

Conference Reports

'The Master's Tools Will Never Dismantle the Master's House'¹ – Reflections from the PCCS Books Anniversary Conference, 'Shared Practice in Non-medicalised Mental Health Care', Birmingham, 16 October 2013

Reviewed by **Andy Rogers**

'What is our evidence? It is not a randomized controlled trial. It is not a statistically significant finding... It is the evidence of testimony.'²

'It is not enough to do only what works, we also have to do what is right.'³

'Look to the living, love them, and hold on.'⁴

It comes down to this. The stage and the floor. The speakers and the delegates. The Professors and the rest. Beneath the un-illuminated chandeliers of the venue's large, shabby (not chic) conference room, the familiar format has reigned in its usual stale way. Everything in its right place: registration, name stickers, half-comfortable chairs, bad coffee, microphone feedback. PowerPoint slides beamed on to huge screens, one behind the raised lectern and one on each side-wall, informing but enclosing us too.

Lecture, applause, lecture, applause, lecture, applause.

These routines have evolved for good reason, I suppose, but they also feel like awkwardly reassuring tics, compulsions; and as the event progresses they work for and against the differing themes of the day. The rhythm is insistent, patterns emerge in its pulse, and things fester, not least the swelling of unmentioned elephants and a growing dissociation between what is being asserted through the PA and what is happening in the room.

It comes down to this. At the end of a day-long conference, three women and three men sit at a table on a stage before an audience of almost 300. Two of the women – Jacqui Dillon and Clare Shaw – are 'service user-activists'; not therapists, psychologists or psychiatrists but 'survivors', people who have experienced and are here to talk about extreme distress, how it brought them into contact with damaging psychiatric practices, and how they found helpful alternatives, from user groups to poetry, but always via genuine, 'non-medicalised' relationships.

In their conference papers they have spoken eloquently of struggle, compassion and hope, but also of politics and power. They advocate for ordinary kindness, love, social action, the importance of language, and for people with similar experiences to come together to navigate their distress.

The men on the panel – Richard Bentall, Mick Cooper and Stephen Joseph – are professors of psychology. Whether they have used, or had cause to use, mental health services remains unknown. They have talked today about influencing policy, conducting research, forging connections between orientations in psychology, and making academic cases both against biomedical psychiatric diagnoses, and for more humane versions of mental health care, particularly person-centred and experiential approaches. During a break, my friend and companion at the conference wryly notes the male professorial trio's gender-stereotypical portrayal of logic, rationality and institutional power, and that their pitches are devoid of personal disclosure or even much feeling, other than humour. Whatever the norms at work here, the Profs are certainly advocating for one form of professional expertise over others, their Truth apparently lying not in genetics or neurology, but in research on service users and 'non-medicalised' approaches to distress – research conducted to the very standards and designs demanded of, well, medicine.

Interestingly, one of the first questions to the panel from the delegate crowd is about the 'gold standard' research methodology known as randomised controlled trials (RCTs), as used extensively in medical research but increasingly in psychotherapy studies, and endorsed and challenged by different speakers today. The questioner calls RCTs 'technocratic', criticises the proposition that they are a necessary way forward for de-medicalised approaches to mental health care, and questions the

strategy of adopting such measures from an incompatible worldview. This is supported by Jacqui Dillon of the Hearing Voices Network (HVN), who made a near-identical point earlier in the day, borrowing from writer and civil rights activist Audre Lorde's assertion that, 'the master's tools will never dismantle the master's house. They may allow us to temporarily beat him at his own game, but they will never enable us to bring about genuine change.'

