

Editorial

Gary Winship

Editorial – In sadness

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Earlier this year Steve Pearce passed away. It was way too soon, and in this editorial, we have Rex Haigh's loving tribute to Steve, which Rex read at Steve's funeral. I knew Steve well through our work in Reading, his psychotherapy training, and thereafter as he went on to great achievements. It was an honour for me to take over the role of editor of our *TC* journal, and I have always felt Steve reassuringly sitting on my shoulder. He will be deeply missed among our number.

Professional tribute to Steve Pearce, 24 March 1966–19 March 2022, by Rex Haigh

As a close friend and colleague of Steve for the last 20 years, I want to explain how, from a professional point of view, we have all lost somebody who was

very special and very dear to us. This is to honour his memory, celebrate what he has done and convey the sort of person he was – the Steve we all knew, respected and loved. He was a great colleague, a great person and a force to be reckoned with in our field. We did not always agree about things, but that is an aspect of the strength and breadth of open-mindedness he brought to the work. The qualities of kindness, humour, humility as well as inspiring and helping others have been much mentioned by colleagues in the messages received since he has been ill.

When he asked me to do this eulogy, I was hoping to write it with him – we have written plenty of other things together – but sadly the ending came too soon to allow that to be possible. But I have discussed it with him and know the sort of things he wanted me to convey – so I hope you will hear his voice coming through as well as mine.

Steve was a high-flyer from early days. He trained in medicine first at St Andrews, a very ancient and venerable medical school in Scotland, where he had an enviable reputation of only needing to revise just before exams: he was known as “the professor” by his fellow students, and he received a philosophy distinction and gold medal on graduating in 1987. Then, he went to Manchester, one of the country's leading centres of clinical training, and qualified as a doctor in 1990. Soon afterwards he took the specialist physician examinations (which only the brightest tend to do) and went on to train in psychiatry at the country's foremost academic centre – the Institute of Psychiatry and the Maudsley Hospital in London; before leaving there, he also took a higher degree, an MSc in research methodology. He went on to do his specialist higher training in psychotherapy, one of the rarest of psychiatric specialisms, based in Southampton. Although the rarest of specialisms, I think we would both agree it is one of the most interesting and rich – and ripe for new in-depth approaches.

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It was when he was based at Southampton, and living in Winchester, that I first met him, in 1998: he came for a placement in the unit where I was consultant – a *therapeutic community* – or TC – in Reading. He was always busy and so was also doing some time in London: finishing his MSc degree as well as being a locum consultant in a therapeutic community at Guys Hospital. A therapeutic community is a fairly radical, democratic and progressive form of mental health treatment that relies on group therapy ideas, and living together in a way such that everything that happens becomes part of the therapy. In the old days – before our time – it was usually full time, 24/7, sealed off from the world, for a year, two years or more. Our work together over the next 20 years, and with the wonderful teams we have worked with, was to try and show that it could be just as good – or even better – when you did it in condensed form alongside people's real lives, so they could continue to be in their homes, usually in their families, and sometimes even working, while having an intensive form of therapy.

I have already said that we often saw priorities differently, and that the mixture of our personalities was a creative force. I think to characterise it, I was the rather unfocussed dreamer, whereas Steve was the driving energy that actually got things done. I would talk about things like “the golden thread of relational practice” and all the woolly stuff, whereas Steve was rigorous, sharp and precise about what we were up to. That double track bound us through all the work we did together – from his early days in Oxford through the training programmes we set up and ran together, to the therapeutic community textbook we wrote and had published more recently. I think what we both experienced was the most professionally exciting time of our lives – they were great days – exciting, creative, playful and fun, as well as being deeply serious and professional. I certainly could not have done it without him.

So let me explain a few of those things and try to convey some of the passion he had for the work and the difference he made – not just to patients, but to colleagues and indeed the whole system of care.

It all started in a pub, as many of the best ideas do, I suspect. He was living in Winchester and a place called Dummer was halfway between us, so we met every couple of weeks or so to cook up mischief together and do some serious scheming. We called it the “Dummer discussions” – and it led to him applying for, and getting, the consultant post in Oxford and moving here to Eynsham a little later. In the Dummer discussions, I remember him saying “if I come to Oxford and haven't got a therapeutic community in five years, I will leave.” But, as it all panned out, he never needed to even *think* about leaving.

