

Interrogating the therapy phenomenon

Richard House interviews a pioneer of the client-voice movement, **Yvonne Bates**

Richard House [RH]: Yvonne, we've held a lot of common ground in the therapy world over the years, and I think we currently both inhabit a place of largely having left the therapy world behind. Each individual has their own 'natural history' in relation to therapy work, and I think it's at least as important for practitioners to read and reflect on the experience of those who've left the therapy world behind, as it is to relate to people who work as therapists and are unreservedly committed to "the project of therapy", professionally and culturally.

But before we get on to that, can I first ask you to summarize your life in the therapy world, up to the point where you began to feel disillusioned with it? And in this question I include your work as a publisher and writer too, of course.

Yvonne Bates [YB]: I started my therapy career as a person-centred counsellor working mainly over the telephone in a small group I set up for that purpose with my dear departed friend Liz Alexander. I suppose it was quite pioneering as I'm not aware of there having been anything else like it at the time – around 1992 I think – normal therapy to all intents and purposes, except conducted over the phone. Looking back I think one of the reasons behind that decision was a desire to give the client more control and a more equal status, rather than requiring her to come to my office and sit in my space, which perhaps from my own therapy, I already knew didn't feel quite right to me.

I only had a few years of experience when I was invited to train as a CSCT facilitator by my local college in Aberystwyth, where I also taught A Level Psychology. Those were the days when panic was

setting in about accreditation, and despite my two years of training and my psychology degree, I was deemed under-qualified for the work I'd been doing and helping others learn to do – so I enrolled on a Masters in Counselling course in Chester in order to comply with requirements. Ironically it was on that course that my eyes were opened to criticisms of the very professionalization process that had brought me there, and I found myself reading papers by the likes of your good self, Nick Totton, Denis Postle, Colin Feltham, my therapy hero Brian Thorne, my good friend the late great Arnold Lazarus and other inspiring characters. It took me about a minute to decide to get involved with the Independent Practitioners Network and join the anti-professionalization movement myself.

RH: Thanks, Yvonne; it's fascinating for me to discover these things about your therapy journey that I wasn't previously aware of! Before I pick up on questions around professionalization and your pioneering editorial work, can I ask a practitioner question about telephone counselling. There is almost certainly an argument in the field that for therapy to be most effective and 'holistic', it's essential to have real bodies present. I understand this argument, and it has initial appeal to me; but then when I think more deeply about it, and about how therapeutic change can and does happen, then I start wondering whether we therapists can sometimes (often?) get too precious and prescriptive about how change happens for people on their unique life journeys.

As someone who has worked extensively both with and without actual bodies being present, I'd welcome your reflections on this question.

YB: I would say it's perhaps preferable to have real bodies present, but it is certainly not essential. Obviously, in telephone counselling, the non-verbal dialogue is much more restricted – although one does become much more attuned to vocal nuances which can compensate to some extent for the lack of body language. It can also be less intimate, although not necessarily so; it may also be harder to comfort the client – one can only offer a verbal hug for example, and it is much harder for the therapist to control the session, in terms of privacy, ambience and so forth. It's not uncommon for clients to be interrupted with deliveries, family members coming in unexpectedly – I've even heard clients going to the toilet and weeing in the middle of the conversation! The client may also find it more difficult to mentally enter the therapeutic space, because she has not physically left her habitual space.

However, there are many advantages as well. First, and most obviously, there are the practical ones. Some people are physically incapable of going to the therapist's office, so for them it might be the only option. I have worked with people whose partners were very controlling, who would not be able to explain their absence from the home. Many people are too shy or embarrassed to visit a therapist's office or are worried they will be seen, which in turn they worry may affect their career etc. But there are more subtle differences as well. As I mentioned already, for me, an important advantage is that it helps to equalize the power balance in the relationship. The client is responsible for creating her own space rather than entering one determined by me. The other issue, which I think is vitally important, is that neither party knows what the other one looks like. I believe that whether we care to admit it to ourselves or not, we are influenced by the other person's physical appearance, and it is almost impossible for this not to obscure our view of the soul or spirit of that person to some degree. This can provide an obstacle to the authenticity of the relationship. I also think for this reason, telephone counselling is less likely to foster transference and counter-transference, despite the fact it provides a true 'blank screen'. As I see transference as a potentially harmful aspect of therapy, for me, that is also a big advantage.

