

THE FUTURE OF COUNSELLING?

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This isn't an academic conference, it's part gathering of friends and like-minded folk, and part celebration. Other presenters might be quite formal, but I don't feel I have to be. Everything I say today has been said before: I've nicked most of it from clever people and the rest has been already said by me. I've always told people that I'd keep on saying it till things changed; so here we go again.

I can see a number of familiar faces here, so you lot will have definitely heard most of this already. I used to dream of being a pop star and have the crowd complete the line of the song as I held the microphone to them. It's getting to the point where some of you will be able to sing along or finish my sentences. And by the way, let me just say 'Mend the fucking pavement'.

I often start with this quote: *This ... should be read bearing in mind that it was written with the deliberate intention of doing harm to spectacular society. There was never anything outrageous, however, about what it had to say.* (Guy Debord, June 30, 1992, in Debord, 1994)

It's in the preface to one of my favourite translations of *The Society of the Spectacle*. And it captures the spirit of my presentation. Guy Debord was a French political activist who decided that despite his best efforts, the system had won. No prizes for guessing, then, that what I am about to say might make uncomfortable listening.

I once heard Dave Mearns say in a Keynote at UEA that he wondered if his career had been a big mistake. He said: *Have I, like the originators of New Labour who sought to work within the system and are now judged as collaborators, been doing more to undermine positive social development than to facilitate it? Have I simply been a self-deceiving collaborator to the system?* (p. 141, Chapter 13 in Cooper, M, et al (eds) *Politicizing the Person-Centred Approach*. PCCS Books, 2006). There is something of that spirit in my presentation too.

As well as being a plagiarist, people have accused me of:

- selecting only evidence to support my case
- overgeneralisation
- being neck deep in confirmation bias
- offending hard working, caring people
- and irresponsibly offering hope to vulnerable people.

My defence? That at least this elevates my presentation to the level of most papers in major psychological, clinical, and medical journals not to mention the behaviour of our professional bodies.

I know I am speaking from a position of unusual privilege and power – a white, able-bodied, educated, heterosexual man with a house given to me by the baby boom years and good pensions from the state and my years employed on teaching scales.

How society understands and responds to distress are shaped and decided each moment of each day in all of our spaces: public, shared and our diminishing private space. We are being perpetually nudged every moment of our lives

- by government and its policies
- by commercial interests such as big pharma
- by the interests of professional groups
- by the 'psy-complex' as it has been dubbed by sociologists
- by the media
- and, of relevance here; by the demands of our workplaces.

We are being nudged to deny our experience, disavow the human aspects of our theories, distort our practice and to fit people's elaborate, infinitely complex, precious lives into boxes. These are ideological struggles, not academic, not scientific, not even logical.

I'm going to be a bit nostalgic about how things were back in the good old days. In my case professionally, that started in the 1970s. It is good news for the helping professions then, that apparently the next Labour Government will take us back to the 1970s. Although PCCS Books has been occupying my time for the past 25 years, for the 20 years before that I was working as a counsellor and trainer, mainly in education, so I've got 45 years of experience to cram in to 25 minutes. Many people came to therapy as a second career but since the field of counselling in the UK is only a tad more than 45 years old, I've been in it from the start.

The histories of counselling and psychotherapy are never really told. Not honestly. Compared to 1974 when I trained, things have gone backwards, got worse. Things were better then. Don't be fooled and mistake window dressing or a superficial paint job for improvement or progress. If you want to find progress, you have to define it first so you know what you're looking for, and as therapists we should look in our model of human nature. Oh, and 'Mend the fucking pavement'.

20 years or so ago, Keith Tudor and I wrote a chapter in *This is Madness Too* edited by Craig Newnes, Guy Holmes and Caizie Dunne (PCCS Books, 2001). The spirit of, and some of the words in, this presentation are nicked from that chapter because above all else it proves that we have to do much more than write chapters and bleat on at conferences to change things. Some of you folk here are better placed to make a bigger difference.

