

SAFAA is Safer

Richard Mowbray

In his 'Open Letter to Richard Mowbray' (*Self & Society* Vol 23 No 4 Sept. 1995) John Rowan has kind words to say about my book *The Case Against Psychotherapy Registration*, for which I thank him. However the bulk of his 'open letter' is concerned with the one area which he claims that the book avoids. This concerns the proposals I make for differentiating types of work on the basis of the criterion of SAFAA (Sufficient Available Functioning Adult Autonomy) which he claims do not address the question of practitioner commitment.

John argues that two forms of activity are observable, and presents lists of their attributes. In particular his listing purports to differentiate the greater degree of practitioner commitment (and security for the recipient) offered by 'Activity One' (which he refers to as 'psychotherapy') as opposed to 'Activity Two' (which he calls 'personal growth'). The former, he argues, '... calls for fuller and deeper resources, and better and longer training'.

Whilst John thus acknowledges the existence of an activity differentiated from 'psychotherapy' and called 'personal growth', it appears that, in practice, he is of the opinion that: '... most of the people who start on the road to personal growth will sooner or later hit neurotic, border-

line or psychotic material, which will then have to be dealt with somehow. My belief is that in such a case they need the security of being treated according to the principles of Activity One [psychotherapy].' (Note the medical model terminology.) So, even though 'personal growth' can be differentiated from 'psychotherapy', it seems that if truth be told those who embark on it really need 'psychotherapy' after all. 'Psychotherapy' is clearly seen as a serious business and 'personal growth' as merely the province of the dilettante.

However, lists do not constitute an argument. In the absence of evidence that the bases for drawing up such distinctions are (a) generally accepted, (b) consistent and mutually exclusive and (c) relate to functional criteria and goals, such lists are arbitrary and merely depend upon who has drawn them up and what items they have chosen to include. John's differentiation assumes, not only that the items listed under 'Activity One' (psychotherapy) consistently group together, but also that they constitute the basis for a greater practitioner commitment that subsequently translates into greater client security. The items on John's list do not necessarily demonstrate this.

Looking at the distinctions on John's

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list in turn:

(a) Commitment through holidays vs. short term commitment.

I am not sure what the point is here. Is it a reference to the psychoanalytic practice of requiring that the patient's holidays coincide with that of the analyst if the patient is not to be charged for sessions missed while he or she is away? If so, the commitment involved is financial and more on the part of the patient than the analyst.

(b) Once or twice a week for months or years vs. one-off workshops or brief series.

This differentiation does not necessarily indicate 'greater' commitment, unless perhaps the practitioner contracts to be available at a certain frequency over a certain period. The assumption is made that 'psychotherapy' is necessarily a weekly or twice (or more) weekly activity. Does the practice of frequent individual sessions translate into greater practitioner commitment? It certainly translates into greater regularity of work and income for the practitioner. However clients may not in fact wish to 'fit in' with this sort of schedule of working, for financial and other reasons. There is clearly a potential trade-off here between practitioner need and client need. It may be that what many clients really desire is continuity of availability and the freedom to choose how often to partake of it. The question of what constitutes practitioner commitment (and to what) is begged by this distinction. Is commitment about fostering client dependency, albeit *en route* to autonomy, or about fostering the maintenance of client independence throughout?

(c) Person has been trained to deal with transference and countertransference and

resistance vs. person is self-taught, or perhaps apprenticed, and may or may not pay attention to these things.

'Untrained' *ipso facto* apparently categorises the practitioner as a 'personal growth' practitioner rather than, say, an untrained 'psychotherapist'. (Does it follow therefore that Freud was a 'personal growth' practitioner rather than a psychotherapist?) The assumption is also made that an apprenticeship model of training is inferior and indicates a lesser degree of commitment in the practitioner to the welfare of the client. Evidence please.

(d) Staying with one person vs. variety of persons.

This is surely as much a question of client preference and need as of practitioner commitment.

(e) Person is in supervision vs. person probably not supervised.

Appendix G of *The Case Against Psychotherapy Registration* argues that the public is misled into believing that a requirement for formal supervision involves a hierarchical overseeing relationship, when this is often not the case. The motivation for requirements which stipulate that sources of professional feedback and support should take a particular form is also questioned. Money spent on a formal 1:1 supervisory relationship, for example, may be better spent on, say, a co-leader capable of direct observation of the work concerned. What evidence has been accumulated as to the contribution to enhanced practitioner competence of a formal 1:1 supervisory relationship, by comparison with other types of feedback and support?

