

## The end of an era.

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"More than the practice of therapy... a practice of freedom in being with other persons."<sup>1</sup>

I think I may be suffering from an undiscovered disorder. I have begun to develop certain symptoms; feelings of intense frustration, astonishment, disbelief, being suddenly rendered speech-less, and my heart sinking in my chest. Let's call it Incomprehensible Speechless Disorder (ISD). If this disorder ever made its way into the Diagnostic Statistical Manual for Mental Disorders (DSM) I think it would be classified into two distinctive types, an agitated form and a passive one. A friend confided in me recently that he has a passive form, characterized by signs of apathy, a weary look and resignation. I have diagnosed in myself an agitated form; characterized by indulging in a great deal of reading and thinking, engaging in intense debate with peers and colleagues and a compulsion to keep writing letters to people. Phew! At least I know what's wrong with me. I jest, of course, but it is also a very serious matter.

It occurs to me that any rational argument against the centralized regulation of counsellors and psychotherapists under the Health Professions Council (HPC) cannot be heard, or at least not responded to in any meaningful way by BACP<sup>2</sup>. Steve Cox<sup>3</sup> highlights very well the huge importance of local knowledge and practice-based evidence and he speaks for me but I would like to offer a personal story to see if any further light might be cast into these current dark and murky waters before we descend into another Dark Age.

So this is my story of why I am opposed to the state regulation of counsellors and psychotherapists. Twenty one years ago I joined an association of people committed to sharing and developing practice, learning from one another and raising standards. Over the years I have been hugely supported in my practice by my membership of this association, first BAC, now BACP and one of its fantastic divisions AUCC (which still retains the character of an association; member-participant led with continual open and accessible lines of communication, mostly focused on practice.) My membership has provided guidance, opportunities to take time out to reflect and learn with peers, and processes to articulate and examine practice. Sadly, over recent years, I have watched a process of metamorphosis in BACP. The association I joined has become a different animal, more reptile than mammal, and so, increasingly alien to me.

In the early 1990's I had already spent a few years working as a voluntary counsellor and had undertaken many hours of in-house training and supervision and some formal training. Wanting to better understand the extremes of mental distress and to learn more about how to help people heal or manage their lives better, I decided to train as a mental health nurse. Joining a regulated profession and working alongside other regulated professions (medics and social workers) I naturally assumed that this would mean high standards of care and treatment, knowledgeable, skilful and ethical professionals and, most importantly, the best interests of patients at the heart of practice. For me, of course, should I join their ranks, this would also mean increased knowledge and skills, economic benefit and status.

What I discovered, both in school and on the wards where I undertook my placements, was a restrictive and stifling hierarchical structure with patients well and truly located at the bottom. I came up against a culture based on mistrust; fear and compliance, coercion and control, distant from and indifferent to patients, an unquestioning complacency with the way things were, and very little that resembled warmth or human kindness. The focus, and therefore the majority of time, was spent on established ward routine and the completing of paperwork that demonstrated policies and procedures were being

followed (even if they weren't). Being with and talking to patients was discouraged and frowned upon. The task given to me as a student was in observing and following such practices without question. There was a huge gap between the theorized learning objectives designed to ensure I reached the required occupational standards for the profession and the practice on the ground. To my horror, meeting these objectives mostly turned out to be a paper exercise; sometimes staff didn't understand the objectives or openly declared that they thought they were a waste of time and sometimes they would make something up in a conspiratorial way so 'we could get them ticked off.' There was little room to acquire and practice skill in anything other than maintaining appearances. I experienced overwhelming pressure to comply. The fact that many had lost sight of the best interests of the patients could not be spoken. It seemed to me that there was too much at stake for all concerned; society could not be wrong. If patients didn't perform well the sick role cast for them they were punished. I sensed that if they weren't kept in line the whole charade would be in jeopardy. These were the professional walls within which patients were prevented from being seen and heard as resourceful people worthy of respect and collaboration. In the community where practitioners had more autonomy things were a little better but the system still set severe limits on what could be offered and delivered therapeutically. I was deeply shocked that

I had entered into a world in which to care deeply about someone was perceived as a sign of weakness.

History is not short of important lessons for us about what the institutionalisation and professionalization of human services does to people, workers as much as the recipients and I believe these problems are terribly confounded when the state gets over involved. In the literature I found the critiques and concerns I was witnessing and duly raised them in school and referenced them in my written work but in practice they were never given air time or taken seriously. I wouldn't wish to give the impression that the individuals involved did not care. There were many concerned and dedicated nurse tutors and practitioners but they had no real power and could exercise little influence over the system.

When the day came for me to take a moral stand against such practices and refuse to continue towards registration as a mental health nurse it was painfully revealed to me how much of a non-person one becomes in such a world. Without a word, after nearly 3 years, I was duly dispatched without interest to follow the next protocol, to have myself 'terminated'. After a few minutes, having signed the 'termination of studies' form, I found myself in the car park.

Initially dazed, I walked free, out into the sunshine on a cold February day, as if

I had just been let out of prison; jobless and penniless but nonetheless free. As far as the professional institution of nursing was concerned I became a wastage statistic, nothing more.

