the skills of counsellors and psychotherapists. For example, it follows that to facilitate a sense of community and communion and to foster active communication is to promote happiness (in its broadest sense) and that this has implications for preventing ill-health and promoting well-being. Also, if we take Hamilton's arguments (and those of philosophers, religious leaders and activists of a variety of shades over many centuries) that kindness promotes both happiness and social connectedness as valid then there is value and merit in acting kindly and facilitating kindness in others. These are things that person-centred practitioners have the skills and knowledge to do. A way to do this is by the active promotion of person-centred sociotherapy for which our working definition is:

> *For person-centred sociotherapy to take place, two or more people must engage as persons - it is a process of encounter. That is to say that, at least to a minimal extent, for all involved there is a process of engaging with the world and the experience of the Other(s) in such a way as to increase understanding of that experience. It is a process of mutual communication from which (however rudimentarily) there emerges a sense of community and communion, an awareness of shared humanity which may manifest as compassion and/or kindness. This is facilitated by the endeavour to be empathic and accepting while being congruent. A sociotherapeutic encounter is growthful because it at least begins to meet the human need to belong. It promotes well-being and wholeness and reduces alienation. It also enhances collaboration and reduces adversarial competition.*

Apart from the clearly different objectives and focus, one way in which we are distinguishing sociotherapy from psychotherapy is in the emphasis we are putting on encounter. Schmid (1998b, pp. 74-90) dealing with 'the art of encounter' and also stressing the relational nature of the person, writes (p. 81) that, from a person-centred perspective, "each encounter involves *meeting reality* and *being touched* by the essence of the *opposite*" (original emphasis). In Wilkins (2010, p. 98), I infer from this that encounter is a process of engagement involving acknowledgement. That is to say, it involves not only meeting and recognising the other but also responding to and greeting the other (dialogue). I (p. 98) go on to write "in this way, the Other cannot be seen as an anonymous stranger but becomes a(nother) person; someone real with whom there is at once communion and from whom there is separation." So, we are arguing that to deliberately foster connections between

people and between ourselves and others, to recognise and acknowledge others is healing and promotes well-being. This is enhanced by the offering of empathy (perhaps especially as compassion) and acceptance - in this context it may be preferable to think of this as one thing - understanding. We also suggest that acts of kindness have a part to play in person-centred sociotherapy. This too distinguishes the latter from psychotherapy because it is a more active 'doing' and involves action from the frame of reference of the sociotherapist (although the skill of empathy will have a part to play in selecting the particular act of kindness). Moreover, because a group, community or society in which there is a strong sense of connectedness and an ethos of kindliness makes fewer demands on the health budget (and, for example, probably draws less on budgets dealing with social order and crime) there are economic arguments for initiating and supporting sociotherapeutic endeavours.

PERSON-CENTRED SOCIOTHERAPY IN PRACTICE

Because we are advancing a new idea (or framing an old one in a new way if you prefer) we cannot as yet point to projects bearing the label 'person-centred sociotherapy'. However, we can find examples from within the person-centred world which we believe fit our definition. These include the work to resolve intercultural tensions and the cross-cultural encounters which Rogers undertook later in his career (see Kirschenbaum & Henderson, 1990, pp. 438-445. Kirschenbaum, 2007, pp. 437-442, 492-522). Rogers (Kirschenbaum & Henderson, 1990, p. 438) wrote:

> One of our greatest difficulties in any dispute is to recognize or, even more difficult, to accept that the certitude we feel about our own rightness and goodness is equalled by the certitude of the opposing individual or group about their rightness and goodness.

He believed that community tensions of many kinds can be eased by using a person-centred approach to empower people on both sides of the conflict. Clearly, any work to resolve conflict in and between communities is of value and is sociotherapeutic but the preventative role of person-centred sociotherapy would focus on promoting understanding *before active* conflict arises. Again there are examples from within the person-centred community. These include the diversity groups organised by Margaret Warner and her colleagues which bring together people from a variety of cultural backgrounds with the agenda to work towards mutual understanding and the large groups facilitated by Peggy Natiello. Also of

note was the 'Living Now' Institute (see Barfield, 2006, pp. 238-240) which was an annual group gathering to deal specifically with socio-political issues and which drew its participants from around the world.