(f) Person probably has own therapist

or group vs. person may or may not have own therapist.

But what about a behavioural psychotherapist for example? Or does it mean that behavioural psychotherapy is a form of 'personal growth'? Likewise hypnotherapy?

(g) Subscribes to an explicit ethical code which includes a complaints procedure vs. may or may not have an ethical code which includes a complaints procedure.

The Case Against Psychotherapy Registration shows how such devices are likely to be ineffective at providing their claimed benefit of client protection, and are probably counterproductive as well.

The emphasis on frequent 1:1 sessions with one person over a long period of time that is apparent in John's 'Activity One' list gives the impression that a psychoanalytic model is being adopted here, rather than, say, behavioural approaches, or hypnotherapy.

More to the point, the list restates as 'givens' the sort of assumptions that have been closely associated with proposals for the formation of such bodies as UKCP and which I have investigated in *The Case Against Psychotherapy Registration* and found to be without much substance. These include assumptions that longer training generates greater competence; that recipients are all basically 'mentally ill' — or something like it — and hence so vulnerable that they should be regarded as being incapable of being self-responsible; that ethical codes and complaints procedures really provide enhanced consumer safety; that recipients should really look for security other than in the personal integrity of the practitioner and

caveat emptor; and that competence in the handling of transference and countertransference ought really to be the exclusive province of a professional enclave (if not also deep transformative experience itself).

In sum, John has read the book but, it seems, has failed to digest the message. Many of the arguments in *The Case Against Psychotherapy Registration* have been ignored, rather than refuted. What we have here in his letter is the 'protection of the public' argument beloved of registration aficionados, presented in another guise. Statutory registration would simply be the icing on this particular cake.

John does not feel that 'personal growth' is endangered by 'psychotherapy' or vice versa. However, the hazards for the human potential movement discussed in *The Case Against Psychotherapy Registration* are not a consequence of the existence of 'psychotherapy' as such, but rather an outcome of the aspirations to political and statutory power of practitioner organisations, principally training and accrediting organisations, in a context of different underlying models, ambiguous use of medical model terminology, and activities which have ill-defined natures and overlapping spheres of interest.

It is worth noting that whatever their other merits, nearly all the items in the 'Activity One' list generate more business for trainers, supervisors, therapists and therapists' therapists.

The above discussions aside, some of the distinctions made by John also mean little in relation to practitioner commitment (rather than patient commitment, in terms of money and time, to the practitioner) unless underpinned in the form of

contract terms entered into by the practitioner to the effect that: 'I undertake to be available to you for 'y' years at 'x' frequency and will be so available come rain or shine, whatever happens (as long as it is within the law) and whatever variations in your ability to pay may arise . . .'

Commitment to clients is not a question of time and money spent on what may well be irrelevancies. It is a function of the integrity of the practitioner. This is a quality neither demonstrated by submissive compliance with arbitrary requirements ('to get my licence') nor by a hubristic offering of oneself as a practitioner without an appropriate background of experience, training and preparation for the task.

The proposals that I make in *The Case Against Psychotherapy Registration* for differentiating types of work are on the basis of the status of the intended recipients and the goals and models underlying the activities. This offers, I think, a sounder basis for differentiation than the distinctions which I have been discussing above. Moreover, the SAFAA criterion does in fact encompass issues of responsibility and commitment. Where the criterion is met, issues of frequency of contact, breaks, du-

ration and so on become a matter for agreement between the two parties — what the client wishes for, in relation to what the practitioner is willing to provide. Furthermore, as regards differentiating human potential work, my proposal was for both the criterion of SAFAA and that of an underlying model of growth, rather than a medical one, whether obvious or in disguise. In the case of medical model activities and growth model activities with people for whom SAFAA does not hold, practitioners perforce take increased responsibility for the client/patient, who by the same token has reduced self-direction and autonomy.

As I indicate in the book, the SAFAA criterion is a question of the presence or absence of SAFAA, rather than the presence or absence of distress as such. I also suggest that if there were to be any form of state intervention to address provision for those who do not fulfil the SAFAA criterion, then what I referred to as a 'non-credentialed' system would hold greater prospect of consumer protection than the statutory registration typically promoted by training and practitioner organisations.

A Note on Registration

John Rowan

In the August 1995 issue of *The Psychologist* is an article from the British Psychological Society's working party on statutory registration, outlining in some detail their current thinking. Here are

some short extracts from the article.

1. 'The Bill will make it unlawful for any person whose name is not entered on the Register to use the title psychologist or