I'm going to talk about what I see as the problem. Then a solution, which, by the way, is very difficult to achieve in the real world, but it shouldn't stop you trying. If you don't save the world, you might save your soul.

THE PROBLEM

Theories and a bit on training

Theories of counselling and psychotherapy, like all theories, arise in particular contexts:

- personal contexts i.e. the psychology of the originator
- and social contexts i.e. the family, cultural, religious and scientific mores of the time.

These theories are not products of, nor do they describe the truth about, unhappiness and distress. Furthermore, they're the distillation of these contexts through many filters, including social and political expediency. Psychotherapy theories are also deeply embedded in the medical model and medical establishment. Many of you will know that Carl Rogers adopted the term counselling in the 1940s because professional protectionism at the time prevented anyone from calling their work psychotherapy unless they were medical doctors. To this day a few of us call ourselves counsellors as a political statement in order to describe our position regarding the medical model. Counselling originally had no foundation in, and indeed completely eschewed the medical model until many decades later when professional interests forced it to engage.

Are these theories sufficiently in touch with the lives and concerns of 21st century users of the mental health system? The theories, almost without exception, were formulated by white, educated, middle-class, Euro-American, heterosexual, able-bodied men. Can such ethnocentric theories be credible intermediaries in the healing of black, variously-gendered, gay, lesbian, disabled, working class people? I think not. Systematised, institutional and societal oppression is not, even today, high up in the list of causes of mental distress in these theories. Are systematised, institutional and societal solutions to oppression, poverty and associated adversities high up in the curriculum of counselling training courses? I think not. Indeed, counselling and psychotherapy trainings do more than ignore these issues, each year training courses get more academic and disconnected from the everyday lives of the people they seek to serve. They have modules on research – but not how to critique research and spot such stupid, gross errors that would have had my psychology degree thrown out. They have modules on psychodiagnosis – but no critique of the medical model and medicalisation of distress. They have modules on evidence-based practice – but no awareness of the truly embarrassing, pathetic quality of the evidence. There are, however, courses with modules on wellbeing and entrepreneurship.

And remember 'Mend the fucking pavement'.

Problems with practitioners

From the earliest days of the subject, psychologists have always been an inferior, separate breed – intellectually inferior to philosophers and methodologically inferior to scientists. In the delivery of medical practice psychologists were allowed to *measure* things, but not to treat people, possibly because treatment was limited physical interventions or possibly because psychologists didn't have any scientific cures. They had already cast themselves as scientists to be in the big boys club. When psychological 'talking' cures did arrive, they were therefore destined to be second best, inferior, the *lay* and, therefore, unprofessional activity. This constitutes one weakness in the psyche of therapists to the extent that the vast majority are still in awe of medical practitioners. Counselling training courses reinforce this feeling of inferiority by encouraging uncritical acceptance of the medical model and the psychiatric system. Furthermore, many courses fail to even *present* the medical model and its modus operandi – it is all-too-often *ignored* as unnecessary, or too difficult – with the result that many therapists lack a sufficient critical understanding of psychiatric terminology and treatment, or the effects of psychoactive medication. This is particularly important since most clients presenting for therapy *regardless of the setting* will nowadays be taking such medication. As a result, therapists do not understand the psychiatric system well enough either to debate on equal terms, or challenge the authority of the medical model, and thus are unable to best serve clients who may be users of these systems.

This was written in 1996 ...

The prevailing culture has justifiably been branded the 'culture of contempt'. It is no exaggeration to see contemporary Britain as a country where there has been an almost complete breakdown of trust at all levels. An obsession with efficiency, accountability, appraisal and performance has produced a society in which the invalidation of the personal is almost guaranteed and where attitudes of judgementalism and blame are everywhere apparent. What is more, the unholy alliance between efficiency and cost-effectiveness must inevitably produce a world where money ... rules supreme and where materialism becomes all pervasive.