There are examples of person-centred local community initiatives too. For example, Pete Sanders (personal communication, 2011) tells of a project he and Rod Ward ran at the University of Birmingham in the 1970s. The idea behind this project was that group training in person-centred counselling skills would have a beneficial effect on those who attended and thus the university as a whole. Each group offered this training had to include at least one senior academic and at least one member of the support staff (for example a cleaner or catering worker). Its other members could be drawn from anywhere in the university. Writing of this project, Ward (1978, pp. 95-101) noted that, as a result of it, new communication channels were facilitated on the campus and that there was a positive effect on community development. Also working in an academic setting, Stipsits (2006, pp. 250-251) writes about a conflict resolution workshop he offered to German-speaking and Romanian-speaking students in Transylvania. He (p. 251) states "what Rogers said seems to be true: change is possible, reconciliation is possible, if a person-centred, facilitative climate is present." The work of Hall (2006, pp. 254-262) in establishing 'the Centre' as an alternative to formal education and a place (p. 258) "where children and adults can come together to share the pleasure of learning in freedom from authority", Fletcher's (2008, pp. 105-113) project with rent boys and the emotional literacy group described by Littledale (2008, pp. 58-67) are each examples of person-centred ventures which are at least broadly sociotherapeutic.

Of course, there are many examples of neighbourhood projects which are initiated and managed by people who do not identify with the person-centred community but which I would describe as 'sociotherapeutic' and from which person-centred practitioners can learn. For example, in Brighton and Hove in the UK there is a neighbourhood care scheme which aims to harness neighbourly goodwill and to connect neighbour with neighbour to create a more caring community because (amongst other reasons) 'social support prevents psychological distress and depression' (see Impetus, 2011). A community garden project in an inner city area of Sydney, Australia ostensibly aimed at encouraging residents to grow their own food also led to improvements in community relationships (see Big Lottery Fund, 2008). Religious bodies too have a part to play in sociotherapy. For example, the Church of England (2010) is acting to increase the number and depth of human relationships in multi-religious neighbourhoods so that "Mr and Mrs Smith, Mr and Mrs Patel and Mr and Mrs Hussain living in the same neighbourhood will be better

able to relate positively to each other and so energies will be released for the benefit of the wider local community." Also there are community psychology projects like those described by Holmes (2010) and his colleagues. Holmes offers a range of group meetings and course having the objective of bringing together people who rather than sharing a problem or a diagnosis share an interest. These groups occur in non-mental health settings such as arts and education centred, libraries, along river paths and in pubs and they include:

- *Understanding Ourselves and Others* which provides people with opportunities to explore a range of theories that might help them understand various aspects of human existence.
- *Walk and Talk* which assists people who have an interest in walking along the riverside to connect with nature and connect with others in their locality (see www.shropsch.org/psyvhologyintherealworld.htm).
- *The Writing Group* which helps people who feel they gain from writing about personal experiences to meet up and share their written work.

Most if not all the endeavours referred to above have a practical aspect - that is that they are about *doing* together: this is the focus for *being* together. There seems to be reason to believe that projects and tasks involving shared activity give people of different ages, classes and cultural backgrounds a reason to recognise each other as human beings rather than as categories (see Buonifino & Mulgan, 2006). This strengthens a sense of belonging and social connectedness. Facilitating being together is a primary person-centred skill and one which could profitably be employed in furthering neighbourhood, workplace and community ventures and thus promoting well-being and mental and emotional health. This is a legitimate aim for followers of the person-centred approach and Danae and I encourage them to adopt it and implement strategies to put it in place.