RH: One can perhaps imagine the kinds of interpretation that a Kleinian therapist might make of this one! – "...I've even heard clients going to the toilet and weeing in the middle of the conversation!" But as a humanistic journal, perhaps we won't go there. Actually there's so much we could explore in your rich response, Yvonne – perhaps we need to do another interview on telephone counselling per se! But can I opportunistically pick up on where you left off? – transference. This might not be a particularly controversial issue in psychodynamic practice, but it certainly is in more critical therapy circles. Can you first describe for our readers when and how it was that you first experienced transference in the work, and that it might be something that gets in the way of rather than enhancing the therapeutic process?

YB: Haha I never thought of it from a Kleinian perspective! As to how I first experienced issues around transference, it was not something that was, to my knowledge, a major issue in my own work, although I was aware from time to time of clients starting to develop heightened states of dependency. I think the first clear description I came across was in Rosie Alexander's book *Folie à Deux*. She describes something that is far removed from the concept of transference I had learned about in therapy text books, of a rather natural and harmless condition that is considered beneficial in psychodynamic schools. What Rosie experienced was something quite shocking and all-consuming – this highly intelligent and highly educated woman experienced such a powerful attachment to her therapist that it took over her entire life, almost like some form of demonic possession. Some have described it as 'transference psychosis', but I'm not sure that's quite accurate. I'd prefer to call it something like 'advanced transference'. Upon delving a little deeper, it soon became clear to me that Rosie was not on her own: there were (and are) thousands of people out there who have developed these life-possessing attachments to their therapists. I discovered that lives were literally being ruined by this phenomenon.

An equally shocking discovery was the therapy world's response to Rosie's story, and to any other

clients who reported similar experiences. I remember one therapist reviewer of Rosie's book accusing her of basically 'getting off on it', a view I came to hear a number of times. Many professionals argued that all of the cases reported were down to 'bad apple' therapists who mishandled their clients and in some way had encouraged dependency.

It is very hard, if not impossible, to explain to someone who hasn't experienced it what this 'advanced transference' phenomenon is. And when I have tried to describe it, I usually get the impression that the listener thinks that the client must have been mentally unstable in some way in the first place, for it to have happened. Well, I don't want to sound like a know-all, but I have got to know a number of transference sufferers over the years, and they seem pretty normal to me! In fact, one person who contacted me ten and a half years ago to tell me how much my book *Shouldn't I Be Feeling Better By Now?* (SIBFBBN) (Bates, 2005) had helped her to feel less alone with her transference, became my wife – although perhaps that is not proof that she's normal!

I think there are very strong parallels in Stockholm Syndrome, experienced by hostages toward their captors. 'What on earth could be the connection between the two?', I hear you ask, Richard. Well, a hostage-taker has the power of life and death over a hostage. When a client really commits to therapy, when she opens herself up completely and exposes all her vulnerability to the therapist, that gives the therapist immense power to hurt her, or help her. The power of spiritual life and death, perhaps, rather than physical. 'Under what other circumstances does someone hold that power over someone else?', I hear you ask again, Richard. What about the mother's (or father's, or other caregiver's) power over her infant child? The infant is almost completely dependent. So perhaps – and of course this is just my theory and I have nothing whatsoever to back it up – whatever the psychic 'mother-child bond' may be, it is perhaps triggered by a sense of total dependency, and can therefore be triggered again when similar conditions exist. Who knows? But the important thing is that there is some very tangible phenomenon here that is incredibly powerful, and that needs addressing.

RH: Fascinating, Yvonne – let's pursue this one more closely. So a first question might be, how often does the 'advanced transference problem' (or ATP, let's call it) happen? Has any research been done on this? – and/or from your own anecdotal and direct experience, do you have a feel for how often ATP might occur? Secondly, is it a discrete phenomenon, qualitatively different from anything else that happens in the therapy relationship, or are there *degrees* of ATP, in the sense that it lies on a continuum of therapy experiences? Thirdly, is there anything that therapists can do about ATP? – and might there be something about the way in which a therapist works that might make it more likely to occur? (I'm thinking here of the intersubjective view that *whatever* happens in any human relationship is in some sense co-created by both participants and the way their subjectivities meet and interpenetrate). Fourthly, is ATP a phenomenon that (perhaps with training?) a therapist should be able to spot relatively early on, and so take proactive action to forestall or circumvent it? Fifthly, is ATP an issue that occurs equally across all therapy approaches, or does it tend to occur differentially more frequently in particular therapy approaches? – and if it does, why might this be? And sixthly, how might ATP be addressed more generally, without throwing the 'therapy baby' out with the ATP bathwater? I think the research shows that there might be a greater level of negative effects and outcomes in therapy than most professional therapists feel comfortable acknowledging; but I think few people would argue with the view that a large majority of counselling/ therapist clients do find the therapy experience helpful. So ethically speaking, to what extent should we risk compromising the positive experiences of the majority by doing what might be necessary to address the ATP issue effectively?