An early success – and the one that set the scene for years to come – was by designing and bidding for funding for the “Thames Valley Initiative” in 2003. It was the largest of 11 government-funded pilot projects for the National Institute for Mental Health in England, and it was based on a profound modification of therapeutic community practice. It took a great deal of work to put together, much of it in chasing senior people from across three counties (and Milton Keynes) – to get them to agree to it and sign the bid documents. When we finally submitted it, on the day of the deadline (of course), we went for a weekend celebration with both our families – to a rented Georgian house in Bath. Happy days of anticipation, with family time together – a lovely memory, although I seem to remember there was something tricky about the different aged children and the Sunday lunch.

Soon after, we heard that our bid was successful – it had to be trimmed a bit – but had scored well from the first line of judges for the bids (who were actually service users and people with lived experience of personality disorder), and then it passed the rest of the administrative hurdles it needed to. So we started recruiting and building the team – I think we shortlisted about 40 people for 24 jobs across Berks, Bucks and Oxon – and had a whole day in Friends Meeting House in St Giles – making them listen to our plans, have lunch together, play games

and have formal interviews in the midst of it all. The “lucky” winners then were invited for four days to one of the highlights of our adventure – the Sicilian team-building event.

We all met at Stansted, and Steve led a number of his newly recruited staff onto a Ryanair flight to Trapani, which is a port in the northwest of Sicily. There I think about 14 of us embarked on a boat run by a couple of Italian psychiatrists – they had it as a training base for psychodrama therapy, but never had it seen a crew like us from UK. It was clean and ship-shape, and newly painted, but very basic – but I do not think I should trouble you with details of the plumbing. Suffice to say we had four days of extreme team-building, plus a lot of work designing the details of the new service and building the community culture that influenced the clinical service thereafter. One abiding memory is of Jan Lees – one of the external facilitators – with recent hip replacements – being helped down to a remote beach, hand in hand, by Steve. She always thought of Steve as the Mick Jagger of therapeutic communities, and she was worried that his kind actions would destroy his street cred.

That was all about setting up the clinical service he ran, but I now want to mention a few other of the extraordinary things that Steve did, above and beyond the call of duty.

The treatment method that we were both specialists in is the non-residential democratic therapeutic community. Steve spent 2010–2013 as chair of a Royal College of Psychiatrists project called Community of Communities, which was a network of nearly a hundred different TCs, across the country with a few abroad. He gave it an authority and psychiatric gravitas that I do not think anybody else could do – and it survives and thrives to this day.

In most psychotherapies, part of the training involves being in the therapy yourself. So several of us developed what we call Living-Learning Experiences – which are weekend courses where staff members have an immersive experience of doing almost exactly what they would if they were members of an actual TC (by being in a patient role rather than a staff role). Steve was chair of the organising committee for several years – and he saw the courses continue and develop into regular events. Three times per year in the UK, with the training model also being taken up in Italy, India and Portugal – with others in line to start running them in different countries. Because a homelessness group in Vancouver used our TC textbook, they have asked us to set it up over there, later this year.

The other area that defines Steve's practice is *personality disorder*. This is the diagnosis most of the people in our TC treatment programmes would attract, with all its complexities and controversies. The leading research organisation for it in this country is called BIGSPD – which stands for the British and Irish Group for the Study of Personality Disorder. Steve was elected to be chair of it from 2011 to 2015, and he helped to develop it as an organisation that genuinely listened to the voice of service users – so the research and work being done was organised democratically. This meant that the people being researched – those with the diagnosis of personality disorder – did not feel like things were being done to them as if they were guinea pigs in a laboratory. That movement is continuing and gathering strength as a truly radical and progressive strand of modern mental health care.

