

MINI SYMPOSIUM

On John Lees' *The Future of Psychological Therapy*

The future of psychological therapy: from managed care to transformational practice, edited by John Lees, Oxford, Routledge, 2016, 196 pp., £31.99 (paperback), ISBN 978-1138886384

Review I: when two tribes go to war by Martin Polecoff

In 1935 Nicolai Bukharin – one of the leading theoreticians of the Russian Communist Party – told Michael Polyani who was then the Chair of Physical Chemistry at Victoria University in Manchester that ‘Under socialism the concept of science pursued for its own sake would disappear, for the interests of scientists would spontaneously turn to the problems of the Five Year Plan’.

Polyani sensed that the ‘Scientific Outlook’ appeared to have produced a Mechanical Conception of Man and History in which there was no place for Science itself. And further that, ‘his conception denied altogether any intrinsic power to thought and this denied any grounds for claiming freedom of thought. (Weizenbaum, 1975)

Well you can't blame them, can you? Ask any psychotherapist what's the best kind of psychotherapy for any of the DSM ailments, and they will *hum* and *ha*. Perhaps they will mention a Dodo race, or that in psychotherapy it's the ‘singer, not the song’ that matters.

Ask a cognitive behaviour therapy (CBT) maven, an expert, and they will tell you that there is one best way: thankfully after 100 years of the development of psychotherapy, scientists have recognized the superiority of CBT over all other forms; and not only that, they will let you know the exact figures on successful cure and the precise cost.

Imagine that you are a politician. You know little about mental health except that you want to make a difference. Think how refreshing the CBT message is for you, for in the United Kingdom, health is politics, and politics increasingly revolves around health – for it's not *the* National Health Service (NHS) any more; rather its ‘*our* NHS’. It's the centre ground of recent UK general elections. The recent junior doctors' strike is little about pay or contracts; it's a fight for who is in charge. In the twenty-first century, the NHS is where elections are won or lost.

But if we go back 10 years, the question that the government was faced with was not, ‘What's the best kind of talking therapy?’ but ‘Who actually gets *any* talking therapy?’. And the figures were dismal. Probably around 5% of those in need could access psychotherapy. So a new programme had to be created – one that ‘Increased Access to Psychological Therapies’, or IAPT.

Right now, the plan is that by the end of the current parliament in the UK, IAPT services will be available to 25% of the estimated six million adults in need of treatment for anxiety or depression. And the number of qualified IAPT practitioners will rise from 6000 to 9000 by 2021.

The problem they were facing was little to do with quality of practice but, rather, quantity of supply.

Rip it up and start again

In Pol Pot manner, the NHS approach to talking therapies began again from scratch in 2006. That's our Year Zero. Everything that came before was discarded. It was, and still is, the biggest and most radical shake-up in mental health in the UK ever. And governments do not allow such projects to fail.

IAPT represents the industrialization of psychotherapy in the UK. And CBT, the preferred delivery system of New Mental Health, has become its reified servant. Lord Richard Layard's project, which began in 2006 as a simple plan to get some of the one million people claiming incapacity benefits back into work, has built into the biggest change in the NHS approach to mental health ever. It has changed the NHS and changed the world of psychotherapy.

Here's the meat. John Lees' new book is about the new UK two-tiered system of psychotherapy. On the one hand, there is what I would call 'real' psychotherapy, a form of investigation with no predetermined outcome, versus state or 'evidence-based' therapy – a medicalized and industrialized version that has been, from the start, wedded to notions of national productivity (Layard, 2006). And it was built as a grand socialist project, which in a way it is.

But for you and I (dear reader of *Self & Society*) this is a disaster. For now we have two kinds of psychotherapy. The first is NHS or state therapy, which is based in a medical model of disease and cure – sometimes called 'evidence-based therapy'. And then there is what we call 'real therapy' – that's the therapy that now lives mostly in the private and charity sectors. Imagine that you needed treatment for cancer. If you went privately or if you used the NHS, the treatment would be exactly the same. But with mental health treatment, approaches and standards are very different.

We have some great writing in this book, and even if the IAPT versus 'the rest' issues are of no interest to you, the conflict has changed – and will continue to change – the professional landscape.

Critical psychotherapists are *thinkers* – for us, the project is about freedom, mystery and self-discovery, and social change. Contrast this with the IAPT literature on productivity. Indeed, all writing on IAPT tends to read like 1950s Soviet tractor factory productivity reports, complete with the cloying congratulations from management, politicians and happy communal farm workers. It is the last throw of modernism.

But this book is more than just therapists bitching about unfair competition, or the loss of our 'fishing grounds'. In facing IAPT, real psychotherapy has had to dig deep and rediscover what we really do value, and what 'the project' is all about.

It's great writing. And for a book on such a hurtful subject, it's *kind* writing – introspective and thoughtful. Andrew Samuels, John Lees, Del Loewenthal, Stuart Morgan-Ayrs, William Bento, Rosemary Risq, Jay Watts, John Nuttall, Ian Simpson, Nick Totton and Richard House give of their best here.

But, if I were giving prizes for chapters, the one that stands out for me is Richard House's on 'Beyond the Measurable: Alternatives to Managed Care in Research and Practice'. OK, I confess that Richard is my friend, but I am friendly with others on this

distinguished list of contributors; and it is true that Richard is co-editing this journal. But he describes this chapter as his 'swan-song'. He has decided to stop writing on psychotherapy and concentrate on other issues, and that's a loss. But if you were only buying one book this year, this is the one you should get.

References

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© 2016, Martin Pollecoff
<http://dx.doi.org/10.1080/03060497.2016.1246788>

Review II by Adrian Hemmings

This book is a thoughtful and scholarly response to a trauma; an assault on counselling and psychotherapy services in primary care in the National Health Service (NHS). This perceived assault is the advent of IAPT (Improving Access to Psychological Therapies), which has been driven from a governmental top-down position and imposed with little dialogue on NHS primary care. One of the deep ironies of IAPT is that its major aim (some might say, *only* aim) is to enable people with 'mental health' problems to return to work by offering them psychological therapy. However, by imposing a monolithic model of therapy (i.e. CBT), those therapists who did not want to train as CBT therapists have effectively been made redundant from the NHS and driven into the independent sector, where many are unable to offer therapy to people who cannot afford it. It also means that there has been a colossal loss of highly trained and experienced staff, and a haemorrhage of organizational memory.

The book under review describes in detail the problems with IAPT and managed care. The first three chapters outline the broad context of psychotherapy today. The authors describe the subversive nature of therapy, and how this has been severely restricted by the adoption of a highly structured and nomothetic understanding and implementation of therapy within IAPT. This in turn has created a risk-averse and non-creative approach to therapy, and appears to be driven by the type of research acceptable to the National Institute for Health and Care Excellence (NICE), for whom the gold standard is the Randomized Controlled Trial (RCT) methodology. Del Loewenthal offers a precise criticism of this inappropriate form of research where a psychological intervention is viewed in the same way as a dose of medication with the assumption of specificity. William Bento looks at developments in managed