I'm sure there are other questions I could ask, Yvonne – but I think that's perhaps enough to be going on with for now!

YB: I was certainly not aware of any research at the time of writing SIBFBBN; if anything I would say it had been swept under the carpet. Perhaps there has been some since I left the therapy world, I don't know.

And the short answer to the other five questions is, 'I don't know'. Rather than try to answer them, perhaps I can explain a little more about why it is so hard to answer them. I immersed myself in this subject for more than five years. In addition to all the research I did for SIBFBBN, I got to know a number of clients who were willing to write a 'client voice' piece for *ipnosis* magazine (I tried to include at least one in every issue).

I actively participated in a forum called 'A Most Heartbreaking Love', which was a support group for people with an Advanced Transference Problem (ATP) or other forms of strong emotional connections to their therapist. I also ran the Therapy Breakdown project with my wife Shaz, which was basically a helpline for clients with ATP or other problems with therapy (which sadly closed due to lack of funding). I attended and presented seminars and university lectures, worked with WITNESS, the therapy abuse charity (which also, I believe, closed many years ago due to lack of funding). I spent six months or so facilitating a group discussion between four ATP sufferers, which was to be written up as a book that would try to answer questions such as those you have asked: we looked for commonalities in the clients' personalities, in their circumstances, in their social status, in the therapists' personalities, approaches, schools – anything to try to make sense of the phenomenon (unfortunately the book was never published because one of the participants (who turned out to also be a psychotherapist!) decided that she wanted it to remain private).

In addition, I have naturally spent countless hours discussing the subject with Shaz and the friends we have made over the years who share the same affliction. I still can't tell you what ATP is, only that I know it exists, that it is not brought about by therapist neglect or incompetence (despite what many therapists would have us believe), and I have not met a single sufferer who has ever overcome it completely. I remember meeting one acquaintance at a conference, whose therapy had ended 40 years previously, and asked her how she was doing. 'Oh I'm fine, I've been plotting my therapist's family tree.'

The trouble is, any attempts to answer these questions inevitably lead to an examination of the intrinsic nature of the therapeutic relationship.

Furthermore, as you can see from SIBFBBN, and books such as Anna Sands' *Falling for Therapy* (Sands, 2000), ATP is not the only way in which the client can 'come a cropper' in therapy, even with an ethical, well-trained and competent therapist. In examining all these issues, I think I swam out so far into the murky waters of therapy's shadow that I couldn't get back. In order to answer your questions I was looking back at my 'writings' from that period and it was all about therapy's shadow. I even found a file entitled '101 things that are wrong with therapy' – although I had only got as far as 59!

The more I wanted to talk to my colleagues about what I was finding there, the more isolated I became – they would swim so far with me but then turn back. I'm finding it very painful even to talk to you about it now, ten years or so later, because I ended up feeling extremely frustrated, angry and to be honest, scared of the aggression that was meted out by some when I dared to criticize therapy, or publish other people's criticisms of it. Even colleagues who I know loved me as a person and respected my work felt I was obsessive and destructive, when all I wanted to do was talk about therapy's shadow. I was told, 'Yvonne, if I go down this road with you, I won't be able to do my work, and I know my work helps people, so I need to stop here'.

Others were downright hostile. Others told me I had to balance my work with more positive aspects. I didn't understand why – if somebody were to study the harmful effects of, say, aspirin, would their colleagues be up in arms and imploring them to include in their report all the beneficial aspects of aspirin to avoid being condemned as destructive? I remember when working on *Ethically Challenged Professions* (Bates and House, 2003), I got in touch with Jeffrey Masson, who had written the controversial book *Against Therapy* (Masson, 1988) some years previously, to see if he would like to make a contribution. I imagined I would find him doing guest lectures all over the place and working on his sequel, but instead I found him running some sort of animal sanctuary in New Zealand, having felt unable to continue in the world of therapy. He wished me well. I didn't understand. As I was drowning in those murky waters some years later, I finally did understand.

