

# **The Alliance for Counselling & Psychotherapy against State Regulation**

**ULU, London: 5<sup>th</sup> April 09**

**Key Note Speaker: Haya Oakley**

I have been invited by the organisers of this conference to give a “Fifteen minutes inspirational talk about the history of the move towards the regulation”. Due to the time constraint I decided to break my presentation up into three five minute slots: like a musical offering it has a light introduction, a rather tedious bit in the middle and hopefully, a cheery crescendo at the end. I am also aware that I am rather like one of the five blind men who happen to be feeling the tail of the elephant, in my case, the psychoanalytic tail, and I will not attempt to hide my bias.

## **1. Lunacy versus madness**

The year is 1939, The Second World War starts with Germany’s occupation of Bohemia, in the US the film *Gone with the Wind* is premiered and Albert Einstein writes a letter to President Roosevelt regarding the possibility of using uranium to initiate a nuclear chain reaction, the fundamental process behind the atomic bomb.

That very same year the Psychoanalytic community is engaged in a cushion fight. The question of the time is: which is the correct analytic technique that will prevent the analyst from causing damage to the analytic process and to the patient? Psychoanalysis, we are told by Freud, does not take place in a vacuum so how are we best to minimise the effects of the person of the analyst and his personal working environment on the ‘analytical atmosphere’ so as not to create unfavourable or even harmful conditions for treatment. And I quote:

*“...A very typical detail of this kind is ‘the problem of the cushion’. There are several solutions to this problem: a) the cushion remains the same for every patient, but a piece of tissue paper is spread over it, which is thrown away at the end of the hour; (b) the cushion remains, but every patient is given a special cover, distinguishable from the others by its shade or design, and for each hour the cushion is put into the appropriate cover; (c) each patient has his own cushion and must use only his; (d) there is only one cushion or only two or three of them for all the patients and it is left to them to use them as they like, etc. Moreover, these possibilities have to be multiplied by at least three,*

*because the situation differs according to whether the analyst, the patient or a servant manipulates the cushion.*

*A bagatelle, it may be thought, which it is almost ridiculous to treat at such length. And yet such trifles seem to have a certain importance in the formation of the transference situation... Another point, for instance, is the way in which the end of the session is announced. Some analysts get up from their chairs, thus giving the signal. Others simply announce it in stereotyped words; others again try to invent new formulas for each session; some begin to move to and fro in their chairs and the patient has to infer from the sound that the time is over..." (Balint, M with Balint A: *On Transference and Counter-Transference* (1939). Primary Love and Psycho-Analytic Technique. Maresfield Library, London 1952 pp214-215)*

Now, just in case some of you might think that this is old news I recommend that you look at some of the specific recommendations put forward to what would be considered 'good practise' under HPC control including the idea that there can be a legal definition of which point in the session is appropriate for the delivery of an interpretation.

A student from a very reputable counselling course at a prominent University told me only last week that they have been told never to cross their legs when with a client because this will demonstrate a closing down of attentiveness instead of a respectable distance between poised legs representing, apparently, openness.

It is not my intention here to mock any of the theoretical positions which lead to such therapeutic 'techniques', I think that both stories highlight what is so hilariously insane about the mind field in which we operate and at the same time, what makes it so endearing, compelling and rich. That someone should care so deeply about their patients, take what they do and think so seriously, down to the way you sit, arrange the cushions and signal the end of the session and all the way to the more fundamental issues of what you interpret, how and when, indicates an extraordinary level of commitment whether we agree with their 'solutions' or not. This is the stuff that jokes about psychotherapists are made of but is also where our enormous creative potential lies but...**only if we do not make the fatal mistake of calling on the authorities to adjudicate and legislate on such matters.**

## **2. A potted history**

It is said on all official documents that UKCP was inaugurated in 1993 however the story of the move towards State intervention starts way back in 1960 when following a minor scandal associated with Scientology, representatives of a handful of psychology and psychotherapy organisations approached the DOH with the recommendation that Scientology be outlawed in order to protect the vulnerable public. This is what happened next:

**1971** the Foster report is published concluding that there should be legislation to control psychotherapy in the UK.

**1978** The Sieghart report Recommends Indicative (**not functional**) registration and the formation of a psychotherapy council.

**1981** Graham Bright MP introduces the first psychotherapy bill which falls at the second reading in the House of Commons

**1983-89** Psychotherapy organisations meet annually in Rugby and form what is known as the Rugby Conference where the question of some form of regulation by the state and the formation of a voluntary register are discussed and planned.

**1989** The United Kingdom Standing Conference for Psychotherapy is inaugurated based on the Section module.

**1990** The beginnings of the formation of the EAP.

**1992-3** The Conference changes into the Council (UKCP) and produces the first voluntary national register for psychotherapy.

**2000-1** Lord Alderdice introduces his psychotherapy Bill which is 'cut dead' by the department of Health who announces that they are going to fit counselling and psychotherapy into the existing Health Profession Council (HPC).

By **1994** UKCP begins to work with the Department of Employment's Lead Body on Advice Guidance, Counselling and Psychotherapy with the aim of establishing NVQ's for all four.

It might be worthwhile to mention here that UKCP had been approached in the past by the Council for the Professions Supplementary to Medicine (CPSM) with a view that we should join in with their application to effectively become the now HPC. I myself took part in such meetings in the past and as far as I can recall, no one thought that this would be a good idea, that psychotherapy was a profession supplementary to medicine or that it could benefit itself or the public by either being seen as a Health Profession or by becoming regulated by the Department of Health. Those who supported some kind of statutory regulation as well as those who opposed it but believed it might be inevitable, *never* considered anything but a Psychotherapy Bill, a very different animal altogether

than the now proposed regulation by HPC and one which has been dropped without any explanation by the legislators.

