

Ethical Dialogue

Andy Rogers



The dilemma

Izzy is a qualified psychodynamic counsellor, with a supplementary training in Cognitive Behaviour Therapy (CBT). She has a small but growing private practice working from home, and recently began a part-time job as a mental health advisor in a Well-Being Hub located above a Jobcentre Plus. She feels increasingly caught in a conflict of feelings and loyalties between the two settings of her working life.

Her Hub clients are nearly all working class, on welfare benefits and from a variety of ethnic minority communities. Many are on medication and have a patchy experience of work. Some have been sanctioned by the Jobcentre staff downstairs and have had to survive on reduced benefits for weeks or months. Via the Hub, she can offer a maximum of 12 weeks of support. Meanwhile, her private clients are predominantly white and broadly middle class, and she sees them once or sometimes twice a week for open-ended therapy on a sliding scale of £15 to £55 per session.

She feels a profound ethical and social commitment to her Hub clients and the value of their work together, but is concerned she might be supporting an inadequate and potentially punitive system of mental health provision, on an hourly rate of about one sixth of her average private practice fee.

The dialogue

S&S (Andy Rogers): Can you say a little about your own work in and around the therapy field, Paul, and what first strikes you about Izzy's situation and her 'conflict of feelings and loyalties'?

Paul Atkinson (PA): I have been involved with therapy and left libertarian politics since the early 1970s. I've worked in private practice as a Jungian analytical psychotherapist and supervisor since 1990, and chaired two training organizations along the way. As a member of the Alliance for Counselling & Psychotherapy and the analytic college of the United Kingdom Council for Psychotherapy (UKCP), I

campaigned against state regulation and the ‘medicalization’ of the therapeutic relationship. Most recently I have been working to undo the separation of psychological life and social and economic life, a separation through which psychotherapy has played its part in neoliberalism’s growing capture of subjectivity. I helped set up the Free Psychotherapy Network (FPN), and am working with mental health and welfare campaigners to oppose the Department for Work and Pensions’ (DWP)’s psychological coercion of benefits claimants.

Izzy’s situation and her ethical dilemmas feel very familiar. I think many therapists experience a tension between wanting to work with ordinary people in psychological difficulty through the public and voluntary sectors, and the potential freedoms, satisfactions and income of private practice and its largely white, middle class clientele. Over the last two decades, these two worlds have become increasingly polarized – in parallel with most other trends in social cohesion and the distribution of resources. As we all know, most counselling and psychotherapy in the public and third sectors is now very short term, instrumental and behavioural. In the self-employed private sector, open-ended work is the norm, but is affordable to the more well-off only.

My fantasy is that Izzy wants to build up her private practice but is experiencing a lot of anxiety about getting enough clients, setting herself up as a self-employed business and bearing in relative isolation the responsibility she feels for her private clients. The part-time job at the Hub gives her a reliable if modest income, and places her in a team with a framework of guidelines, shared responsibility and focused goals and outcome measures – alongside the satisfaction of working with people experiencing social and economic deprivation and considerable psychological suffering.

The trouble is that her job at the Well-Being Hub places her right on the cutting edge of the most vicious campaign in post-war Britain of state violence against welfare claimants, and especially people on mental health disability benefits.

S&S:

Izzy’s anxieties, comforts, conflicts and satisfactions aren’t just individual or interpersonal matters, then, but are in direct relationship with the push and pull of the political and socio-economic environment? Most starkly, she finds herself involved with a government policy that’s having a direct and devastating impact on some of the least powerful in society. What stands out here to me is Izzy’s ‘profound ethical and social commitment’ to her Hub clients. This brings with it the dilemma of whether or

not she can honour – or do justice to – that commitment in such an environment, or is it just too contaminated? How do we begin to answer that, Paul?

PA:

Well, there are surely conflicting ethical perspectives for Izzy to wrestle with, and as always the realms of ethics and politics are interwoven.

There is a broad ethical debate about the difference between working in the public and private sectors, a debate which has deepened with the replacement of most National Health Service (NHS) talking therapy with the UK's Improving Access to Psychological Therapies (IAPT) programme. As a private practitioner, I would say that the primary scene of ethical action is the quantum flow of the intersubjective moment. The existential, let's say 'Levinasian', space of interpersonal encounter is undoubtedly relevant to any institutional setting, but has become increasingly circumscribed by neoliberal utilitarianism and the devastations of austerity ideology. Private practice potentially offers more scope for ethical integrity, say in relation to respect for unconscious process, but it is slave to the market in its own way, and can hardly make more than a limited, individualized claim to serve social justice.

