

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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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

care in the USA, and how these methods of working have been shoehorned into a very different health delivery system, with often distressing results.

The next section of the book is devoted to the rise of IAPT and its limitations from different perspectives. In this section the authors describe the effects of IAPT in dismantling a pre-existing service. Rosemary Risq explores the structure of IAPT by developing the ideas of Isabel Menzies-Lythe, who examined organizational structure as a defence against anxiety, and which has in many ways actually increased the anxiety of the staff.

The next chapters examine current practice. John Lees compares managed care as practised in the current IAPT with a relational approach. Nick Totton's chapter considers how an activity that has inherent creativity, and therefore risks, has been constrained by over-defensive practice (the metaphorical 'third person in the room'). Richard House makes a plea for a different form of therapy and, indeed, research that goes beyond the dutiful ticking of boxes that go into a black hole of statistical analysis, never to be seen or used in the therapy room again. The final chapter by John Lees sums up the previous chapters, and pulls the themes together in an attempt to propose a future vision of therapy as practised in primary care NHS.

So far so good; relevant, interesting and thoughtful. However, I was left wanting more. The title of the book, *The Future of Psychological Therapy*, while alluded to, left me wanting more detail. I would have welcomed an alternative vision, but was left feeling that while the criticism in the book is highly relevant and cogent, it needs more development, a vision of what a possible service of the future could look like on the ground.

The first four words of Andrew Samuel's pithy quotation in the foreword, 'we will fight them on the beaches', is a response that many therapists have in feeling that they are besieged. Here we have a 'we', a 'fight' and a 'them'. In order to 'fight' 'them', we have to make them 'other', and so faceless and not human. I used the word 'trauma' at the beginning of this review, as I perceive many of the responses in the book as a possible reaction to a trauma.¹ Somehow, IAPT and all the people who work within it have become 'other'. To parody it slightly, they have become audit-obsessed, robotic, state/CBT therapists who are being watched by 'Big Brother', and who churn patients through the system in order to meet impossible targets. This leaves the patients feeling as though they have been through an impersonal proverbial sausage factory. While some of this is undoubtedly true, I would welcome thoughts on how to humanize IAPT and all who work within the organization, and not make them 'other', so changing our response. While John Lees refers to this in the final chapter, again I was left wanting to know how this next dialogue could be opened up.

I would welcome a chapter focusing on the experience, good and bad, from the people who have used the service. It may even be that some people find short-term structured interventions that involve completing forms useful (Cooper & Norcross, 2015)! My concern is that by ignoring the experiences of people who have been through the IAPT programme, there is potential for us doing exactly what we are criticizing IAPT of doing – adopting an ideological, nomothetic position and losing sight of the individual.

Another theme in the book is the slightly nostalgic view of the days before IAPT. Two of the authors describe services that were mainly staffed by volunteers, which brings me to my final comment. Within the book there appears to be a concept of IAPT developing from nowhere, and being imposed on an unsuspecting and helpless

profession. I do not want to apportion blame, but don't we, as a profession, have at least some part in the co-creation of IAPT? I would have welcomed some thoughts on this also.

Overall, this a thoroughly timely and thought-provoking book; I just wanted more. How can we, as a profession, engage with each other and enter into a more constructive dialogue across modalities? Perhaps this could be the theme of the next book: *The Future of Psychological Therapy*?

Note

1. Graham Music Blog: Brexit, project fear, brains, racism, inequality and the other.

Reference

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A response to Martin Pollecoff and Adrian Hemmings

The counselling and psychotherapy profession is approaching a crucial point in its history. After 40 years of increasing domination by managed care and evidence-based practice, which have come to full expression in the UK in this century in the NHS Improving Access to Psychological Therapies (IAPT) scheme, there is now a growing backlash. A number of publications are beginning to challenge the way in which the dominant discourse has, in effect, shut down debate about different approaches to practice and research as a result of creating the message that all is well with psychological problems ever since 'scientists have recognized the superiority of CBT', and that research is just about evaluation. The book *The Future of Psychological Therapy* is one of those publications that challenges this point of view. Its aim is to open up debate and work towards a profession that is balanced and not just taken over by the dominant discourse.

My professional concern in proposing and subsequently editing the book was to remind readers about what is taking place around us, and in so doing remind ourselves of the creative traditions of the profession, which seemed to me to be in danger of getting brushed aside. I was also motivated to support an approach to therapy which maintains a sense of what Martin Pollecoff refers to as 'real psychotherapy' – i.e. an approach to therapy based on 'freedom, mystery and self-discovery, and social change' – as opposed