RH: That's a fascinating reply, Yvonne – there's so much there, I hardly know where to start. But most important, I first want to acknowledge how re-visiting these questions is painful for you, and I'm very sorry about that. Yet – and at the risk of crassly and inappropriately colluding with therapy's 'regime of truth' – that might also suggest that there could be some value for you in re-visiting this really important phase of your professional life, and maybe help to heal at least some of the wounds from the challenging experience you so openly describe. I just hope that this interview experience (and any further engagements and reflections on this issue that it precipitates) might be helpful in any such healing process.

Next, let me say that, as you know, I would wish to associate myself and agree with much of what you say about therapy here. But rather than making this interview into a mutual-agreement exercise, it might be interesting and useful to delve more deeply into the profession's, and your colleagues', arguably defensive response to your brave work in this area.

'Brave' is a carefully chosen word here. I think it's important first to acknowledge just what's at stake in challenging a 'profession' right at its very foundations, as I think the 'client testimony' work does. I have several examples of the kind of reception that those who dare to challenge a profession's taken-for-granted 'regime of truth' receive. Two examples: First, I recall reading reports of how, whenever Ronnie Laing's name was mentioned at mainstream psychiatry conferences, the audience responded with a hail of hissing. And I experienced the same thing, this time aimed at Dr Aric Sigman (a well-known critic of television and televisual culture – Sigman, 2005) when his name was mentioned at a media conference that I attended. So we should never underestimate the depth, and even sheer viciousness, of the 'othering' process that is precipitated when anyone dares to rattle the cage of a whole profession. It's like the 'Emperor's New Clothes' fairy tale, perhaps, but with a different ending!

So just what is at stake for those who defend therapy against any such challenges, and in the process deny its shadow? Professional identity (the 'professional self', and the stories people need to believe about their profession and their work)

must surely be one factor. This defensive response paradoxically shows just how vulnerable therapists actually are, or can be, in their 'modernist' professional identity. And for me this is the strongest possible reason for embracing a post-modern approach to therapy practice, where (as I once wrote, nearly 20 years ago now):

therapy must routinely and ongoingly embrace a radical deconstruction of its theories and practices, paradoxically entailing a continual undermining of its own conditions of existence, if it is to avoid the kinds of abuses which are, I believe, intrinsic to the Professionalised Therapy Form (PTF) as currently practised and culturally legitimated. (House, 1999, p. 384)

There's also the livelihood question. Many therapists are dependent for their livelihood on enough paying clients coming to see them – so of course they're likely to be very loath openly to embrace a critique of their profession and their work which, if it's really got legs, could leave them destitute (at least at the level of unconscious phantasy). So perhaps unsurprisingly, there are massive forces commonly mobilized to defend the profession if its very foundations are at all threatened. I think this might account, at least in part, for the response you received to your work in this area, as you outlined earlier. One interesting question might be, if you were back there again, knowing what you know now, might you approach your challenge to the profession differently? For example, might it have been strategically helpful, and have made it more likely that your challenges could be heard, to acknowledge that for a majority of clients/patients, the therapy experience is subjectively a positive one?

As I write I'm also reminded of a workshop I did with Robin Shohet in the early 1990s, at which we were all asked to speak to the subject, 'Why I am a crap therapist'. Something like that might be really useful towards the end of all therapy trainings – perhaps adding, 'Why therapy is crap' (I'm deadly serious). What a great way to explore therapy's (and our own professional) shadow.

Let me just say also that I've always thought that there is something highly peculiar about spending many intense, highly introspective hours a week in

a room in professionally constructed conversations which delve into the psyche of just one of the participants: do we have the slightest idea about what this can do to the psyche of either of the participants? Hence perhaps, the view that therapy's obsession with boundaries is just wrong – as Arnie Lazarus argued so coherently and convincingly all those years ago (Lazarus, 1994/2003). So perhaps Ferenczi, and the ecotherapists who get out into nature with their clients, are 'doing' therapy in a far more appropriate, and less preciously professionalized way.

Two final points. Looking at miniscule sales on Amazon of the four classic texts on client-testimony work – your own SIBFBBN, and the books by Alexander, France and Sands – it looks as if there's little if any engagement with these insights within the therapy world. If I were still involved in therapy training as a trainer, these books would be core reading for all trainee therapists; and that this is not the case in therapy trainings today is surely yet another commentary on the profession's 'ignoring to death' of the shadow questions which you've dared to raise.