For research into therapeutic communities themselves, Steve is definitely the Mick Jagger of the field – he edited the *TC Journal* for several years and helped to usher it into the digital age, so it now has an online presence alongside all other peer-reviewed science. With his own service, he ran the first ever modern randomised controlled trial of democratic TC treatment, published in the *British Journal of Psychiatry* in 2017. It is hard to overstate how important this sort of evidence is in medicine today – although it is extremely difficult to do for treatments as complex and nuanced as therapeutic communities are. But he managed it, with the loyal and excellent team in Oxfordshire – and that paper will stand proud as a beacon of good science for others to follow and hopefully emulate in the future. Without it, many of us feel that the

whole humane treatment approach that characterises therapeutic communities would be much more likely to wither and fade away.

As well as clinical work, training and research, Steve was involved in psychiatric politics and the corridors of power. Between 2013 and 2019, he was chair of a personality disorder clinical reference group for specialised mental health with NHS England, and has been an energetic reforming leader of the Psychotherapy Faculty at the Royal College of Psychiatrists since 2018. Speaking from my own experience, committees at the Royal College can seem tied up in their own procedural knots, rather stuck, and impossible to have much passion or energy about; I have never lasted very long. But Steve has much more stamina and his determination to make positive progressive change has opened matters up in ways that I think will continue to have benefits for the future of mental health care.

As if all this is not enough, there is also the small social enterprise that three of us are directors of and of which Steve has been chair for the last few years. It is called Growing Better Lives CIC and is the proud owner of a therapy yurt in which we have been practicing “greencare” (a type of ecotherapy) since 2007. As well as the therapy, we do some training and consultation. Because we are an ecologically based organisation (and won the Royal College of Psychiatrists’ first ever sustainability award) it means we can add another feather to Steve’s cap – as a part-time eco-warrior.

There are so many stories to tell and activities to mention that I cannot do full justice to all Steve has contributed, so the last one I will mention is the textbook we wrote together and published four years ago – *The Theory and Practice of Democratic Therapeutic Community Treatment*. Over the course of a couple of years we toiled away at it, and included a couple of retreats away for a few days to deeply immerse ourselves in the writing. It emerged as something we are both very proud of – a crystallisation of the work in the field pulled together in a way that had not been done for about forty years. Steve’s name is first on it, because he did more of the work – and it proudly bears his name as a marker of what he has contributed and will do so into the future. Since its publication, we have also started an international “practitioner training”, with Gill Attwood and the Oxford team, which has had students from Japan, India and Italy as well as the UK. It was interrupted by COVID-19, but we are hoping to recruit the next batch of participants later this year – Steve will be very much in our minds for it all and in the spirit of the course.

This is all a matter of record – with publications in the scientific literature and many devoted colleagues to confirm and remember it. But it does not convey the passion and excitement of working with and being friends with Steve and what a truly extraordinary person he was. A phrase we would sometimes use is “quality of relationships”, and it epitomises what has been different about therapeutic communities. It is not about something that can be weighed or measured – but only felt between people. And it is also the bedrock on which all therapeutic practice – as well as most human relations – depends. And Steve wanted me to convey how these relationships include *all* the people that he came across in the work and how much he valued them.

So to finish by talking directly to you, Steve:

You have already given so much to us all – the quality of relationship with its energy and spark that gives us that kindness, humour and humility. For all of us, for all your patients and for so many more, it will never be lost or forgotten.

We had a horrible foretaste of things to come when you had your subarachnoid haemorrhage, shortly before the pandemic, and we all feared losing you then. But what a cruel twist of fate, that almost as soon as you recovered from that, that this very aggressive and incurable cancer struck you down.

It is just such a tragedy that it has ended so shockingly early, with so much more you could have given. When we spoke for the last time, a few days before you died, you said “what could we all have done together if we had another twenty years.” It is so sad that is not to be.

You have left such an unusual legacy for a professional leader – as much in the ripples that spread out as in your many concrete achievements. The field will be so much poorer without you – but those around you will carry the flame – I am very sure that it is going to burn brightly and never go out.

In a way, I like to see it that you have gone on ahead of us. So we do not so much need to feel sorry that you have gone, but be truly grateful for the time we had with you when you were here with us. That will never be lost or forgotten. Each one of us takes the path we do through an amazing collection of coincidences – how grateful I am that one of my coincidences was that our paths crossed, 20-odd years ago. Thank you, Steve, thank you for everything.

Rex Haigh