

Guerilla Gardening in a Post-HPC Landscape – Therapy as Principled Cultural Practice

Andy Rogers



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What will I do? That's the question on the lips of many counsellors and psychotherapists as regulation looms. But the more fundamental query, for some only just coming into view, is one of identity. If the Health Professions Council (HPC) redefines counselling and psychotherapy, as it intends, in terms entirely incongruent with our values, then who or what will we *become*, as both practitioners and persons?

It is relatively easy to say who or what we are *not*. Indeed, the existence and proximity of HPC has lent a hand in this process by casting a kind of illuminating shadow. Critiquing the regulatory proposals before us has meant hovering in that clarity/gloom and concentrating time and energy on its articulation. But after all the toil and its escalating intensity, rising to fever pitch in the last couple of years (who would have thought it – anti-regulation conferences, national media interest, judicial review?) an urgent question presents itself to all of us, both those who can escape regulatory capture via the

Alternative Practitioner Accountability movement and those forced by the circumstances of their lives to register: either way, how will we continue our work *and* maintain enough congruence of values and selfhood to practice authentically in the highly bureaucratised professional environment HPC threatens to enshrine?

To survive with sufficient integrity, it is vital we act now to create spaces where new identities can be born and nourished, identities that stand apart from the dehumanising cultural trend which HPC – with its drive to quantify, standardise, codify and commodify the puzzles of therapeutic relationships – grimly embodies. Here I sketch one such identity, available either as a declared departure from the new 'counselling and psychotherapy' or as a subversive strand within what we anticipate will be these freshly co-opted professions.

Principled not 'effective'

A defining feature of this approach is its principled estrangement from the pursuit of efficacy. 'Effectiveness' and the provision of evidence to substantiate a claim in this regard are seen by many in the contemporary professional environment as essential, almost unspoken necessities, even constituting the *raison d'être* of the therapeutic enterprise. Practitioners, modalities and organisations – desperately chasing the commercial success of CBT and related therapies – have been rather keen to show that they too 'work' (e.g. Cooper, Watson & Hölldampf, 2010). And why not? We use the question of efficacy, quite legitimately, to judge lots of things. Does a business generate profit? Does my roof keep out the rain? Does this machine make that object? Does it make it efficiently, consistently and to a high standard? So the same is asked of therapy – what are the 'outcomes', where is the evidence? We should stop bickering about ideas, it is said, and unite under what can be proven to work. After all, 'the facts are friendly' (Cooper, 2008).

Counselling and psychotherapy, it seems, must be judged technically, as instrumental activities, with therapists employing evidence-based methods to achieve specific demonstrable outcomes with their clients. But as Alex Howard reminds us, 'Questions concerning effectiveness may themselves prove to be ineffective questions.' (Howard, 2005, p.199) There are, in any case, other justifications for

therapeutic work that warrant our attention.

Barry Grant (Grant, 1990), for example, has made a useful distinction between the attitudes of *instrumental* and *principled* nondirectiveness in client-centred therapy. In contrast to the instrumental form, which necessarily raises the question of effectiveness, in principled nondirectiveness the practitioner has no specific goals for therapeutic outcome:

'[T]he question about efficacy is absent. Because therapists claim to offer a service, they may ask clients if therapy is helpful. But the client-centered therapist's rationale for being nondirective is not that nondirectiveness works. Being nondirective in a principled manner is not a way of making something happen, not a way of causing growth or freedom or empowerment or self-acceptance. [...] Nondirectiveness, like love, is not acted upon for what it achieves, but for what it honors [sic].' (pp.5-6)

As Grant (2004) has argued since, we can achieve a coherent principle-based justification for therapeutic practice that is 'free from empirical claims, the vagaries of experimental research and the conceits of psychological theories.' (Grant, 2004, p.162) This is exemplified by his 'ethics-only' justification of client-centred therapy, relying solely as it does upon a respect for the client's right to self-determination, which is 'an ethical, not a psychological or empirical concept' (ibid. p.157).

In this view, 'therapy has nothing to do with efficacy, but only with whether the practice expresses the attitudes and whether living the attitudes expresses respect.' (ibid. p.161)

Grant claims this approach is a 'continual, radical challenge to orthodoxy, establishment and convention [...] It is the practice of freedom by free beings for free beings' (ibid. p.163). Certainly, in severing some sacred ties with 'evidence-based practice' it kicks against our current obsessions with outcomes, results, performance and audit trails, and finds a new identity for therapy away from the dominant cultures of business, medicine and science and much closer to the arts and humanities. As Matthew Arnold wrote of great art in 1869, 'there will almost always be a protest against the state of things.' (in de Botton, 2004, p.135)

Cultural activity not psychological treatment

A similar repositioning has been proposed by Alex Howard, who argues that therapy – particularly of a humanist variety – is best thought of as a 'personal and cultural activity more than a psychological or quasi-medical treatment' (Howard, 2005, p.199). It should be judged then using the more appropriate criteria: 'cultural, aesthetic and ethical rather than psychological or medical' (ibid, p.200). As with a book, painting or piece of music, assessing 'efficacy' in therapy is misguided; we can only reflect upon the work's meanings and consider the idiosyncratic quality of the experience for each participant,

a process filtered through our own histories, situations, values and so on.

The 'outcomes' of this reflection are inevitably subjective, personal, fluid, changeable, chaotic, unquantifiable, but in the arts, tellingly, such inconsistency of outcome is not taken as evidence of failure. On the contrary, 'success' might be questioned if there was a uniform response – we might dispute the 'depth' of the work or challenge its motives, or we might question what this uniformity of reaction says about our culture at that moment. The reactions and responses inspired by such dialogue will then ripple out into society and a wider conversation about the work but still one rooted in *local* (that is, personal, idiosyncratic) knowledge, so that we have an ever-evolving, multi-dimensional *cultural evaluation*, rather than scientific analysis of 'effectiveness'.

