# Re-calibrating our Moral Compass: Accountability in Psychotherapy and Counselling

**Tricia Scott**

**Introduction**

I appreciate being asked to contribute to this theme issue on accountability. I think this focus is liberating and gives us the opportunity to think about issues that have been passionately debated in our field – I am referring of course to professional regulation – by coming at them from a different angle. It provides some distance to reflect on why we have held our positions so strongly and to review them.

**What does accountability mean?**

I start with trying to remind myself what the term 'accountability' means. My way of doing this is to look at the definition in the Shorter Oxford Dictionary based on historical principles (OUP, 1973). I love this dictionary and find it both a pleasure and grounding to look at the etymology of words.

Originally it referred to an account – a calculation or reckoning – of money, but also giving an account of the general responsibilities and conduct of a person entrusted with money. This leads to accounting for oneself, explaining or answering for our conduct in the broader sense that we use it today. And to be accountable is to be liable to be called to account to explain and justify one's actions or decisions, particularly when providing a service for which there is a financial exchange. There is an implication in this that we account for ourselves to somebody external who has some authority over us and who can thus hold us to account.

**Why is accountability important?**

One of my early teachers, Stanley Keleman, wrote in *Somatic Reality* that 'we are always connected to others for survival as well as satisfaction' (Keleman, 1979). Many of the theorists contributing to our field have explored what it means to live in this relational world. It includes the importance of the relationship with our carers in the development of our psychic world, our sense of self or personhood, the intersubjective and co-created nature of communication (both unconscious and conscious), and the need for others throughout our life to help us regulate our inner worlds. Relational theories today have captured the imagination of practitioners from all modalities.

The evolution of our psychotherapeutic understandings reflects the development of postmodern thinking. The modernist view of 'self' as an essential, self-actualising entity within us and separate from others led to theories from Freud, Jung and Reich about psychic structure and the importance to maturity of developing inner authority, individuation and self-actualisation. Postmodern influence has led to concepts of self-hood as a fluid, relationally reciprocal process that continues to be co-created and to change throughout life. Maturity in this framework is characterised by dialogue. These different concepts of what it means to be a mature individual have a bearing on how we think about morality and where we think moral authority should lie.

**Morality – nature or nurture?**

My early training was in Reichian and Bioenergetic Analysis. Reichian theory assumes that we develop both physical and psychological defensive 'armour' in the process of protecting ourselves from painful or traumatic experiences that arise in early childhood. This armour restricts our energetic and emotional responsiveness as adults. Reich believed that through somatic and analytic work we could dissolve this armour and so reconnect with our core energetic processes, the spark of life within us. Our hearts become more available and our integrity (from the Latin 'integer', meaning whole) shapes our thoughts, feeling and actions. In this way we become self-regulating, and this in turn underpins our morality. Self-regulation was at the heart of Reich's moral vision in *The Mass Psychology of Fascism* (1933). He wrote about the 'emotional plague' and the rise of fascism, linking it to the repression of the life-force, particularly in adolescence, by the rigid mores of German (and early 20th-century western) society. In this view of the world, morality is connected to our instinctive capacity for love.

This raises for me the relationship between instinctive or intuitive morality, social conscience and the societal rules that govern behaviour.

I was also influenced by the teachings of the philosopher and mystic Rudolf Steiner who founded the educational system based on anthroposophical principles in which both my sons were educated. He said that morality was not an inborn capacity but one which needed to be taught. In Steiner schools every lesson is an opportunity for moral and spiritual development.

I can see that there is a role for both intuitive or instinctive morality and the need for external checks and balances. The work of reconnecting with our core experiences and being in touch with our bodily sense of what feels right or wrong is a good basis for our moral compass. When we are uneasy about something we or someone else has said or done, it can be a signal from our conscience that something needs reflecting on that is perhaps not readily available to our conscious awareness. We usually need to turn to others in these circumstances to help us calibrate our moral compass.