But I must stop. I've hijacked your interview, Yvonne! – please forgive me. I'm sure how I've responded to your last answer will leave you with lots to say!... Please use as many words as you wish to respond.

YB: Wow, there's lots to tackle in there! First, with regard to sales of SIBFBBN on Amazon, they have been disappointing, although I discovered the other day that Palgrave have recently made it available on Kindle, so hopefully that will encourage further sales!

I'm a little twitchy about the invitation (albeit very well intentioned!) to work through the emotions that this is bringing up for me, as this raises one of the very fundamental questions that I think therapy should ask itself – is it always better to work through/analyse/therap-ize things? I was once a devout believer that it is. The better we understand ourselves, the more mastery we can have over our inner world (in other words, you might not be able to change something, but understanding it makes it easier to deal with). Self-awareness contributes toward making the right decisions in life, being authentic and perhaps being

a better person (you don't go around acting out and projecting your own unresolved issues on to others, for example). And from a philosophical point of view, as Socrates said at his trial, 'The unexamined life is not worth living'.

I still believe all those things, but I think they need to be tempered with practicality. I've experienced so-called 'analysis paralysis' in myself and witnessed it in many others; at one stage I spent so much time analysing my reasons and motivations for doing, thinking and feeling things that I was left with very little time to do, think and feel other things! I also believe, from my experience, that many if not most forms of both anxiety and depression are associated with a turning inward, a kind of chronic introspection. 'Why am I not happy?'; 'I can't bear the thought of getting up this morning'; 'What if I have cancer?'; 'I hate my life', etc. Simplistically, if therapy encourages us to search inside ourselves when we are in an anxious or depressed state, then it could be fuelling the very condition that it is seeking to resolve!

Furthermore, as a number of disgruntled clients have suggested, not every hornet's nest should be poked, not every dark mysterious cave should be explored. Why have human beings developed ego defence mechanisms such as denial and repression if they aren't useful? I'm no expert on Freud, but I think even he said that it's only when they bring about maladaptive behaviour that they need to be explored and challenged. Under normal circumstances they do help to protect us from anxieties and such: I am probably over-reaching here but one could even suggest that they have an evolutionary purpose – controlling the fight-or-flight mechanism so we don't exhaust ourselves!

There surely has to be a balance, a level of introspection and analysis that is healthy; the timing of such work should also be considered, and it should be borne in mind that some cans of worms need to be opened because they are causing distress, and some do not.

So then to return to your question, i.e. knowing what I do now, would I have done things differently in regard to challenging therapy's regime of truth? I do think it was and remains a can of worms that does need to be

opened. But could I have been a little less challenging? Could I have been more subtle in my criticisms, always remembering to mention the good along with the bad? Would that have led to my being listened to and taken more seriously? Yes of course. I was naive to expect otherwise. But isn't it a shame that the so-called 'listening profession', the profession that exists to encourage self-awareness, that offers a 'safe space', that offers empathy, genuineness and unconditional regard, that seeks to encourage expression of repressed rage (all depending on the school of course) should require us to do so? Physician, heal thyself!

I do also think that the timing of my challenge was unfortunate, because it was at the height of the pro-professionalization movement, which was at full throttle, encouraging therapists to adopt a modernist professional identity which by nature would be resistant to the kind of 'radical deconstruction of its theories and practices' that you were arguing for as far back as 1999, and which, as you also rightly point out, was perceived as threatening to the practitioner's livelihood.

I do believe that there are so many positive ways in which therapy could reinvent itself, as its fundamental intention is noble and loving, and the need for it in the world right now is surely greater than ever. I will always be indebted to Dr Rita Mintz at the University of Chester for introducing me to some of the ethical challenges to therapy, and in that regard I do think – as you suggest with your wonderful idea of introducing 'Why therapy is crap' exercises to courses – that the obvious place to start is with the course providers, encouraging them to encourage their students to embrace therapy's shadow right from the word go. Who knows where that will lead, but I can imagine that one direction may be a practice which does not 'delve into the psyche of just one of the participants', as you say, but is a two-way collaboration (perhaps some sort of re-mastered co-counselling) or group endeavour. I'm also sure that any overhaul would involve a complete re-examination of boundary issues, as you also note. And I also believe that a new-age therapy would somehow be based more in the real world, encouraging authentic living in the here-and-now, in political and social participation and simply in living life.