Might this cultural critique be the only 'assessment' required of the authentic relational encounter found in some therapies, however counter-intuitive this is in our input-output world?

'The rampant instrumentalisation and bureaucratisation of society is such that we can hardly think straight about an activity being good in its own right. Everything, we imagine is a means to some other end, some other outcome [...] Perhaps introspection, stocktaking and reflection are just something that, as human beings, we find intrinsically worthwhile.' (ibid, p.231)

Where therapy fails to prove efficacy, it reveals not a failing

but rather one of its *qualities* as a personal and cultural activity. As Howard argues, therapy can be valuable *in itself*, 'even though it "goes" nowhere and "delivers" no particular "outcomes"' (ibid, p.232); after all, 'Life consists in more than solving problems and achieving outcomes. In some ways, perhaps, counselling is just one way in which we stay alive.' (ibid, p.232)

As David Smail has argued in relation to person-centred therapy's 'core conditions', echoing Grant's 'ethics-only' proposition above, it is about time we 'remove from an otherwise benign emphasis on empathy and acceptance their element of instrumentality. They should be, simply, ends in themselves' (Smail, 2005, p.83). Perhaps, then, this new identity is a *post-person-centred* one, with therapeutic attitudes functioning not as tools to facilitate personality change but as simple expressions of *respect* and *compassion*, 'recognising not so much that it is necessary to stand in the other's shoes, but that we *already are* in each other's shoes' (ibid p.84).

Is this *principled cultural practice*, as I am defining it here, not a more appropriate 'therapeutic' response to the reality of distress as both unavoidable human experience and embodied reaction to the environment we all share? A response, as Peter Lomas (Lomas, 1999) put it, that is *ordinary* rather than rooted in the expert-professional ownership of specialised knowledge and techniques. In locating the approach here, in the realm of the subtle, complex, uncertain ordinariness of life, rather than

the standardised, power-oriented, pseudo-certainties of professionalism, we also challenge the 'them and us' dynamic of the latter by honouring not just our and our clients' self-determination and autonomy but also our connectedness as human beings.

'Human Condition Work'

None of this is to suggest that we should neglect the intellect or ignore theory. On the contrary, this form of therapeutic work demands an engagement with ethics (not just 'codes of ethics') and both frees and implores the practitioner to explore all manner of analyses of the human condition beyond the scientific, reductionist and evidence-obsessed therapeutic psychology that is prospering under the enmeshed micro-cultures of HPC, IAPT and NICE. It is the positioning in relation to practice of this theoretical material that is different here; not ordering, categorising, or altering the client's experience but enabling and enhancing the practitioner's 'way of being' in a principled approach to helping. Theories – that is, *ideas* and *metaphors* – however valued by the therapist, emerge (or not) merely as points of potential interest (or not) to be assessed critically within the ordinary, human encounter between client and practitioner, and are therefore genuinely subordinate to the idiosyncratic views and foci of attention to which the relationship gives rise.

So therapists become not *agents* of their chosen modalities but rather *students* of the human

experience, 'human condition workers' (Postle, 2010) pursuing an idiosyncratic exploration of a range of disciplines, not least the arts and humanities but in fact whatever enables them to engage as persons in a meaningful dialogue with their clients; a dialogue that rejects the disempowering agendas of highly instrumentalised therapeutic 'treatment' in favour of a principled and genuinely compassionate, reflective and relational encounter – crucially not one implementing 'compassion', 'reflection' and 'relationship' to achieve specific psychological 'outcomes'.

In an environment increasingly demanding evidence for the effectiveness of its support services, such an approach might seem a hard sell. But perhaps it is not as awkward as we would expect – for clients, colleagues and others – however unsettling it will feel to those who support the attempted robbery by HPC of the meaning of 'counselling and psychotherapy'. In many ways, after all, it is a distillation of some classic therapeutic elements – listening, respect, understanding, reflection, dialogue, encounter, *person*-centredness (small p and c) – which will still have an 'ordinary' resonance with many both inside and outside the therapy world. It is certainly one that seeks (demands!) a principled and congruent professional environment rather than a structural framework constructed from the cultures and bureaucracies of business, science, medicine and their corrosive tendencies in some quarters towards mistrust, risk aversion, institutionalisation,

objectification and pathologisation, capitalist productivity and a fear of uncertainty (Scott, 2010).

So here we begin creating those new environments, or at least planting seeds in some neglected and near-abandoned districts of our professions. Writing this article, talking about these ideas, establishing spaces for ongoing exploration of such themes, understanding our old and new identities, forming new communities and manifestos – these could well be the potent acts of 'guerilla gardening' in and around the otherwise degenerating ecologies of 'counselling and psychotherapy' that keep us breathing. If, as in the famous story, the potatoes seen by Carl Rogers struggling for growth in a dark cellar are not merely to be replanted in a noxious allotment, tended by a well-intentioned therapist-gardener but in soil poisoned by the encroaching industrial estates – the organism's growth withered by toxic leaks bleeding into the water supply – then we must generate and work more fertile earth for our own transplanted roots as practitioners.

For some after regulation, particularly those of us forced to register, there will be soul-wrenching conflicts, tensions and contradictions to endure as we strive for authenticity and search for sustenance, but I am hopeful that if we find solidarity of thought and action now, then nourishment might just be plentiful enough for our identities to flourish beneath the blackening sky. We have not yet lost the battle to protect therapy from HPC's malign intentions, but it is high time we prepared for the worst.

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Andy Rogers is a counsellor and service coordinator in Further Education. He has published numerous articles on the person-centred approach and the professionalisation and regulation of counselling and psychotherapy.