

# Letters

Dear *S&S*,

I have two strong responses to Richard House's stimulating article ('Love, Intimacy and Therapeutic Change', *S&S* March 1996). As a clinical psychologist with a humanistic identity but an early background training in cognitive-behavioural therapy, I wholeheartedly agree with what he highlights as the very worst failings of cognitive therapy. This was especially apparent in the early days of its development as a psychotherapeutic approach: mechanistic, reductionist and soulless. Richard echoes many of my own views, which have at times earned me a reputation as a dissenting, humanistic voice amongst my cognitive-behavioural therapist colleagues.

At the same time, I have a passionate need to add a caveat: do not judge all cognitive therapy and therapists purely on the shadow-side of this approach. Over the years, this model of therapy has developed and changed. Just as many of the more radical experiential therapies of the Sixties have grown to encompass the 'mind' and 'cognitions' as part of the whole human being, rather than 'dropping' the mind, so cognitive therapy has opened to acknowledging feelings, emotions and the body.

As a clinical supervisor to practitioners of cognitive therapy, I am witness to this development in practice. Most of my cognitive therapist colleagues recognise that working with people demands much, much more than 'reprogramming the human software'. Working with 'human belief systems' means working with the

whole person, because 'belief' is a body, feeling experience, not just a split-off, cold, rational thought. Different therapeutic approaches may each begin at a different point, but they all come, at best, to the same fundamental core: that the intimate, therapeutic relationship, the meeting between all aspects of each person — mind, emotions, body and spirit — is the essence of therapy.

The failings of cognitive therapy, which Richard House condemns, are, in my own experience, present and real in its worst practice; but they are not, really not, the whole reality of this therapeutic approach. I need to emphasise this because I have for so long attacked the shadow side of this therapy myself, biasing my vision to see only the bad. Now I see more.

*Surbala Morgan*

Dear *S&S*,

The cosily reassuring tone of Digby Tantam's defence of psychotherapy professionalisation cannot be allowed to mask the highly contestable content of his recent letter (*S&S*, May) — although I am personally grateful to him for being possibly the first person deeply implicated in the professionalisation process to attempt to respond at any length to some of the challenges that my humanistic colleagues and I have been making in recent times.

I want to take issue with two aspects of his position. First, the language he uses in his letter is highly revealing of the philosophical position he (and the UKCP) takes up in relation to the 'therapeutic' process. He clearly accepts as an unproblematic given the term 'psychotherapy',

the derivation of which is impeccably medical-model in orientation, as Richard Mowbray has clearly shown in *The Case Against Psychotherapy Registration*; and of course, the medical-model language proceeds to trip off the tongue with ease. Thus Tantam refers to 'emotional disorders'; to psychotherapy as a 'treatment' that is 'delivered' to those in emotional distress; to the importance of a 'technically sound' approach, and so on (note the mechanistic, commodified terminology). Mowbray has aptly described such an approach as assuming 'an underlying malfunctioning machine metaphor'. Not only is such an ontology of the therapeutic process difficult, if not impossible, to sustain philosophically; but even were it justifiable, one cannot understand how anyone espousing humanistic values and principles could live with such an ontology. Yet this is precisely the position AHPP must embrace through its association with the UKCP. Clearly, the H in AHPP has surreptitiously become a silent one, with hardly anyone noticing . . . which explains why the Independent Practitioners' Network had to come into existence, to fill the vacuum created by the AHPP's *de facto* abandonment of its core humanistic values, and to preserve those values in the face of the deadening hand of didactic professionalisation.

What's more, a medical-model ontology of the person cannot but entail the infantilisation of clients, which is fundamentally antithetical to the humanistic values of empowerment and individuation. This is the lacuna at the heart of the philosophically confused professionalising mentality; the whole professionalisation process is shot through with this un-

resolvable contradiction. As Ivan Illich has so eloquently demonstrated in relation to medicine, the ideology of the professional expert is necessarily disabling of clients, to the extent where people lose 'their will and ability to cope with indisposition'. Here, then, is a classic self-serving, self-perpetuating virtuous circle for the 'new professionals', with the very existence of the psychotherapy business and its accompanying 'treatment' ideology actually fuelling and increasing the demand for its own services! — and of course the punters will be most grateful and be prepared to pay more for all this too! I'm sure I'm not alone in smelling a pretty unpleasant stink in all this.

My second point concerns Tantam's *ex cathedra* assertion that registration and accreditation 'have served the public well in the development of the professions'. There is a very considerable weight of evidence in the organisational sociology literature (Meg Stacey, Mike Saks, Ivan Illich, Magali Sarfatti Larson) that, far from being beneficial to the client/public interest, professionalisation has repeatedly been shown to benefit the newly ordained professionals at its expense. It simply won't do, therefore, for Tantam to assert the beneficence of professionalisation as a self-evident truth when the overwhelming weight of sociological and historical evidence points in the opposite direction.

Until there has been a full and adequate response to these (and the many other) challenges that have been made to those favouring professionalisation, the substantial body of sceptical practitioners will remain thoroughly unconvinced — and in my view, quite rightly so.

*Richard House*