The Professors, apparently, have no truck with this view. Certainly Bentall is eager to quash the dissent and is swiftly backed up by Cooper. They want more 'sensitive' RCTs and are intolerant of the idea that by appeasing the Health Service's demands for such evidence we become part of the problem of a medicalised approach to mental health care. Somewhere in the scrabble here, Bentall attempts a tactical acknowledgement and discrediting of Dillon's argument by citing HVN's agenda as a 'political movement', as if the kind of science for which he and Cooper are arguing, and indeed the very fact they are making that particular case in the current professional and philosophical climate, and are doing so right here at this very moment in their lives and careers, is all – somehow – entirely apolitical! Any hope that Cooper, an 'existentially informed person-centred' therapist and psychotherapy researcher with interests in politics and post-modernism, would have something to say about the contradictions here quickly evaporates – if we want to inform policy, he tells us, we *have* to do RCTs.

The plenary session swiftly rolls on into other matters, but the research question will not go away. This time a therapist takes the microphone to say, first, that he is nervous of seeming naïve, stupid even ('I feel my heart pounding in my chest!'), before questioning why it is not enough to trust his experience and that of his clients that therapy is 'working'; why should he change his practice according to research findings from these large studies – why can't he just research himself?

There is applause from 'the floor' but the rebuttal is more than a touch fierce. Messrs Bentall and Cooper are at him straight away, disparagingly likening his argument to that for homeopathy or electro-convulsive therapy (ECT). Apparently, trusting each other on what is helpful when we are distressed is not just insufficient, it is dangerous. From Bentall, a CBT-trained psychology professor, this feels like he is just doing his day job, but there is at least one important issue for the person-centred people present, and that is the degree to which our 'locus of evaluation', as Carl Rogers puts it, is internalised or externalised. Even if we accept RCTs as potentially useful tools for exploring

the inter-subjective, relational work of therapy, and even if we see the 'outcomes' of such studies as in some way meaningful (and these are gigantic 'ifs'), should we automatically defer to this external authority on how best to proceed in the therapeutic encounter? As noted by another of the panellists, Lisbeth Sommerbeck, if we adopt a particular method or practice because research appears to recommend it but we don't actually believe it – we don't experience it as true ourselves – then this generates an incongruence in us as therapists that inevitably undermines whatever was trying to be achieved. But the clarity of this politically and theoretically consistent Rogerian take on the matter just rings around the room, and then vanishes.

Whether or not the elevation of RCTs – from potentially interesting but flawed research opportunity (one source of reflection among many others), to necessary base upon which all legitimate therapeutic practice must be constructed – is congruent with Carl Rogers' approach to therapy, theory and research really doesn't matter that much, unless of course you call yourself 'person-centred'. But outside the discourse of that group of therapies, similar questions remain. If The Research says one thing or other is more likely to be helpful, are those generalised findings always (ever?) more important than the evidence of the lived experience and testimony of the individual participants in a specific therapeutic relationship? Why? If that relationship is genuinely respectful of the idiosyncratic subjectivities present, if it is a truly explorative and meaning-making encounter, then won't it be its own research?

That is not to say we should give up on traditional research or ignore the results of the Professors' efforts. There might be much to *consider* – not to accept blindly, but to reflect upon critically – in the sorts of studies Cooper supports. I was intrigued, for example, by the research he mentioned pointing towards the usefulness of therapist self-disclosure. But as part of our critical reflection on such indications, we need to examine how the act of adopting certain methods functions in the broader professional and political context. Cooper's aim is to open up the CBT lockdown and to humanise therapy options in the Health Service. Good for him, perhaps. But how does that so-called 'pragmatic' effort – an expedient but internally inconsistent strategy of using the research methods of biomedicine to 'prove' a non-medicalised therapy's worth, so that it can then become a recommended 'treatment' for diagnoses that originate in a medicalised approach to human experience – how does this function with regard to other practices and projects that are not supported by an equivalent 'evidence base'?

While some individuals, groups and approaches will risk incongruence to gain acceptance from the emerging regime, for those that resist such appeasement and refuse to play the right kind of evidence-based game, the danger is they become, as Jacqui Dillon reminded us in her talk, 'de-legitimised'. Due to the cultural weight and institutional power of the medicalised discourse around psychological distress, adopting its methodologies risks reinforcing the claim that only those approaches supported by such research should be deemed 'effective', valuable or, indeed, ethical. Everything else has its legitimacy undermined; the strong implication being that if you don't use – or support the use of – the master's tools, then perhaps you shouldn't be doing the work at all.