Many therapists in Izzy's position would argue that something is better than nothing, that the value to her Hub clients of several hours of empathic attention, a taking seriously of their very personal experience of distress and an attempt to offer some kind of useful perspective on how to better live with that experience, is primary in the ethical balance. The exponential growth of short-term, outcome-oriented therapy over the last decade and more has appalled many practitioners, while others claim the ethical core of the relational encounter remains viable.

In general, I hesitate to make principled judgements on the ethics of someone's work based on the restrictions of their setting and job description. A practitioner's capacity for ethical work can overcome, or at least survive, all sorts of environmental enclosure. The ethical environment of Izzy's mental health Hub, however, has and is being deeply undermined under the (previous) coalition and (now) Conservative governments, especially in relation to the increasing collaboration between the NHS and the DWP to get claimants suffering mental health issues off benefits and into work.¹

S&S:

What's some of the recent political history here, Paul?

PA:

From the start, the IAPT scheme promised to pay for itself by reducing the welfare bill. (Professor) Richard Layard was clear in his Depression Report of 2006 that more people were claiming benefits with a mental health diagnosis than for any other reason, including unemployment.² Getting people off benefits and into work was to be a major outcome goal of IAPT provision.

From 2010 onwards, DWP welfare policies have become increasingly punitive towards anyone claiming social security benefits, and the pressure to get claimants off benefits has created a toxic environment of fear and coercion, fuelled by a massive increase in benefit sanctions, work preparation courses and compulsory workfare.³ The number of claimants sanctioned doubled within a year of new rules being introduced in 2012.⁴ Thousands of people with mental and physical disabilities have been subjected to repeated rounds of Work Capacity Assessments and have been declared fit for work. Deaths through suicide or other causes associated with people being sanctioned or declared fit for work have climbed.⁵ On 14 October 2015, responding to an approach from the activist organization Disabled People Against Cuts, the United Nations launched its first ever investigation in a developed economy into the effects of UK welfare cuts on people with disabilities.⁶

Following the Rand Report of 2009 on the value of work as a treatment for mental health sufferers and its recommendations for the joint Department of Health/DWP piloting of a number of return-to-work programmes offering psychological therapies and well-being courses to benefit claimants, return-to-work therapy has begun to dominate the discourse of 'treatment' approaches for mental health service users on benefits.⁷ In his 2015 spring budget statement, UK Chancellor of the Exchequer George Osborne announced the 'co-location' of IAPT teams in 350 Jobcentres around the country. The Conservative Party general election manifesto a month later suggested compulsory treatment for benefit claimants with obesity and substance misuse issues.⁸ As I write, DWP minister Ian Duncan Smith is putting job advisors in food banks.⁹

I want to ask Izzy what she thinks about the ethics of mental health work located in the same building as a Jobcentre Plus. What does she think about working with clients, many of whom will be claiming benefits and will be subjected to a regime of sanctions, workfare, fit-to-work assessments and so on? Does she not think that her work is becoming profoundly contaminated by a 'get to

work' ideology that is a major source of distress, anxiety, fear and humiliation for many of her clients?

Part of the response from the Hub's management will be that their work and the DWP's work are separate, that sharing a building does not mean that they are collaborating in any way, that any course of treatment or support they are offering is strictly by the informed consent of the client, and in so many cases their clients want to work – in fact are desperate to get out into the world of work and all the benefits of self-respect, feeling useful and having a bit more money that a job brings.¹⁰

But what does Izzy think as a therapist?

S&S:

I wonder whether part of the difficulty, Paul, is that a practitioner such as Izzy might 'think as a therapist' a bit too much! That her commitment to therapeutic process and the assumed value of therapy discourse and practice, and its associated conventions (we sit in this room and we talk in this way about you, and so on), might narrow her field of vision when trying to see a way through the dilemma. Perhaps Izzy and the rest of us need to think more like sociologists or political theorists – or at least apply our critical faculties not just to what happens 'in the room' but to the relationships and structures beyond. Interestingly, this seems almost fashionable to say at the moment, which is rather incongruous with the actual trajectory of our field's relationship with the state! But even with a fairly conventional therapist hat on, it's pretty clear that the context and purposes of 'back-to-work' therapy will influence what is going on relationally in the work, however noble our intentions to provide a facilitative space for personal exploration.

PA:

I imagine all therapists recognize that work is an important issue for most people, whether they're in paid work or not. Work and family are probably still the primary sources of meaning, identity and social connection for most of us. Everyone needs the means of keeping body and soul together. What is going on for a client in relation to work and money is going to be an important arena of therapeutic endeavour, and an endeavour which forcefully brings the world into the room with the client and the therapist.