Civilisation has developed around the concept of being accountable to each other. In all societies and cultures there is a moral responsibility to stand up and be counted for our own participation in this interrelated world.

**Morality as a cultural phenomenon**

But morality develops within a cultural context. It derives from 'mores', the Latin for customs, and usually refers to the morally binding rules of a society or group to manage and regulate behaviour and relationships, in particular where there are power differentials. I think there may be some universal moral absolutes, such as the incest taboo which even my cats seem to feel and respect, but mostly morality seems to be specifically and culturally developed, dependent on historical, philosophical and religious beliefs.

Early in my career I was invited to lecture and run training workshops in Japan. Over a period of two years I discovered how profoundly different the Japanese concept of self was from our western understandings. From this experience I learned how culturally embedded and shaped our

psychotherapeutic theories are, and how there is a moral underpinning to these theories. The moral imperative in Japanese culture is for the individual to play their part as a cog in society's wheel and to ensure the smooth turning of the wheel. The idea of self-actualisation, for example, was for them completely alien and selfish. I also learned how difficult it is to engage in psychotherapy in a culturally neutral way.

**Re-calibrating our moral compass**

I learned from the experience in Japan how important it is to go outside my own culture to become aware of how culturally shaped our assumptions and beliefs are and how these define our moral and ethical principles. If we stay only within a small community of like-minded people to check out our thoughts about right and wrong then we and they are likely to share, and at times confirm, our own illusions and blind spots. We need to open ourselves to challenges to our assumptions and beliefs about ourselves and the world. There is reciprocity between our moral and social conscience in this. Systems of accountability are frameworks that encompass this reciprocity.

**Calling us to account: the implications for psychotherapy and counselling**

I have argued extensively, in *Self and Society* and elsewhere, that I believe psychotherapy and counselling make powerful contributions to the health and well-being of our society, and that with that power goes responsibility. We are working with people in vulnerable states who make themselves dependent on us for help. I believe we are accountable in this both to the clients we serve and to wider society.

In the field of psychotherapy and counselling, different 'mores' have developed within the different modalities to manage the powerful therapeutic relationships that are central to our methodologies. I am thinking about these as 'moral communities' with their own historical, philosophical and cultural roots. One useful role played by the United Kingdom Council for Psychotherapy (UKCP) was to bring these 'moral communities' together under one umbrella to account for our practices to each other and re-calibrate our ethical thinking.

The theoretical differences between the modalities have implications for the ethical principles we agree regarding our accountability and responsibility to our clients, and what is acceptable and what is not. The use of touch in therapy is a case in point. It requires different ethical parameters for body psychotherapists for whom touch is central than for psychoanalysts, for example, who believe that even shaking a client/patient's hand can introduce unhelpful, transference distortions into the therapeutic task.

Another such controversial example is whether at any time it is ethically acceptable to become a friend, lover or partner of someone who has been a client, supervisee or trainee. We are now I think agreed that sexual relations and other personal transactions that breach the therapeutic contract while the therapy is in process are unethical. But what about when the therapy is finished? And at what point? And what about the situation in which 'grooming' might have taken place during the therapy to set up a sexual relationship subsequently?

Our thoughts about these issues will be influenced by whether we think our responsibilities are based in enduring unconscious dynamics from past relationships or whether we see clients as adults responsible for their own choices. Either way we have a duty of care to our clients. Clients are vulnerable to exploitation by us whether we intend it or not. They place their trust in us and

to varying degrees hand over authority to us while they are in our care. Our focus must be on being aware of the risks involved and how we can best safeguard against these.