Meanwhile on **February the 11<sup>th</sup>, 2004**, in Brussels, the European Commission (EC) decided to add psychotherapy to the list of professions for which it issues Directives. A Directive of the Commission is a form of regulation, issued by Brussels, which has not been decided on by any democratic process. Such Directives are used, inter alia, to standardise certain aspects of different professions throughout the European Community (EU), a process also misleadingly known as harmonisation. This means that, so far as psychotherapy is concerned, European training standards and ethical guidelines will be decided in Brussels and will be applied in all member-states. One of the most worrying aspects of this is the tendency, so far, in some EU countries where psychotherapy is regulated, to restrict training in psychotherapy to psychiatrists and/or those who hold a PhD in clinical psychology.

### **3. The narcissistic over-evaluation of small differences, or King Solomon's judgement**

Two women who had recently given birth, wake up in the extended family tent to find that one of the babies died in the night. Both women claim to be the mother of the live baby. Inconsolable and unremitting they come before King Solomon. The king listens and rules that the baby should be cut in half and divided between the mothers at which point one of the mothers screams that she would rather the other woman have the baby and that he stays alive. The king pronounces that she is the biological mother and gives her the baby.

What really went on behind the dates and official statements? How come we find ourselves in the dire position we are all in now and how can we best utilise what we have learnt from the past so that we are not condemned to repeat our mistakes in the current struggle and into the future? How can we prevent our 'baby' from being carved to death? Let me start by what I think we did right, so to speak: we got together across the modality spectrum and spoke to one another on a scale unprecedented in the history of the professions in this country. We were forced to let go some prejudices about other

modalities and other organisations and to move to the introduction of real articulated standards of education and even some reasonable and workable Codes of Ethics and Complaints Procedures. We discovered that without exception we all agreed that it is unacceptable to exploit one's patient/client sexually or financially, that we should keep confidentiality and not lie about our qualifications. We managed to be creative in enabling some organisations who were made up of two men and a great deal of charisma, to have a proper accountable structure without losing their idiosyncratic flare. We had to grudgingly acknowledge that not everybody else got it all completely wrong or, as Heward Wilkinson once commented in jest: you meet a better class of enemy in UKCP. However, we failed to stand together where it mattered most and we handed over to the State much of our power because:

1. General ignorance and apathy were typical amongst psychotherapists regarding the details or the long-term implications of what it would mean to become regulated by the State. In the 17 years that I served at every level of UKCP we spent little or no time discussing the parliamentary process, the implications of State regulation or the differences between State, Statutory and voluntary. And when we did, we had a hell of a job trying to get anyone in our member organisations to pay any attention to any of it. Our attitude towards the EAP ranged from hysterical blindness to contempt often forgoing our outstanding voting power and the small detail that EAP, confused and unmanageable as it appears to be, is the body the EU designated to advise them about psychotherapy in EU countries.

2. Within and between the Sections in UKCP and between UKCP and other organisations ranged an on-going and debilitating war regarding intellectual and clinical supremacy of one set of articles of faith against another. Years and years of committee meetings and miles of paper were wasted on this in-fighting some of which was not only irrelevant to the task ahead of us but without a doubt damaging to our progress within and most of all, our reputation and image outside, where it counted. My personal archive of all documents produced by UKCP, the psychoanalytic Section and many of the committees I served on provide many documented instances of this ranging from the absurdly funny to the painfully tragic.

3. Whilst some of the work towards improving standards and ethical behaviour was driven by a genuine desire to better ourselves and to offer patients and clients greater choice and better provisions, much of it was driven by fear of what someone else might do to us or might want from us. In UKCP we forever changed things just because we believed that when legislation comes, we will hand our documents to the Government and they will simply endorse them. We nurtured the illusion that if we can re-invent ourselves to mimic what a Psychotherapy Bill Council would look like, we would surely be the organisation who would become that Council come Bill day. **Who** was going to be chosen to do the job became more important than **what** the proposed task was becoming or **whether** it was worth fighting for. What a shock it was to us all when the Government seemed to completely ignore all the work done and simply announced that it would fit us into the one they baked earlier even if it meant having to chop off our toes to do it.

4. We mixed our metaphors and conflated our agendas, we constantly confused intellectual and clinical excellence with political competence and would often select or reject people to a political task not on the basis of their political agenda, ability to lead or the personal qualities they could bring to the job but on what school of thought or which organisation they belonged to. Sometimes it felt like a game of football where a player in possession of the ball would not pass it to a team mate who was in a position to score a goal because they did not like that person, and instead passed it to a team mate who was off side, because he was better liked. We confused recognition and support with being controlled by the State. Even as we speak, many in the field fail to see that HPC is not the only fruit and that objecting to one form of control does not mean we are out of control, that not wanting to hand over responsibility to an instrument unfit for purpose, does not make us irresponsible. Instead of being honest and proud about our diversity and flagging up the Government's own reports (See Foster and Sieghart, which both concluded that *there cannot be one rule for all modalities*), we have been concocting a homogenous myth. Instead of summoning all our political strength to ward off State interference, we have leapt from one agenda to another investing much of our creative energies in a lethal competition. Instead of holding true to what we know from and about our work, we find ourselves reduced to battling for position to influence the way the baby will be carved up.