Obviously, not everyone can work, wants to work or needs to work. Having a job is not a goal of psychotherapy.¹¹ If there is a therapeutic desire around the issue of work, it is surely to explore and open out what work means to someone. The individual complexity of those meanings, as every therapist knows, can be dense, contradictory and fascinating.

Ideally, the ethics of the profession call for as open an exploration as possible of the meanings both the client and the therapist associate with work.

If I were offering Izzy supervision for her Hub work, we would inevitably be thinking together about the restrictions of the setting for exploring what things mean to her clients – including work. I have no doubt she will be seeing people who want to work, have a history of difficulties finding and holding down a job, and perhaps find it hard to identify and articulate what kinds of working conditions would be best for them, and so on. Izzy and her colleagues in occupational therapy, confidence training and practical support may well do a great job supporting these people, including offering some insight into the clients' difficulties around work.

But she will also be seeing people for whom the whole process of being in work or looking for work has been a traumatic nightmare alongside coping with combinations of housing problems; bouts of depression; panic attacks; family breakdown; single parenthood; low wages and benefit claiming; excruciating feelings of uselessness, failure and despair; domestic violence; physical disability; caring for dependants; self-harm; substance misuse; psychosis. Many people with this kind of experience of emotional and social problems will be on benefits and will be in the hands of the DWP regime in the Jobcentre Plus downstairs from her Well-Being Hub.

It is impossible to imagine how the toxicity of the DWP culture would not undermine and contaminate Izzy's hope to offer a space in which someone's feelings and associations about work or anything else can be explored.¹² How in these circumstances can anything approaching an ethical frame for counselling or psychotherapy be tenable? On the contrary, return-to-work and any real therapy will be at loggerheads.¹³

What should Izzy do? This is where your question comes in, Andy. 'Do we therapists need to think more like sociologists or political theorists – or at least apply our critical faculties not just to what happens "in the room" but to the relationships and structures beyond?' Yes of course, but what does that mean? Thinking critically about the interplay of the social, political and psychological dimensions of a person's life, and working within that interplay as a therapist, are not necessarily the same thing.

Most of our trainings will include reading and thinking about 'social diversity, inequality and social justice'. Some make a lot of post-modern critical thinking. There is a growing literature on psychotherapy and politics.¹⁴ A

therapist's background in terms of class, race, gender, sexual orientation and life experience generally is likely to have a crucial influence on how socially minded they are, and therefore how social and political understandings get into their work. In reality, though, I think the psychodynamics of social difference remain primitive everywhere; among therapists, because of the intensity and depth of the encounter, fear of difference and associated defensive strategies can be especially powerful. For example, thinking of Izzy, how much thought do we give to our fear of poverty and the poor?¹⁵

At the same time, the separation of the psychological from the socio-economic is at the foundation of psychotherapy and counselling. I would argue that as a profession, we are more part of the problem of neoliberal capitalism than we are part of the solution. Psychotherapy's creation and marketing of the intra-psychic individual, like Big Pharma's creation of the depressed and anxious brain, represent, it strikes me, very successful enclosures of lived experience as marketable solutions for the failing denizens of 'modern life and its challenges'.

Izzy has some kind of political take on her work, expressed as an ethical tension within her. I would encourage her to experience this ethical discomfort as a guide in her development as a person, a citizen and a therapist. I would want her to allow the unfolding of her discomfort and her effort to work, think and live with its nagging voice to become a passion in her life. Where it takes her is not really the point.

She may think that the ethical environment of her Hub work is too toxic to bear, and leave as soon as she can. Many newly qualified therapists who take up work in the public or voluntary sector and find themselves doing very short-term, regulated, outcome-driven therapy can't stick it for long. It is not what they have trained to do or what they can accept as real therapy. A recent blog on the Critical Mental Health Nurses Network tells the moving story of a student nurse who decided to leave his training in the face of what he discovered to be the political context of the profession: 'In short, I felt more like a prison guard than a nurse. Mental health nursing is much more of an authoritarian role – which made me feel like I was more part of the problem than the solution'.¹⁶

Izzy may feel she wants the experience of working with and getting to understand the experience of the people she meets in the Hub work – people she is unlikely to meet in private practice. With a growing awareness of how the politics of mental health operate, she may want to explore how

to find trust between herself and service users, how she might begin to challenge the Hub's ethos, and get involved in arguing for changes in the service and in the DWP policies whose impact she's experiencing first hand. She may find herself in deepening conflict with her employers, looking for support from sympathetic colleagues and her union. She may end up losing her job. But in the process she will deepen her understanding of the politics of mental health and of how to work more creatively with people who want positive change.¹⁷

But as I say, where it actually takes her is not really the point.