Crucially, this dynamic is being played out right here in the conference room. The questioner is effectively silenced as his tentatively offered justification for practice is likened to a defence of one of the most brutal and dehumanising of all psychiatric 'treatments' (ECT), and otherwise equated with – and demeaned as – a kind of unscientific, wishy-washy quackery. So while Bentall and Cooper are here to support de-medicalised mental health care, they are also manifestly caught up in top-down, expert-led, professionalised power relations, which ignore or deny the political shadows they cast and agendas they appease, as one truth ('science') is privileged above all others; dynamics which, tellingly, have also been identified by the service user-activists here today as being not only highly problematic in understanding, relating to and alleviating distress, but also complicit in its maintenance.

Which brings us to the biggest elephant in room. There is powerful testimony and research presented to challenge the medicalised approach to distress and its most damaging manifestations – particularly the rigidly biomedical elements in mainstream psychiatry – but nobody dares suggest that perhaps the Health Service, which for obvious reasons is inherently and immovably tethered to the medical model, is not the best place for most 'mental health care' to take place. How does this thought remain unvoiced? With all the tensions on display between a radical reimagining of how we respond to distress and those trying to persuade powerful social institutions of the value of less medicalised approaches, somehow it is unsayable (unthinkable?) that these tensions might be irresolvable within the Health Service, and that practitioners need to step out from their enclosures,⁵ stop dabbling in medicalised metaphors, contexts and processes when it suits their personal and professional agendas, and instead facilitate a shift in the direction of,

for example, the Hearing Voices Network; a shift in the direction of ordinary wisdom and understanding, towards shared power and multiple non-professionalised truths, towards being politically centred not necessarily 'in the client', as Carl Rogers advocated,⁶ but in *each other*, in relationships rooted in compassion, humility, respectful curiosity and, ultimately, love.

As I have suggested elsewhere (see article in this issue), I doubt this can happen simply by re-promoting the person-centred approach, which – as revealed by the competing strategies implied in Pete Sanders' and Mick Cooper's respective conference presentations – still has much to offer this shift but is sometimes too entangled with, and entranced by, the power of the master's house and the prizes on offer to those who set up home inside. The approach remains insightful and highly principled in many respects, but it would be a grave mistake to think that person-centred concepts and the politics of their promotion are unproblematic in 2013, or that hope for 'de-medicalised mental health care' resides in a by-any-means-necessary salvation of nominally 'person-centred' work in the Health Service.

There *has* been hope at this conference, but for me it springs from the perspectives of the 'service user-activists' and the integration of relational wisdom and political critique in their personal accounts of distress and healing. As we travel the short taxi ride from the venue to Birmingham New Street station at the end of the day, a self-defined service user, with whom we share both the fare and our emerging reservations, nails the politics in a sentence, observing that her Mercedes-driving psychiatrist used to write notes with a Big Pharma-branded pen and notepad. There is laughter and relief, spontaneous connection, and a resonant reminder of the challenges we face in dismantling the master's house. Perhaps, I wonder, it is time we moved to a new neighbourhood. ☺

References

- 1 Audre Lorde, as quoted in Jacqui Dillon's (2013) conference talk, 'The history and work of the Hearing Voices Network – the personal is still political'.
- 2 Jacqui Dillon, as above (note 1).
- 3 John Shlien, as paraphrased in Pete Sanders' (2013) closing remarks: <<http://www.pccs-books.co.uk/blog/anniversary-conference/>> retrieved 04/11/2013.
- 4 Douglas Dunn, as quoted in Clare Shaw's (2013) conference talk, 'I do not believe in silence: how words can change the world'.
- 5 See Denis Postle on the psyCommons and enclosures: <<http://psyccommons.wordpress.com/enclosures/>>
- 6 Rogers, C.R. (1978) *On Personal Power*, London: Constable