If we therefore capitulate to the culture and are concerned only to win favourable judgements, to court the approval of government or to conform to the increasingly strident demands for quick fixes and the production of stress-fit work addicts we shall, in effect, become psychologically disturbed ourselves and by definition incapable of offering the core conditions to our clients. If, on the other hand, we hold up the mirror to our society and expose the toxic psychological environment which is has spawned – in its way as lethal as our assault on the ecology of the planet – we shall not be thanked for our pains. There are too many vested interests not least, among those counsellors and psychotherapists who are desperate to make a living at all costs.

Many counsellors are too frightened to question the emperor's lack of clothing for very good reasons. Since 1996 those good reasons have multiplied to include having to justify the tens of thousands of pounds spent on course fees before you can practice. I didn't mention who wrote this, did I? It was Brian Thorne ('The Cost of Transparency' *Person-Centred Practice*, 4, 2, 1996, p.p. 2–11). By the way, I am certain Brian didn't say 'Mend the fucking pavements'.

Of course, Brian Thorne, Keith Tudor and I are all immune to this pressure. Secure white, able-bodied men, in full employment or retired having paid comparatively little-or-nothing for our training or, in my case at least, being paid for it in the form of a postgraduate bursary. Yes, I was actually paid money by the then Labour government to become a counsellor. A privileged few can say what they want without fear of sanction from above. Appraisal from below, we listen to and learn from.

From such privilege, I can't criticise the legions of dedicated, caring people working as counsellors, psychotherapists and in other roles; caring for people with problems in living or overwhelming, enduring, distress. But as workers in this field we are all duty-bound look in the mirror, to reflect and be critical from top to bottom: reflecting on our personal psychologies, our motives, and our position personally and professionally. We must think for ourselves, be aware of the ways in which, for example racism, sexism, ableism and classism affect our lives and the lives of our clients. We must then stand alongside our clients: attend demonstrations, support strikes and join with other psy-professionals to challenge and resist ill-

informed, illegitimate authority – whether the authority is local customs, parents, teachers, doctors, faith groups or governments.

Problems with the system, including professional bodies

Not everyone thinks there is a problem. Everything is fine if the behaviour of our professional bodies is the measure. Cuts in benefits, higher rates of people taking their own lives, stigmatisation, racism, housing and homeless figures nothing seems to distract them. It's as if distress descends on each individual like an unholy spirit, disconnected from the world we live in and our experiences of it. And my cynical guess is the huge increase in diagnoses of anxiety and depression is welcomed because, to put it in retail marketing terms, it increases footfall. The profession and its representatives are mute: unable even to offer any comment on the effects of austerity and inequality on mental health.

As recently as Monday of this week, I saw an item on the BBC Website reporting a BBC survey which revealed a 50% increase in University students seeking mental health support. The Department for Education were quick to respond by saying 'Universities need to provide more pastoral care for students.' The Vice President of the National Union of Students said: 'There is a growth in demand [for mental health services] over the last decade, in part, because the reality of studying in the UK has changed so much. Many are balancing work, study and caring responsibilities. With fees so high, and the job market so competitive, students feel they have to continually push themselves, perhaps more so than before.'

Solutions often stare us in the face. They are embedded in these survey results and are clearly suggested here, for good or bad, in the responses of the NUS and the Department of Health. But along the way we must be wise to the fact that looking at the world through psychological or psychotherapy spectacles is not always a good thing.

A recent medical survey showed a huge increase in injuries caused by pedestrians falling on a given stretch of walk way, almost certainly due to uneven paving stones. Solutions? The medics *could* set up a musculoskeletal treatment facility at the end of the road to help people who trip over. That would work. 'Early intervention'. There's lots of evidence for that. But that would be a *silly* thing to do. Or the medics could tell the council to: 'Mend the fucking pavement'. That, as we know, is the *sensible* and *right* thing to do.