**Models of accountability: where should the moral authority lie?**

There are many areas of society in which regulatory systems are currently being reviewed. Regulatory systems can be statutory or non-statutory; self-regulatory or independently regulated. The regulation of social workers is being transferred from a statutory, self-regulatory body (the General Social Care Council) to an independent statutory regulator, the Health Professions Council (HPC). Practitioner psychologists are likewise no longer self-regulated by the British Psychological Society. Self-regulation of the medical profession by the General Medical Council is often under fire because of its alleged failings in the regulation of doctors. Even though it is a statutory regulator it is not seen as independent enough. The Leveson inquiry is currently looking at the relationships between the press, the police and politicians. One thing that has consistently emerged is that the Press Complaints Commission – a non-statutory self-regulatory body – has not been able to regulate the press, and has no teeth to prevent or even uncover the kinds of abuses that are being revealed in this judicial review or the criminal activities under investigation by the police.

Generally what is emerging from the wider debate is that self-regulation is a flawed system, and that it is important that independence is enshrined in regulatory systems if they are to be fair and effective.

In humanistic philosophy the moral authority is believed to be best co-created through dialogue, collaboration and consensus. This has been the view underpinning the way in which the Humanistic and Integrative College (HIPC) of UKCP has interacted and evolved over the last twenty years.

However, the profession as a whole does not necessarily agree with us. There are powerful vested interests at stake. The UKCP, the British Association for Counselling and Psychotherapy (BACP), the British Association for Behavioural and Cognitive Psychotherapies (BABCP) and the British Psychoanalytic Council (BPC), amongst others, all have their own views about where the moral authority lies. We have a long history of being unable to agree the ethical principles of our profession and wanting to take the moral high ground for ourselves.

**Regulatory systems to call us to account**

The last government decided that they would metaphorically bang our heads together and impose a regulatory system on us. They made the decision to regulate us by statute (i.e. by law) through the Health Professions Council (HPC).

Consultation processes were established, and over two years the various 'stakeholders' in the profession were placed in a Professional Liaison Group to iron out their differences. Some progress was made but there were still important areas that could not be agreed, such as whether there is any difference between counselling and psychotherapy. The coalition government abandoned this work in January 2010. Ideologically they are opposed to statutory regulation and prefer where possible for the market to regulate.

They also do not see psychotherapy or counselling as disciplines or professions in their own right. They see them as skills that any helping or health professional can deliver. These professionals, such as psychiatrists, psychologists, nurses, GPs or social workers, are already regulated by statute.

The coalition government opted for what they are calling 'enhanced voluntary regulation'. They proposed two routes for this. One was for the independent regulator, the HPC, to set up voluntary registers alongside their statutory registers. The other was to establish self-regulating registers accredited by a body called the Council for Healthcare Regulatory Excellence (CHRE), to be renamed the Professional Standards Authority (PSA). They proposed these options for those 'vocational groupings' such as psychotherapy and counselling that they do not see as a danger to the public. The Department of Health has made it clear that they will safeguard the public by other existing frameworks such as the Care Quality Commission, the vetting and barring scheme, and supervision by regulated professionals.

Professional bodies that hold a voluntary register, such as UKCP, BACP, BPC, BABCP or UKAHPP (and other currently existing voluntary registers), can apply to the CHRE to become an approved register. They will need to demonstrate that they fulfil the CHRE's criteria and, if accepted, they will become an accredited register. In other words their role as the regulator for their members will be formalised and monitored by the CHRE/PSA.

I was in favour of statutory regulation, and I believe that the new coalition policy has consigned psychotherapy and counselling to the backwaters of society for at least another decade. I also think that voluntary regulation does not provide adequate protection for the public. But given that this is where we are now I think that independent regulation is better than self-regulation.

The voluntary register option via the HPC as an independent regulator has not yet been explored. Despite rumours to the contrary it is an option that remains on the table (minutes of meetings, discussion papers and decisions on HPC website; personal communication HPC CEO, 6th May 2012). I think it would be irresponsible for UKCP not to look at all available options and undertake an assessment of the ethical and financial risks and implications of each. UKCP is accountable to its members, and this information should be made available so that a full debate can take place. The new Chair of UKCP has said she is committed to this democratic process.

