

Alderdice in Context

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Lord Alderdice consulted organisations which are developing the profession of psychotherapy: the BCP (analysts), BPS (psychologists), RCP (psychiatrists), UKCP (psychotherapists), ACP (child psychotherapists), Tavistock Institute, the Association of Psychoanalytic Psychotherapy in the NHS and the British Psychoanalytic Society. He plans to introduce a Private Members Bill in the House of Lords. There is strong support from the UKCP for statutory control of psychotherapists although views differ on whether Lord Alderdice's proposal is the best type of bill. Registration through Schedule III of the new Health Bill or becoming a 'section' within the future Health Professions Council are alternatives. Sentiments about power and prestige vis-a-vis other professions are aroused by these alternatives. In any case Private Members Bills, whether they are initiated in the Lords or in the House of Commons are only passed into law if government allocates Parliamentary time. The government will not consider this for psychotherapy unless the profession is represented by a body with a united front. Specifically the UKCP and the BCP would have to resolve their differences, which seems unlikely. The BCP broke away from UKCP a few years ago, and is, like the House of Windsor and the Royal Opera House, ever cautious about public scrutiny and accountability.

A Bill drafted by the BPS to protect the title psychologist has not even got as far as a Private Members Bill. However, the effort towards legislation to

regulate psychotherapists and psychologists, unsupported at the moment by the Government, does draw attention to the regulation of psychotherapy (and psychological services) in the future. I find it helpful to evaluate possible legislation for psychotherapists in the context of changes in the *culture* in which we operate, the *law* regarding the provision of services and the current state of *psychotherapy as a profession*

Culture ... Counter-Culture and ...

The psycho-dynamic approach to therapy was counter-cultural from about 1900 until, say, 1960. It radically challenged the 19th Century religious and spiritual approach to suffering of the USA and Europe and it became, along with Behaviour Therapy, (which developed into Cognitive Behavioural Therapy), part of the approach to suffering which uses psychotherapeutic cures. The explosion of new therapies in the 1970s was counter-cultural in its day, marking a shift toward greater individual responsibility, less dependence on authority and more open assessment of what therapists believe and do – in other words a move toward demystifying and open accountability advocated in the humanistic movement. It led to the Private Member's Bill of Graham Bright of 1980 (the year AHPP started), which was not given Parliamentary time and never became law.

Graham Bright was concerned about the exploitation of vulnerable people by cults, of which there were many, such as Scientologists (based on

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co-counselling theory), Rajneeshis (based on encounter groups, gestalt and bodywork) Moonies, and a host of others which used therapeutic techniques propagated by the humanistic growth centres such as Esalen in California and Quaesitor in London. Esalen and Quaesitor were power houses for innovation and change but they were not good vehicles for carrying the new therapies into the mainstream. With the acceptance of humanistic-integrative therapies by UKCP (developed from 1980, founded 1992) as part of its commitment to a diversity of modalities the 'new therapies' now have a vehicle which makes them part of mainstream culture with a real input in defining acceptable practice.

... and Regulation

The immediate post-war period was a time of increasing regulation. One of the unintended consequences of this was the protection of the medical profession against competition. The NHS, for example, which came into

existence in 1948 and run by structures similar to those proposed by Alderdice, increasingly controlled doctors so that, for example, GPs were not allowed to recommend alternative practitioners, even osteopaths, to their patients. Alternative practitioners, such as herbalists (and even osteopaths), tended to offer treatment inconspicuously, often in back streets. The situation changed during the 1980s, when deregulation became part of the political culture, and GPs and hospitals can now refer patients to alternative practitioners and even employ them. If Alderdice's Bill were to be passed as it is currently written there would be a real risk of domination by conformity to only one

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model, probably a medical one, instead of the healthy diversity and choice that exists at the moment.

Common Law

Under common law in England and Wales anyone may offer, *gratis* or for cash, any service so long as they do not make false claims about its effects, have the consent of the client and do not call themselves by a protected name. Thus, anyone may practice surgery so long as they meet these

conditions. They risk prosecution if they claim, directly or indirectly, that they are a surgeon. Only the Royal College of Surgeons can confer that title. If a Bill like Alderdice's is ever passed it would not prevent anyone from practising psychotherapy under common law unless one of the effects of being part of the EU is to erode the common law of England and Wales, which seems unlikely. Any psychotherapy or psychology Bill would have to be 'indicative', as Alderdice's is, and not 'functional'. In other words it would specify the process leading to someone legally calling themselves by the title psychotherapist (or psychologist) but would not make it an offence to practice psychotherapy, or psychology. Counsellors, teachers, priests, parents and social workers could continue as usual without fear of prosecution! Banned from calling themselves psychotherapists some people might invent a new name. Personal Development Trainer, for example, might become a new successful profession, at first counter-cultural, then formalised and then regulated, by the end of this century. Who knows?

Development of psychotherapy as a profession

An unintended and highly undesirable tendency, which might be fostered by a Bill like Alderdice's, is for Universities to get a stranglehold on training with hospitals and GP clinics considered to be the ideal venues for the delivery of psychotherapy. This would limit the diversity which is now a great strength. 'Qualified' psychotherapists who have heads stuffed full of theory and expert at writing articles for learned journals, but who have not done the work on

themselves so that they can learn to relate to someone else's suffering, might predominate. Emphasis on the medical model of diagnosis, treatment and prognostication (strongly implied in Alderdice's Bill which also assumes everyone is male!) could strangle the Jungian and personal growth models of discovery, experiment and realisation in which the individual feels responsible for their own path through life as a spiritual, acting, thinking, sentient being helped by a guide who has preceded them.

Perhaps these fears are ungrounded, for practitioners are already thriving in the private sector and there is commitment to multi-modalities in UKCP and in other places in the big battalions, the BPS and the RCP for example. Competition abounds between specialisms, such as clinical and counselling psychology, but competition for power on the Councils and Committees envisaged by Alderdice might marginalise a lot of excellent practices. Government since 1979 has been keen to encourage entrepreneurial activity and diverse approaches in all walks of life and might wish to preserve this aspect of the present situation in psychotherapy.

Brief responses to the bill will be welcome - up to 500 words, as soon as possible. Ed.