So back to the BBC survey and the students suffering from crippling debt, high fees, increased study load, duties as carers, and uncertain job prospects. The causes of these students suffering are as plain as uneven paving stones. In response to the survey results, a person in a high position in one of our professional bodies signed an open letter explaining how adversity affects mental health and demanding the government cut fees, waive student debt and improve well-paid job opportunities. No they didn't, I'm making that up. They Tweeted that it was '*A pretty strong argument for proper funding of embedded counselling services.*' This is, of course, *correct*. It will work, but unless you address the causes of distress in university students, it is not the *right* thing to do.

We must demand that our professional bodies, whom we pay to represent us, re-write their mission statements, otherwise their drivers and dynamics will continue to be professionalisation, protectionism, snobbery, vested financial and power interests from the personal to the commercial, endorsements, registration and accreditation.

When Big Pharma and psychiatrists take a well-deserved pasting many of us feel safe to join in the name-calling. But we must look closer to home. The professionalisation of therapy and psychology is a political, ideological and organisational issue more than an issue about good and bad therapeutic practice. Doctoral and masters level academic qualifications *per se* do not make for good therapists. Professions exist to keep people out, corner the market, engage in pyramid selling, and divert attention from the truth – that what prevents distress in the first place is secure income, good housing, accessible health care and inspiring education, and what gives us a chance of becoming autonomous agentic human beings are good human relationships alongside restoration of social and material dignity.

Furthermore, the fuel on which the psy-complex runs is the *cult of the expert* and even though therapists actually wield a fraction of the statutory and professional power of psychiatrists, doctors, social workers and psychiatric nurses, the therapy profession is in full dress rehearsal for a medical role. With PhDs coming out

of its ears, it preens itself to act on the principle that a vulnerable person may be empowered by being duped into believing that the therapist is the expert and knows best.

With evidence-based research all the rage, many counsellors, are required to complete research schedules which make no sense in terms of the therapy they offer. Should talking therapies play the research game at all? It doesn't matter how many RCTs you collect and analyse, it will have no effect on recommended treatments or put a brake on the runaway CBT train. Slugging it out on the home ground of positivist, experimental evidence is not the answer even though the evidence is actually on our side from the dodo bird through to scrupulous contemporary meta-analyses. Many now understand that at heart this is the same ideological struggle and it looks like we are losing. We want there to be a choice of humane talking therapies readily available, free for every person rather than a limited government-approved list of dose-delivered, ultimately enforceable treatments. Counselling should be a prospectus for emancipation rather than containment.

Problems with therapy

Is therapy, in itself a good thing? This question is relevant in many domains. For example, does individual therapy only confirm the individualisation of the client and should it continue to be viewed as the therapy of choice or 'default setting' for therapy? In 1971, Claude Steiner wrote:

... extended individual psychotherapy is an elitist, outmoded, as well as nonproductive form of psychiatric help ... It silently colludes with the notion that people's difficulties have their source within them while implying that everything is well with the world ... It further mystifies by attempting to pass as an ideal human relationship when it is, in fact, artificial in the extreme (pp. 280–1).

Today, given the current environment where NICE drives NHS options, the *diagnosis > treatment > cure* model insinuates itself into our thoughts and behaviours both personally and professionally. This is not a counselling model. It is a corrective, medical model. Counselling is *not corrective*. The medical model carries assumptions about human nature, mental health and mental illness from the beginning of the sequence when diagnosis tells us 'what's wrong' in relation to 'what's right' or 'cured'. Counselling is *not cure*.

I repeat, theories do not tell us truths about unhappiness and distress. Nor do they tell us anything about how people move from distress to repair or resolution. Every person has their own metaphor: saved, transformed, loved, made whole, healed, rescued, treated or, yes, even cured. The medical model rejects individual metaphors because it drives a coach and horses through diagnosis. It sacrifices precious lived experience to a set of ever-changing diagnostic categories with the reliability of star signs. Counselling, if it anything, must be concretely phenomenological. The client is always right.