THE PERSON-CENTRED SOCIOTHERAPEUTIC ATTITUDE: RECOGNITION AND EVERYDAY KINDNESS

In a way, this paper could have stopped at the end of the last paragraph but, for me, person-centred sociotherapy is about more than the conception and implementation of community projects (although this may be a main aim). It is about carrying person-centred attitudes into my everyday activities, offering recognition and acknowledgement to those I encounter along the way connecting with them as one human being with another. Acknowledging the Other, recognising our shared

humanity and acting kindly with no expectation of reward seems to me part of incorporating a person-centred ethos into my way of being in the world. In a temporary and transient way, this is encounter and good things come of it. So, as long as it is done sincerely (congruently), to express gratitude and appreciation to (for example) a shop assistant for their time and attention or to complement a stranger on his or her appearance is, in a very simple and minor way, a sociotherapeutic act. Acknowledging shared distress or the difficulties another person who is not well-known to me seems to be experiencing (empathy) can also be sociotherapeutic. These acts are ways of conveying to another that they have been seen and understood; that their personhood is appreciated. They are acts of social connection. Danae tells a story of being on an over-crowded Athens bus in summer. Everybody was hot and cross but suffering silently until a group complained loudly to the driver. Soon people were opening the windows and sharing napkins with others who were still sweating. People acknowledged their shared condition and a sense of connection resulted. There was a change of atmosphere and attitude and Danae says that she and others felt blessed for being in that bus full of unity, sharing and understanding, transformed by a sociotherapeutic moment. For my part, I also have stories of spontaneous, sociotherapeutic acts. I was walking down the street on which I live and a neighbour I recognised was talking to another neighbour I don't recall ever having seen before even though she has lived on the street for much longer than I have. The neighbour I recognise is a Muslim of Pakistani origin, the other is a Polish woman who arrived in the UK during World War Two. In many ways the three of us share little (different ages, ethnic origin, religion, politics and so on). We didn't talk of anything of great consequence but, as we began to separate and go about our business, the Muslim man said "This is great, neighbours stopping for a chat together - why doesn't it happen more often?" Why indeed. I went off to do my shopping with a spring in my step and warmth in my heart and the resolve to be more active in greeting and acknowledging my neighbours. On another occasion, I was passing through Manchester Airport on my way to Athens when a young man said to me for no apparent reason and without prior or subsequent contact 'I like your hat'. The impersonal and somewhat testing process of passing through immigration and security was transformed by a simple human interaction. I felt good. Not because I had been complimented on my taste but because another human being had noticed me. This confirmed my instinctive and deeply-held belief that acknowledging others is an essential step in cementing societies and that it is therefore sociotherapeutic.

REFERENCES

Barfield, G. (2006). A passion for politics in Carl Rogers' work and approach. In G. Proctor, M. Cooper, P. Sanders, & B. Malcolm (Eds.), *Politicizing the person-centred approach: An agenda for change* (pp. 232-241). Ross-on-Wye, UK: PCCS Books.

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 117*, 497-529.

Buonifino, A., & Mulgan, G. (2006). *Goodbye to all that.* Retrieved June 29, 2011, from www.guardian.co.uk/society/2006/jan/18/communities.guardiansocietysupplement

Big Lottery Fund. (2008). *Well-being Matters*, Issue 1. Retrieved June 29, 2011, from www.biglotteryfund.org.uk/er_wellbeing_matters1.pdf

Centre for Social Justice. (2011). *Mental health: Poverty, ethnicity and family breakdown. Interim policy briefing.* Retrieved June 16, 2011, from www.centreforsocialjustice.org.-uk/default.asp?pageRef=418

Church of England. (2010). *Near Neighbours: By Faithful Interaction*. Retrieved June 29, 2011, from www.churchofengland.org/media/1156593/nearneighboursproposal.pdf

Coggins, T., Cooke, A., Friedli, L., Nicholls, J., Scott-Samuel, A., & Stansfield, J. (2007). *The mental well-being impact assessment toolkit*. North West, UK: Care Services Improvement Partnership.

Diener, E., & Chan, M. Y. (2011). Happy people live longer: Subjective well-being contributes to health and longevity. *Applied Psychology: Health and Well-Being, 3*(1), 1-43.

Fletcher, A. (2008). Rent boys. In S. Keys & T. Walshaw (Eds.), *Person-centred work with children and young people: UK practitioner perspectives* (pp. 105-113). Ross-on-Wye, UK: PCCS Books.

Fowler, J. H., & Christakis, N. A. (2008). Dynamic spread of happiness in a large social network: Longitudinal analysis over 20 years in the Framingham Heart Study. *British Medical Journal, 337*, a2338.