RH: That's all very interesting, Yvonne, and there's much in what you say that I'd like to explore further with you, if we had the space. I like the idea of therapy reinventing itself – and I think that is something that's significantly more possible (although perhaps still only a remote possibility) with the statutory regulation of the psy therapies having been stopped in its tracks some years ago, so there being a counter-cultural space for new practices and approaches to emerge (I'm thinking of practices like the Spiritual or Heart Psychology of Robert Sardello, for example, which explicitly disavows the 'modernist' therapy project from an informed and carefully articulated standpoint).

In the limited space we have left, I just wanted to acknowledge the editorial work you did some years back with your *Ipnosis* magazine, and the space it created for alternative, critical perspectives in an increasingly professionalized therapy world. But can I end with two questions: first, I wonder if you see any future for the Client Voice Movement in the therapy world? And finally, what *do* former therapists do after giving up practising?! Do you have any regrets at having moved on? – and might you ever find your way back into the therapy world?

YB: Thank you. It would be great if something like *ipnosis* magazine were to re-emerge, or even some sort of client-led journal, intended for everyone involved in the therapy process. The client-voice movement must surely re-emerge – in any profession or industry, it is absolutely vital to listen to customer feedback and develop products that respond to such feedback. The listening profession should surely set an example in that regard, and I have no doubt that we will get there. I would encourage anyone reading this to take up the mantle, at a personal level, by informing themselves and their practice (if they are a therapist rather than a client) in regard to what has been written by clients (especially but not exclusively disgruntled ones; e.g. see references below); in training, by including the client voice in course materials, and in the literature, by encouraging, editing and promoting client-written papers and books. I would be more than happy to

offer support, advice and assistance to anyone undertaking such a project and can be contacted through this journal (S&S). It would not be an easy journey, but it really is hugely important.

As for life after therapy, I have no regrets about having been in that world but I also have no regrets about leaving it. I doubt I will find my way back (but never say 'never!'). One thing I have learned in life is that the nature of one's profession tends to place an emphasis on particular aspects of one's personality'. For example, when I was a computer programmer, the logical and correctness-seeking side of my personality became exaggerated and other aspects fell away from the foreground. Being in the therapy world tended to encourage introspection and an analytic, philosophical and serious side in me, from which I learned a lot, but which often caused me to 'live in my head', be anxious and take life a little too seriously. Nowadays I am involved in tourism and translation; I take myself a lot less seriously, I travel a lot, I like to have fun and adventures, and I try to live each day as if it's my last, with laughter and, to be honest, some selfishness and frivolity!

RH: Thank you, Yvonne. Re 'the nature of one's profession tends to place an emphasis on particular aspects of one's personality: I think that's a very important insight – and again, I wonder how often crucial issues like this are discussed on therapy trainings. One of the many things I love about this journal is that it's exquisitely 'post-professional' in that it by no means takes therapy's regime of professional truth for granted, and brings a critical, constructive sensibility to thinking about the therapy, what it is, how it might be, and how it could 'fail better' (with thanks to Beckett and Winnicott!). Thank you, and I hope your post-therapy life continues to flourish! 

Yvonne Bates is a retired psychotherapist, writer, editor and lecturer specializing in therapy's iatrogenic aspects. Her published accounts of clients' harmful therapy experiences challenge the myth of 'therapist as expert', and encourage working in genuine partnership with clients to make therapy safer, more productive,

empowering and egalitarian. Her controversial book, *Shouldn't I Be Feeling Better By Now?: Client views of therapy* (Palgrave Macmillan, 2006), was shortlisted for the Mind Book of the Year award.

Richard House is a 'former' many things... – former co-editor of this journal, counsellor-therapist, Steiner early years teacher, university lecturer, and compulsive writer on all things 'psy' and early education. In determinedly clearing the ground in recent years for a life more geared to being than compulsive doing, he now confines himself to campaigning in various ways for the Jeremy Corbyn 'project' in Britain, and is managing to confine himself to a regular critical column in *Teach Early Years* magazine, regular interviews with leading psy figures in *Self & Society* and the occasional book review. His twelfth (and almost certainly final) book was *Humanistic Psychology: Current Trends, Future Prospects* (co-edited with David Kalisch and Jennifer Maidman) (Routledge, 2018).

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