But the zeitgeist has morphed counselling quietly into a service model of a different hue; with clients as consumers, punters. And after your training module on entrepreneurship, come the CPD opportunities for 'Relational Marketing', 'Methods to Increase Conversions' on your website and how to spot depression in clients who don't feel depressed. The necessary expertise of the counsellor knows no bounds.

But there is bad news for those who would listen. Being a consumer is not a relationship-position which facilitates agentic therapeutic change or growth in a co-created relationship. It is a passive position of consumption of a product. Therapeutic change has been commodified, parcelled up, weighed out by the session, paid for by the minute, consumed. And in La La Land, worn as a badge by celebrities. Counselling *is not a commodity*.

Popular culture stretches us uncomfortably between an old need for the reassurance of the expert, and a new need to claim our own experience, find our own truth, demand to be received as valued equals and treated like unique human beings. Counsellors must free themselves from models of therapy that cling to a process wherein experts and expertise are valued. Counsellors *know* nothing and are experts in nothing apart from forming good, healing human relationships. Counsellors *are not experts*.

I don't want you to get the idea that I think counselling isn't good for anything. Counselling is for *problems in living*. For letting a natural process of healing unfold when life inevitably throws shit at you. For terrible grief after the death of a loved one. For rebuilding after the destruction of a cherished belief. For coming to terms

with a chronic health problem. For resolving unfinished business. For overcoming abuse. And so on. Life unfolds, bad things happen. When it's just too big for us and our coping fails, counselling is there. Counsellors will stand beside us.

A SOLUTION

As well as a radical tradition in psychiatry and critical voices in mental health, especially those of survivors and service users; there is also a radical tradition in the history, theory and practice of counselling. In 1971 the Radical Therapist Collective published a 'radical psychiatry manifesto' (Claude Steiner (1971) *Radical psychiatry manifesto*. In: J. Agel (ed.) *The Radical Therapist* (pp. 280–82). Ballantine Books). With that in mind and thanks again to Keith for his friendship and co-authorship of the paper from years ago, I offer my manifesto for the future of counselling: we offered one in 2001 and I'll have another go at it now, with a few amendments for 2018, nicked from all over the place. It describes both attitudes and practices which can be adopted personally and/or professionally, intended as an antidote to medicalisation, professionalisation and the counselling zeitgeist.

If counselling is to be fit for the future, it must be helping that

- alongside anything else, appraises the material, economic & social circumstances of the client, working with other statutory services, where necessary advocating for the client to create better opportunities
- understands that the client is themselves likely to be oppressed by medical model propaganda; does not sacrifice them to the therapist's critical position, yet shares accurate knowledge about possible interventions collaboratively
- shares care (with permission) with other possible helpers, including other service-users and other professionals
- genuinely listens without judgement or theory-bound interpretation or diagnosis – adopts a position of not-knowing
- supports, and identifies itself as standing alongside, the emerging mad culture and mad movement
- puts the person, their needs, story & experiences before all else, including techniques, professional alliances, turf wars
- understands that the primary healing force is the client themselves, not the person or techniques of the therapist
- is not afraid to use clinical judgement before 'evidence'
- treats the client as its practitioners would like to be treated themselves
- is genuinely nice – where the client feels fully received and where the client feels loved

Finally, back to the mending of pavements, students' mental health and helping people in distress. Lots of things *work*: treating people like computers in need of reprogramming. That works. Telling them that the problem is inside them and that they need to change. That works. Setting up anxiety management classes at food banks. That works. Offering six sessions of IAPT for depressed people at job centres. These will all work in that they will all reduce stress. But they should not be part of our understanding of counselling. In 2001, Keith Tudor and I wrote that counselling practice should reflect 'the awareness that the struggle for mental health involves changing society'.

If you are to save yourselves and the precious human dynamics of counselling work, you must get together to write your own manifestos, plan and act in concert not as individuals. You must continue the struggle to proclaim the emperor's lack of clothes and keep counselling back in the 1970s.

If you really want to serve people in their distress, do less of what works and more of what is right.