**Holding us to account – should our professional body be our regulator?**

UKCP is aware of the flaws in its role as a regulator. It holds the central register of individual practitioners but has only an arm's length monitoring role over its 70 organisational members (OMs) who currently have the actual responsibility for regulating the individuals they train, accredit, re-accredit and put forward to the register.

The leadership of UKCP has long held the view that there must be a central complaints procedure (CCP). The relationships between the OMs and their registrants have proved to be too intimate and biased. It is almost impossible for OMs – in many cases small communities of trainers, trainees, their graduates and/or accredited members – to fulfil the criteria of independence and impartiality required in best regulatory practice. However, the OMs as a whole have to date resisted the move to a CCP.

A CCP will almost certainly be one of the criteria for accreditation with the CHRE/PSA, and the UKCP's Board of Trustees has made it a priority. Some OMs are still resistant to this change, and whether all OMs will agree to sign up to the CCP once it is in place remains to be seen. It is unclear at the moment what will happen to those OMs who refuse.

Whether the CCP can be independent and fair enough remains to be seen. It is essential for both clients and practitioners to feel properly heard. There need to be clear, proportionate

sanctions when allegations are upheld. My sense is that there is now a strong will in UKCP to make it so, but there is a clash of agendas which UKCP is struggling to overcome.

**Professional association or regulator? A clash of agendas**

My own view is that the needs of a professional association such as UKCP and those of a regulator are irreconcilable. It has never been made clear to UKCP members that there is a choice of UKCP as their regulator or their professional association.

The agenda of a professional association is to support and nurture the profession and the professionals. This means participating in the development of ethical frameworks – a much wider remit than the criteria for 'fitness to practice' necessary for a regulator. It means developing research and practice – a costly and time-consuming task that is consistently put on to the back burner. It means representing the profession and fighting our corner in the important arenas of employment like the NHS – something UKCP currently only gets round to in disjointed and ineffective ways. It means holding a space to support those practitioners who are complained against, unmuddied by the role of bringing the complaint against them. It could mean putting our resources into developing excellent mediation and/or Alternative Dispute Resolution (ADR) services so that only the serious cases of allegations of misconduct are dealt with by the regulator. My feeling is that this is the appropriate role for UKCP.

The role of a regulator is to hold the profession and the professionals to account. This is a frightening prospect. If we are accused of having seriously breached the rules, we have a right to a fair hearing, but others are charged with judging our conduct and imposing sanctions if necessary. This inevitably raises irrational fears and primitive anxieties in all of us. I think that the profession as a whole has been in the grip of these fears. I think the fantasy is that if we regulate ourselves, we will be safer. But actually I think the opposite is the case. The prejudices of the family dynamics within the professional bodies mean that procedures can often be just as biased against a family member as for them. Fears and fantasies are understandable, but surely as psychotherapists and counsellors we should be able to reflect on these dynamics, confront fears and regain perspective – the perspective of our responsibility to effectively safeguard the people we work with?

**References**


Health Professions Council website www.hpc-uk.org/aboutus/council/councilmeetings, minutes of council meetings, 22nd Sept 2011 and enclosure 5, discussion paper on V.R; minutes of HPC meeting 9th February 2012

HPC CEO Marc Seale, 6th May 2012, personal communication

Keleman S. (1979) *Somatic Reality*, Berkeley: Center Press

Reich W. (1933; transl. 1970) *The Mass Psychology of Fascism*, Harmondsworth: Penguin



**Tricia Scott** has been a UKCP Fellow since 2006 and is a member of the Psychotherapy Council. She has been involved in the humanistic movement since 1969. She has retired from clinical practice and lives in the South of France tending her garden spiritually and practically. She continues to be involved in the profession, writing, researching and working on regulation. Her book, *Integrative Psychotherapy in Healthcare: A Humanistic Approach* (2004) is published by Macmillan/ Palgrave.