Fortunately for me I didn't feel wasted. I hadn't wasted the last 3 years; they became and have remained a hugely important part of my counsellor training. I have, of course, never been allowed to use the protected title RMN (Registered Mental Nurse). I have been denied access to work in numerous settings, and forfeited both the real and perceived privileges and benefits of climbing the professional ladder and reaching the top. Fortunately for me at that time in history there was an alternative path, counselling, an activity offered and embarked upon by many but not a regulated profession. I was now certain that this was the path I wished to take and it was here I found a freedom to practice with integrity and personal responsibility; freedom to care. Later, as a counsellor trainer and supervisor I was to meet dozens more disillusioned and dissatisfied souls exiting the regulated professions as they arrived on counselling courses seeking the same freedom.

Now 15 years later the world I so conscientiously rejected is about to catch up with me. Enter state regulation of counselling and psychotherapy. A post-regulatory 'landscape' has already been envisioned and so already exists in the

minds of us all. In fact it has been a gradual process, creeping up on us for some time; professional bodies beginning to look to their own survival rather than service, a jostling for position and territory amongst people already in positions of power and influence, and the subsequent securing of public funds for the promulgation of a narrow form of psychological therapy under IAPT. Finally BACP as an association has lost its way; lost sight of its original purpose. I see a grey landscape drowning in bureaucracy and laden with vested interests. I find myself in a process of anticipatory grief for the end of an era of relative enlightenment.

I firmly believe that the strength of existing ethical frameworks in counselling and psychotherapy is that they are *voluntary*; people on their own initiative choosing to abide by a set of values and uphold certain standards and continually re-working them in the light of client needs, rather than being required to by law. As I imagine most counsellors and psychotherapists would know, such a difference has a profound impact on the way people feel, think and behave. It is vitally important for people to be free to choose, and that they should be encouraged to do so rather than blindly following the rules. The first communicates trust and invites the exercise of personal responsibility; the second communicates a lack of trust and encourages, paradoxically, both compliance and non-co-operation. Both carry the same capacity for corruption

and duplicity from those who are not capable of right thought and action, but the second also risks alienating good will and inhibiting creative and humane practice. The second is also open to greater contamination through the introduction of an economic bargain; a person both earns and buys an entry ticket to join a protected and privileged group through which they receive exclusive access to certain status and employment and in exchange are henceforth required to relinquish any personal concern or morality that might conflict with the survival of the said group.

I would also maintain that the success and strength of the counselling movement in the UK has been its non-professional status (not to be confused with un-professional) and its non-medical approach to human distress and the problems of living. It has developed and flourished enormously over the years in local communities, in the voluntary sector, in education and finally in finding its way into primary care, filling some of the pitiful gaps left by our existing state regulated social care and mental health professions. In most settings counselling has been largely free and easily accessible. Maybe if counsellors had not trodden on healthcare ground in the first place; was this the mistake we made? Perhaps seeing the writing on the wall Pete Sanders <sup>4</sup> has long been urging person-centred therapists to disassociate themselves from the medicalisation of human distress and all of its apparatus. Have we left it too

late? In future counselling is in grave danger of being dominated by a medicalised view of the person and through increased delivery in healthcare settings will be severely restricted by the restraints of the public purse. Now its success is about to be its downfall; regulation will only serve to wrestle power out of the hands of the local community and from those who would sit alongside each other as equals, without separation into polarized groups; the sick and the well, the normal and the disordered, the expert and the patient. This is the ground from which Counselling sprung. To imagine this very human activity could become illegal without the dubious sanction of the state appals me. So as one of the signatories to the letter "Regulation: refusing to participate"<sup>5</sup> I would like to make my position clear. I have no interest in engaging in any illegal activity or any legal one which would require me to care more about appearances than truth.

So, what of John McCleod's<sup>6</sup> radical vision for counselling and his 'call to action'? Or is it

a call to stand in line and take your medicine? I can see the sense in what he suggests

about separating counselling from psychotherapy in order to prevent us all from being

dragged into the mire of a medicalised world. If regulation does come to pass I doubt this

will be enough to protect counselling and psychotherapy from the professionalised

degeneration that I have described above. It also fails to grasp the real issues behind the

attempt of some to claim the higher ground through the formal separation of counselling and

psychotherapy through regulation. Already the self-interests of the new professionals are

revealing themselves; as BACP<sup>7</sup> has now grasped, a hierarchy of power,

status and economic reward is about to be established. Let's all think about where our

clients might be placed in this system. The mighty wheels are turning and there will be no

brakes to apply; I know of no de-regulation of a profession in modern history, even when it

becomes apparent to all that change has not brought progress. Let us be under no illusion,

things will not stay the same.

It seems then I do not have a disorder after all; I am in mourning. I mourn for the end of an

era and deeply so for I care passionately about the freedom to practice which I and others

have appreciated for many years. For me it is a sign of a civilised society when

this freedom is allowed and respected. And yet, when the mourning is over I think there will

still be reason to be hopeful and not dispirited. Counselling emerged to respond to a human

need that no hierarchical institutionalised profession could hope to touch. If counselling is to

be swallowed up and taken apart by this same beast something else will be born and might

provide us all with a cause to celebrate.

## References

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