Postscript

The excellent Andy Rogers is taking a well-earned break from editing this important column. We would like to take this opportunity to thank Andy most sincerely for brain-childing and coordinating such a thought-provoking and leading-edge contribution to the journal over recent years. If any reader would be interested in taking the column over, the editors would be delighted to hear from you. [Eds]

Notes

1. For a recent catalogue of government reports on mental health and work, see <https://www.gov.uk/government/publications/psychological-wellbeing-and-work-improving-service-provision-and-outcomes>
2. <http://cep.lse.ac.uk/pubs/download/special/depressionreport.pdf>
3. <http://mh.bmj.com/content/41/1/40.full>
4. <http://www.independent.co.uk/news/uk/politics/benefit-sanctions-against-people-with-mental-health-problems-up-by-600-per-cent-a6731971.html>
5. <http://www.theguardian.com/society/2015/nov/16/fit-for-work-tests-serious-toll-mental-health-work-capability>
6. <http://www.disabilitynewsservice.com/confirmed-un-is-investigating-uks-grave-violations-of-disabled-peoples-rights/>
7. Currently, scores of jobs are being advertised by DWP to recruit mental health advisors specializing in supporting benefit claimants into work. Here is an example: http://www.indeed.co.uk/viewjob?jk=2e30c0739f4a3ddf&q=fccid%3A49132076&tk=1a3j8m2jl1ptfang&from=companyalert&alid=07823e28e3e210f8&utm_source=jobseeker_emails&utm_medium=email&utm_campaign=job_alerts
8. <http://www.theguardian.com/society/2015/jun/26/mental-health-protest-clinic-jobcentre-streatham>
9. <http://thirdforcenews.org.uk/tfn-news/trussell-trust-will-not-have-jobcentre-staff-in-foodbanks>
10. In June 2015, the Mental Health Resistance Network and a number of claimants' organizations and psy-professionals protested at a Well-Being Hub being located above a Jobcentre Plus in Streatham: <http://www.swlondoner.co.uk/protesters-rally-against-streatham-jobcentre-forcing-unemployed-people-into-mental-health-treatment/>. The Hub staff and representatives of the protesters met a few months later to talk about issues raised.
11. The moral power of work in our wealthy society is unrelenting. However meaningless, under-paid and demeaning, with a labour market increasingly dominated by 'voluntary' and unpaid, low-paid, part-time, zero-hour contract and desperate self-employment work, we are to obey a moral duty to *want* to work. Benefit claimants are regularly declared to be scroungers, cheats and liars. On the debilitating influence of the current ethos of work, see: <http://www.theguardian.com/commentisfree/2015/aug/25/work-cure->

- disability-benefits-sickness and for a refreshing rebuttal of the return-to-work philosophy, see <http://freepsychotherapynetwork.com/2015/03/05/middle-class-solutions-to-working-class-problems-is-why-charities-like-mind-keep-getting-it-so-wrong/>
12. <http://www.theguardian.com/society/2015/nov/16/fit-for-work-tests-serious-toll-mental-health-work-capability>
 13. <http://www.theguardian.com/commentisfree/2015/aug/25/work-cure-disability-benefits-sickness>
 14. See for example the work of Andrew Samuels, including his latest book, *A New Therapy for Politics?* (Karnac 2015).
 15. See for example Laura Smith's essay on psychotherapy and the poor: <http://sites.harvard.edu/fs/docs/icb.topic551849.files/Smith.pdf>
 16. <http://criticalmhnursing.org/2015/09/17/marks-story/>
 17. For the beginnings of a discussion in Therapy Today on the ethics of return-to-work therapy and how practitioners might respond, see <http://www.therapytoday.net/article/show/4899/should-counsellors-work-with-workfare/> and <http://www.therapytoday.net/article/show/4968/counsellors-helping-the-unemployed/>

Notes on contributors

Andy Rogers trained at the University of East Anglia in the late 1990s and has worked in and written about the therapy field ever since. He now coordinates a counselling service in a large college of further and higher education, and is an active participant in the Alliance for Counselling & Psychotherapy. Andy is also a father, contemporary music obsessive, occasional blogger and a keen home cook.

Paul Atkinson is a Jungian psychotherapist in private practice in London. Political activism has flushed him out of his consulting room over the last few years, nicely timed to coincide with his state pension and the arrival of grandchildren. He is a member of the Alliance for Counselling & Psychotherapy, and has been centrally involved in setting up the Free Psychotherapy Network.