Hall, F. (2006). The Centre: A person-centred project in education. In G. Proctor, M. Cooper, P. Sanders, & B. Malcolm (Eds.), *Politicizing the person-centred approach: An agenda for change* (pp. 253-262). Ross-on-Wye, UK: PCCS Books.

Hamilton, D. R. (2010). *Why kindness is good for you*. London: Hay House.

Holmes, G. (2010). *Psychology in the real world: Community-based groupwork*. Ross-on-Wye, UK: PCCS Books.

Impetus (2011). Neighbourhood Care Scheme. Retrieved June 29, 2011, from www.bh-impetus.org/neighbourhood_care_scheme/index.php

Kirschenbaum, H. (2007). *The life and work of Carl Rogers.* Ross-on-Wye, UK: PCCS Books.

Kirschenbaum, H., & Henderson, V. L. (Eds.). (1990). *The Carl Rogers reader*. London: Constable.

Kunc, N. (1992). The need to belong: Rediscovering Maslow's hierarchy of needs. In R. A. Villa, J. S. Thousand, W. Stainback, & S. Stainback (Eds.), *Restructuring for caring and effective education: An administrative guide to creating heterogeneous schools* (pp. 25-39). Baltimore: Paul H. Brookes.

Layard, R. (2005). *Happiness: Lessons from a new science*. London: Penguin.

Littledale, N. (2008). Seal'd Respect: An emotional literacy group in a secondary school. In S. Keys & T. Walshaw (Eds.), *Person-centred work with children and young people: UK Practitioner perspectives* (pp. 58-67). Ross-on-Wye, UK: PCCS Books.

Moiso, C. (1998). Being and belonging: an appreciation and application of Berne's social psychiatry. *The Script, 28*(9), 1, 7.

Proctor, G. (2002). *The dynamics of power in counselling and psychotherapy: Ethics, politics and practice*. Ros-on-Wye, UK: PCCS Books.

Read, J., Mosher, L., & Bentall, R. (Eds.). (2004). *Models of madness: Psychological, social and biological approaches to schizophrenia*. London: Routledge.

Rogers, C. R. (1957). A note on the 'nature of man.' *Journal of Counseling Psychology, 4*, 199-203.

Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. London: Constable.

Rogers, C. R. (1970). *Carl Rogers on encounter groups*. New York: Harper & Row.

Sanders, P. (2006). Why person-centred therapists must reject the medicalization of distress. *Self & Society, 34*(3), 32-39.

Sanders, P. (2007). In place of the medical model: person-centred alternatives to the medicalization of distress. In R. Worsley & S. Joseph (Eds.), *Person-centred practice: Case studies in positive psychology* (pp. 184-199). Ross-on-Wye, UK: PCCS Books.

Schmid, P. F. (1998a). 'On becoming a person-centred approach': A person-centred understanding of the person. In B. Thorne & E. Lambers (Eds.), *Person-centred therapy: A European perspective* (pp. 38-52). London: Sage.

Schmid, P. F. (1998b) 'Face to face' - the art of encounter. In B. Thorne & E. Lambers (Eds.), *Person-centred therapy: A European perspective* (pp. 74-90). London: Sage.

Schmid, P. F. (2003). The characteristics of a person-centred approach to therapy and counseling: criteria for identity and coherence. *Person-Centered and Experiential Psychotherapies, 2*(2), 104-120.

Sheppard, M. (2002). Mental health and social justice: Gender, race and the psychological consequences of unfairness. *British Journal of Social Work, 32*(6), 779-797.

Steptoe, A, & Diez Roux, A. V. (2008). Happiness, social networks, and health. *British Medical Journal, 337*, a2781.

Stipsits, R. (2006). Transformation in Transylvania. In G. Proctor, M. Cooper, P. Sanders, & B. Malcolm (Eds.), *Politicizing the person-centred approach: An agenda for change* (pp. 244-253). Ross-on-Wye, UK: PCCS Books.

Ward, R. (1978). Towards community self-help in higher education. *British Journal of Guidance and Counselling, 6*(1), 95-101.

Wilkins, P. (2006). Being person-centred. *Self & Society, 34*(3), 6-14.

Wilkins, P. (2010). *Person-centred therapy: 100 Key points*. London: Routledge.